

E Book Converted by Asif Khan

ABBREVIATION INDEX

This Index lists abbreviations adopted in THIS BOOK for commonly used words, medical terminology and drug regulation symbols.

/..... per

+ve ..... positive

-ve ..... negative

< ..... less than/below/under

> ..... greater than/above

¼..... quarter

½..... half

a..... alpha

ß..... beta

?..... gamma

1st ..... first

2nd/3rd, etc .. second/third, etc

A..... Administration

Ab..... antibody

ACE..... angiotensin converting enzyme

ACTH..... adrenocorticotropic hormone

ADHD ..... Attention-Deficit Hyperactivity Disorder

AIDS..... acquired immune deficiency syndrome

AIIA ..... angiotensin II antagonist

Al ..... aluminium/aluminum

AML..... acute myeloid leukaemia

ammon..... ammonium

amp ..... ampoule(s)

ANA..... antinuclear antibodies

anesth ..... anesthesia/tic

approx..... approximately

aq ..... aqueous

AR ..... Adverse Reactions

ATP ..... adenosine triphosphate

AV..... atrio-ventricular

ave..... average

BCG..... Bacille Calmette-Guerin

bd/bid..... twice daily

BMI..... body mass index

BP..... blood pressure

Br..... bromide

BUN..... blood urea nitrogen

C..... Contents

Ca..... calcium

cap ..... capsule(s)

CHD..... coronary heart disease

CHF ..... congestive heart failure

childn ..... children

CI ..... Contraindications

Cl ..... chloride

CNS..... central nervous system

CO2 ..... carbon dioxide

compd..... compound(s)

conc ..... concentration

COPD ..... chronic obstructive pulmonary disease

CPR..... cardiopulmonary resuscitation

CrCl ..... creatinine clearance

CSF ..... cerebrospinal fluid

CT..... computed tomography

CV..... cardiovascular

CVA..... cerebrovascular accident

CVS ..... cardiovascular system

D..... Dosage

d- ..... dextro

DI ..... Drug Interactions

diHCl ..... dihydrochloride

DM..... diabetes mellitus

DPT ..... diphtheria pertussis tetanus

drag..... dragee(s)

DVT ..... deep vein thrombosis

E coli ..... Escherichia coli

ECG..... electrocardiogram

EEG..... electroencephalogram

eg ..... for example

ELISA..... enzyme-linked immunosorbent assay

ENT ..... ear, nose & throat

equiv ..... equivalent

esp ..... especially

ESR ..... erythrocyte sedimentation rate

exam ..... examination

extr ..... extract

FBC ..... full blood count

Fe ..... iron

flu ..... influenza

FSH ..... follicle-stimulating hormone

g ..... gram(s)

G6PD..... glucose-6-phosphate dehydrogenase

gal ..... gallon

GERD ..... gastro-oesophageal reflux disease

GFR..... glomerular filtration rate

GI..... gastrointestinal

GIT..... gastrointestinal tract

gm+ve ..... gram-positive

gm-ve..... gram-negative

GRH..... growth hormone releasing hormone

GUT..... genito-urinary tract

H-influenza ..... Haemophilus influenza

HAV..... hepatitis A virus

Hb..... haemoglobin

HBr..... hydrobromide

HBsAg..... hepatitis B surface antigen

HBV..... hepatitis B virus

HCG..... human chorionic gonadotrophin

HCl ..... hydrochloride

HCV..... hepatitis C virus

HDL ..... high-density lipoprotein

Hg..... mercury

HGH..... human growth hormone

HIB ..... Haemophilus influenza type B

HIV..... human immunodeficiency virus

h/hr/hrly ..... hour(s)/hourly

HSV ..... herpes simplex virus

HTN ..... hypertension

HZV ..... herpes zoster virus

I..... Indications

IA ..... intra-articular

IB ..... intrabursal

ICU ..... intensive care unit

IDDM ..... insulin-dependent diabetes mellitus

Ig ..... immunoglobulin

IgA..... immunoglobulin A

IM..... intramuscular

INH ..... isoniazid (isonicotine hydrazine)

INR ..... international normalised ratio

inj ..... inject/injection

IP ..... intra-peritoneal

ipecac ..... ipecacuanha

IS ..... intrasynovial

iu ..... international unit(s)

IUD ..... intrauterine contraceptive device

IV ..... intravenous

K..... potassium

kCal ..... kilocalorie

kg ..... kilogram

L ..... litre

l- ..... laevo

LDL..... low-density lipoprotein

LH..... luteinising hormone/luteinizing hormone

Liqd/liq..... liquid

lit ..... literature

LMWH ..... low molecular weight heparin

loz..... lozenge(s)

m- ..... meso

MAOI(s)..... monoamine oxidase inhibitor(s)

max ..... maximum

mcg ..... microgram

MDI..... metered dose inhaler

Mg ..... magnesium

mg ..... milligram

MI..... myocardial infarction

min ..... minimum/minute(s)

MIU..... million international units

mixt ..... mixture

mL ..... millilitre

mmol..... millimole

monoHCl..... monohydrochloride

MRI..... magnetic resonance imaging

MRSA..... methicillin-resistant Staphylococcus aureus

mth/mthly .... month(s)/monthly

MU..... million units

Na..... sodium

NIDDM..... non-insulindependent diabetes mellitus

NSAID(s) ..... nonsteroidal anti-inflammatory drug(s)

O & G ..... obstetrics & gynaecology

O2 ..... oxygen

obstet..... obstetrics

OC ..... oral contraceptives/oral contraception

OH ..... hydroxide

oint ..... ointment

ophth..... ophthalmic

P ..... plasmodium/Phosphorous

p- ..... para

P/P..... Presentation & Packing

PABA ..... para-aminobenzoic acid

paed/ped..... paediatric/pediatric

phenobarb.... phenobarbitone

PMT..... premenstrual tension

PO ..... oral administration

post-op ..... post-operative

powd ..... powder

PPNG ..... penicillinaseproducing Neisseria gonorrhoea

premed..... premedication

pre-op ..... pre-operative

prep..... preparation(s)

PUVA..... psoralen + ultraviolet A

qds/qid..... four times daily

RA ..... rheumatoid arthritis

RBC..... red blood cells

resp ..... respiratory

S/Staph ..... Staphylococcus

SA..... sino-atrial

SC..... subcutaneous

SGOT ..... serum glutamic oxaloacetic transaminase,

or AST ..... aspartate aminotransferase

SGPT ..... serum glutamic pyruvic transaminase,

or ALT..... alanine aminotransferase

SLE..... systemic lupus erythematosus

soln ..... solution

SP..... Special Precautions

spp ..... species

SR..... slow release/sustained-release

STD ..... sexually transmitted disease(s)

Strep ..... Streptococcus

supp..... suppository

susp ..... suspension

syr ..... syrup

tab ..... tablet(s)

TB..... tuberculosis

tbsp ..... (15 mL) tablespoonful

tds/tid..... three times daily

temp..... temperature

tinct ..... tincture

TPN ..... total parenteral nutrition

TSH ..... thyroid-stimulating hormone

tsp ..... (5 mL)teaspoonful

TTS..... transdermal therapeutic system

u ..... unit(s)

UTI..... urinary tract infection

UV..... ultraviolet

vag ..... vaginal

VD..... venereal disease

vit ..... vitamin(s)

VLDL ..... very low-density lipoprotein

vol ..... volume

VTE..... venous thromboembolism

w/..... with

w/draw ..... withdraw

w/in..... within

w/o..... without

w/v..... weight in volume

w/w..... weight in weight

WBC..... white blood cells

wk/wkly ..... week(s)/weekly

wt..... weight

yr/yrly..... year(s)/yearly

Zn ..... zinc

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abacavir

CIMS Class : (Antivirals)

abacavir

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related abacavir information

Indication & Dosage

Oral

HIV infection

Adult: Combined with other antiretrovirals: 300 mg bid or 600 mg once daily.

Child: Combined with other antiretrovirals: >3 mth: 8 mg/kg bid. Max: 600 mg daily.

Renal impairment: Avoid in end stage renal disease.

Hepatic impairment: Child pugh category A: 200 mg bid. Avoid in moderate-severe impairment.

Administration

May be taken with or without food.

Contraindications

Moderate to severe renal and hepatic impairment; end stage renal disease; history of hypersensitivity reactions. Pregnancy and lactation.

Special Precautions

Renal or mild liver impairment; risk for liver impairment. Discontinued when hepatomegaly and unexplained metabolic acidosis develops, or liver function deteriorates. May impair ability to drive or engage in tasks requiring alertness. Discontinue treatment as soon as hypersensitivity is suspected.

Adverse Drug Reactions

Anorexia, headache, nausea, vomiting, diarrhoea, rash, fever, cough, dyspnoea, fatigue, malaise, lethargy, abdominal pain. Pancreatitis and elevated blood glucose and TG concentrations.
Potentially Fatal: Severe hypersensitivity reactions.

Drug Interactions

Alcohol may cause decreased elimination of abacavir. Lactic acidosis with nucleoside analogues concomitantly. Decreased serum concentrations of methadone.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.
Storage

Oral: Store at 20-25°C.

Mechanism of Action

Abacavir is converted to the active form carbovir triphosphate intracellularly. It competitively inhibits the reverse transcriptase of retroviruses interfering with HIV viral RNA-dependent DNA polymerase resulting in inhibition of viral replication.

Absorption: Rapidly absorbed after oral administration with an oral bioavailability of about 80%.

Distribution: 50% bound to plasma proteins. Crosses the blood brain barrier.

Metabolism: Undergoes intracellular metabolism to carbovir triphosphate which is the active metabolite.

Excretion: Elimination half-life: About 1.5 hr after a single oral dose. Elimination by hepatic metabolism mainly by alcohol dehydrogenase and glucuronidation. The metabolites are excreted mainly in the urine.

CIMS Class

Antivirals

ATC Classification

J05AF06 - abacavir; Belongs to the class of nucleoside and nucleotide reverse transcriptase inhibitors. Used in the systemic treatment of viral infections.

*abacavir information:

Note that there are some more drugs interacting with abacavir

abacavir

abacavir brands available in India

Always prescribe with Generic Name : abacavir, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ABAMUNE film-coated tab ABEC tab SYNABAC tab VIROL tab

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([all drugs])

acarbose

CIMS Class : (Antidiabetic Agents)

acarbose

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related acarbose information

Indication & Dosage

Oral

Type 2 diabetes mellitus

Adult: Initially, 25 mg daily. May adjust dose at 4-8 wkly intervals based on tolerance and 1-hr post-prandial blood glucose levels. Maintenance dose: 50-100 mg tid. Max: =60 kg: 50 mg tid; >60 kg: 100 mg tid.

CrCl (ml/min)

Dosage Recommendation

<25

Contra-indicated.

Administration

Should be taken with food. (Take w/ 1st bite of each main meal.)

Overdosage

Symptoms: Transient increases in flatulence, diarrhoea and abdominal discomfort. Management: Patient should not be given drinks or meals containing carbohydrates for the next 4-6 hr.

Contraindications

Patients <18 yr; diabetic ketoacidosis or cirrhosis; malabsorption; inflammatory bowel disease; with or pre-disposed to intestinal obstruction; intestinal diseases that affect digestion or absorption; conditions that worsen as a result of increased gas formation e.g. hernias; colonic ulcers; hepatic impairment; CrClr< 25 ml/min/1.73m2. Pregnancy, lactation.

Special Precautions

Monitor LFT every 3 mth for 1st yr and periodically thereafter especially for doses >50 mg tid. Reduce dose or withdraw therapy if transaminases elevations persist. If hypoglycaemia occurs, give glucose orally as a 1st aid measure. Adhere strictly to the prescribed diabetic diet to avoid intensification of GI symptoms.

Adverse Drug Reactions

Flatulence, abdominal pain, distension, diarrhoea, nausea, vomiting. Elevation of transaminases, hepatitis, jaundice. Rarely, skin reactions.
Potentially Fatal: Hepatotoxicity.

Drug Interactions

Drugs that may increase blood glucose levels e.g. thiazides, steroids, chlorpromazine, atypical antipsychotics, may antagonise the action of acarbose. GI adsorbents and digestive enzyme preparations may reduce acarbose effects; avoid concomitant admin. Cholestyramine may enhance effects of acarbose. Effects of other hypoglycaemics may be potentiated by acarbose. Neomycin may enhance reduction of postprandial blood-glucose and intensify GI symptoms. Acarbose may reduce digoxin bioavailability. May interact with warfarin and affect INR. Increased risk of hypoglycaemia with disopyramide.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store below 25°C.

Mechanism of Action

Acarbose competitively and reversibly inhibits pancreatic a-amylase and intestinal brush border a-glucosidases, resulting in retardation of glucose absorption from hydrolysed complex carbohydrates and reduction of blood-glucose concentrations.
Absorption: 35% absorbed from the GI tract (oral).
Metabolism: Intestines by microbial flora and intestinal enzymes.
Excretion: Via urine and faeces.

CIMS Class

Antidiabetic Agents

ATC Classification

A10BF01 - acarbose; Belongs to the class of alpha glucosidase inhibitors. Used in the treatment of diabetes.

*acarbose information:
Note that there are some more drugs interacting with acarbose

acarbose further details are available in official CIMS India

acarbose

acarbose brands available in India

Always prescribe with Generic Name : acarbose, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ABACUS-50 tab ACARB tab ACAREX tab ACARWIN tab ASUCROSE tab DIABOSE tab DIADOSE tab GLUBOSE tab GLUCAR tab GLUCOBAY tab GLUCOBOSE tab GLUDASE tab K-CARB tab REBOSE tab RECARB tab SUBASE tab ZEBOSE tab

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([all drugs])

aceclofenac

CIMS Class : (Nonsteroidal Anti-inflammatory Drugs (NSAIDs))

aceclofenac

P - Contraindicated in pregnancy

related aceclofenac information

Indication & Dosage

Oral

Ankylosing spondylitis, Rheumatoid arthritis, Osteoarthritis
Adult: 100 mg bid.
Hepatic impairment: Reduce initial dose to 100 mg daily .

Administration

Should be taken with food. (Take w/ or immediately after meals.)

Overdosage

Mangagement: Gastric lavage and treatment with activated characoal. Treatment is supportive and symptomatic. Dialysis, haemoperfusion unlikely to be useful.

Contraindications

Hypersensitivity to aspirin or NSAIDs; moderate to severe renal impairment; pregnancy (3rd trimester); history of peptic ulceration or GI bleed; patients with infections.

Special Precautions

Cautiously administer to patients with GI disease, ulcerative colitis, Crohn's disease, haematological abnormalities, hepatic porphyria; history of bronchial asthma; history of heart failure or hypertension; mild renal, hepatic or cardiac impairment. May impair ability to drive or operate machinery. Elderly.

Adverse Drug Reactions

Diarrhoea, nausea, dyspepsia, abdominal pain, dizziness, rashes; increased LFTs.
Potentially Fatal: Severe GI bleeding; nephrotoxicity; blood dyscrasias.

Drug Interactions

May increase plasma concentrations of lithium and digoxin. Increased nephrotoxicity when used with diuretics or ciclosporin. Monitor serum potassium when used with potassium-sparing diuretics and ACE inhibitors. May enhance activity of anticoagulants. May increase risk ofmethotrexate toxicity when administered within 24 hr of methotrexate admin. Increased risk of GI bleed with other NSAIDs. Increased risk of convulsion with quinolones.

Storage

Oral: Store below 30°C.

Mechanism of Action

Aceclofenac, a phenylacetic acid derivative, has antiinflammatory and analgesic properties. It is a potent inhibitor of cyclo-oxygenase which is involved in the production of prostaglandins.
Absorption: Well absorbed from the GI tract (oral); peak plasma concentrations after 1-3 hr.
Distribution: Protein-binding: 99%.
Excretion: Urine (as hydroxymetabolites); 4 hr (elimination half-life).

CIMS Class

Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

ATC Classification

M01AB16 - aceclofenac; Belongs to the class of acetic acid derivatives and related substances of non-steroidal antiinflammatory and antirheumatic products. Used in the treatment of inflammation and rheumatism.
M02AA25 - aceclofenac;

*aceclofenac information:
Note that there are some more drugs interacting with aceclofenac
aceclofenac
aceclofenac brands available in India
Always prescribe with Generic Name : aceclofenac, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ABATE-SR tab ABDAL tab AC 100 film-coated tab AC SERA tab ACB tab ACCEPT GEL gel ACCEPT tab ACEACT amp ACEACT SR-tab ACEBLOC tab ACEC SR-tab ACEC tab ACECLAN SR-tab ACECLAN tab ACECLO SR-film-coated tab ACECLO tab ACEDASE tab ACEDEN SR-tab ACEDEN tab ACEFEN tab ACEFORCE tab ACELOFAN SR-tab ACELOFAN tab ACELOFAN-SP tab ACELOM tab ACEMOVE INJ amp ACEMOVE tab ACEMOVE-SR film-coated tab ACENAC SR-tab ACENAC tab ACENEZ inj ACENEZ SR-tab ACENT GEL

gel ACENT inj ACENT MD-tab ACENT SR-tab ACENT tab ACENT-SD tab ACEPAR-SR tab ACERAP film-coated tab ACETUFF tab ACEWIN-SR SRtab ACHQUIT tab ACI SR-tab ACICLOFLEX-SF tab ACIFACT tab ACIFON-100 tab ACIFON-SR tab ACILEX tab ACILEX-SR tab ACIZ tab ACIZ-S tab ACIZ-SR SR-tab ACLO tab ACLOCTA tab ACLOFEN tab ACLOG-SD tab ACLONAC-SN tab ACLONAC-SR tab ACOTA film-coated tab ACREA SR-tab ACUFEN-SR film-coated tab AFESAN-100 tab ALNASE SR-tab ALNASE tab ALONAC tab ALONAC-S tab ALOO-SR tab ALTO GEL gel ALTO SR-tab ALTO tab ALTRAFLAM SRtab ALTRAFLAM tab ANKARE gel ARFLUR GEL gel ARFLUR INJ inj ARFLUR-100 tab AROFF BCD tab AROFF film-coated tab AROFF-SR tab ARRESTIN film-coated tab ARRESTIN SR-tab ASERA tab ASICLO tab ASONAC tab ASONAC-200 SR SRtab ASONAC-SR tab ATOFEN tab AVIR tab AXSOL SR-tab CANEFO film-coated tab CARNIL AC tab CATRIX SR-tab CATRIX tab CECO tab CELFAST SR tab CLONAC tab CUREJOINT-AC tab CYNAC tab CYNAC-S tab DIPLOFEN GEL gel DIPLOFEN SRtab DIPLOFEN tab DIPT film-coated tab DIPT SR-tab DIPTASE GEL gel DOLOCHEK tab DOLOKIND film-coated tab DOLOKIND-SR SR-tab DOLORAL enteric-coated tab DOLOSTAT film-coated tab DOLOSTAT SR-tab DOLOUR tab DOLOWIN GEL gel DOLOWIN SR-

tab DOLOWIN tab ECLONAC film-coated tab ECNAC-SR SR-tab ELFENAC-SR tab ELVEN SR-tab ERINAC SR-tab ESNIL tab FASTNAC SR tab FEPRA tab FEPRA-SR tab FICO film-coated tab FLAGO-15 tab FLAMACE SR-tab FLAMACE tab FLAMACE-S tab FLAMTOP-SR tab FLAXINAC-SR tab FLEXIDOL tab FORNAC inj FORNAC SR-tab FORNAC tab FORTAFEN film-coated tab FORTAFEN GEL gel HIFENAC amp HIFENAC GEL gel HIFENAC tab HIFENAC-SR tab HINAC tab ICENAC tab ICOBIT SR-tab ICOBIT tab ICOBIT-S tab INANE tab INANE-SR tab KAIRNAC tab KINECTINE film-coated tab LABACE tab LABONAC tab LETGO SR-tab LETGO tab LOCET SR-tab MAHANAC tab MICRONAC GEL gel MICRONAC tab MICRONAC-SR tab MOBIRIDE-SR SR-tab MOVACE film-coated tab MOVACE-SR tab MOVEXX film-coated tab MOVIZ tab MOVON-CR cap NACKU tab NACKU-SR tab NAID tab NEFLO SR-tab NEFLO tab NIPLONAC tab NIPLONAC-SR tab NOVOFLAM-SR SR-tab NOVO-SR SR-tab NUSAID film-coated tab NUSAID GEL gel NUSAID SR-film-coated tab OPINAC gel OTONAC-SR tab PAINOUT tab PANACE GEL gel PANACE tab PARFLEX GEL gel PARFLEX-SR tab PEALE film-coated tab PEALE GEL gel PEALE SR-tab POWERNAC tab POWERNAC-SR SR-tab PULDOWN tab RACENAC tab RALIWIZ GEL gel RALIWIZ tab RALIWIZ-SR tab RIVACE tab SAMONEC GEL

gel SAMONEC-SR tab SANANAC SR-tab SANANAC tab SAYOFEN tab SERADIC-A film-coated tab SEROFIN-AC tab SHINNAC tab SHINNAC-SE tab SHINNAC-SR tab SIACLO tab SICLO SR-tab SIGNOFLAM SR tab SONIC tab STARMOTO SR-tab STARMOTO tab STARNAC GEL gel STARNAC MD-tab STARNAC SR-tab STARNAC tab STARNAC vial STARNAC-SD tab STEDNAC tab SWELIN GEL gel SYNID A tab SYNOVACE film-coated tab SYNOVACE SR-tab TOPNAC SR-tab TOPNAC tab TOROXX-A tab TOROXX-ASR tab TRIFENAC-A tab ULTRANAC SR-tab VALDONE GEL gel VALDONE-BCD tab VALDONE-SR SR-tab VALUS-A tab VALUS-SR tab VARFEN tab VETORY SR-tab VORTH-A tab VORTH-SR tab WYACE SR-tab WYACE tab XADOO-100 tab XIDOL-ASR SR-tab ZACY-SR tab ZERODOL CR-tab ZERODOL film-coated tab ZERODOL-S film-coated tab ZIX tab ZIX-SR tab ZOFEN tab ZUNAC tab ZUNAC-SR tab ZYNAC GEL gel ZYNAC inj ZYNAC tab ZYNAC-SR SR-tab ZYNZC tab

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([all drugs])

aceclofenac + paracetamol

CIMS Class : (Analgesics (Non-Opioid) & Antipyretics) , (Nonsteroidal Anti-inflammatory Drugs (NSAIDs))

aceclofenac + paracetamol

P - Contraindicated in pregnancy

Lab ¤ - Lab interference

related aceclofenac + paracetamol information

Indication & Dosage

Oral

Pain and inflammation

Adult: Each tablet contains aceclofenac 100 mg and paracetamol 500 mg: 1 tablet in the morning and 1 tablet in the evening. Max: 2 tablets/day.

Overdosage

Empty stomach promptly by gastric lavage or induction of emesis. Administer standard supportive measures.

Contraindications

Hypersensitivity. Moderate to severe renal or hepatic impairment; severe heart failure; pregnancy (third trimester).

Special Precautions

GI disease; renal or hepatic impairment; alcohol-dependent patients; asthma or allergic disorders; haemorrhagic disorders; hypertension; cardiac impairment. Elderly. Caution when driving or operating machinery. Monitor renal and hepatic function and blood counts during long term treatment. Persistently elevated hepatic enzyme levels may require drug withdrawal. Pregnancy, lactation.

Adverse Drug Reactions

Paracetamol: Nausea, allergic reactions, skin rashes, acute renal tubular necrosis. Aceclofenac: Diarrhoea, headache, vertigo, dizzies, nervousness, tinnitus, depression, drowsiness, insomnia; fever, angioedema, bronchospasm, rashes; blood dyscrasias.
Potentially Fatal: Paracetamol: Very rare, blood dyscrasias (eg, thrombocytopaenia, leucopaenia, neutropaenia, agranulocytosis); liver damage. Aceclofenac: Severe GI bleeding; nephrotoxicity.

Drug Interactions

Paracetamol: Reduced absorption of cholestyramine within 1 hr of administration. Accelerated absorption with metoclopramide. Aceclofenac: M0ay increase the plasma concentrations

of lithium and digoxin. Increased nephrotoxicity with diuretics. Serum-potassium should be monitored when used with potassium-sparing diuretics. May enhance activity of anticoagulants. May increase plasma methotrexate levels leading to toxicity if administered within 2-4 hr of methotrexate admin. Risk of convulsions with quinolones.
Potentially Fatal: Paracetamol: Increased risk of liver damage in chronic alcoholics. Increased risk of toxicity with high doses or long term admin of barbiturates, carbamazepine, hydantoins, isoniazid, rifampin and sulfinpyrazone.

Lab Interference

Aceclofenac interferes with thyroid function tests.

Mechanism of Action

Aceclofenac is a phenylacetic acid derivative that inhibits synthesis of the inflammatory cytokines interleukin-1b and tumour necrosis factor, and inhibits prostaglandin E2 production. It increases glycosaminoglycans (GAG) synthesis, the principal macromolecule of the extracellular matrix, which aids in repair and regeneration of articular cartilage. Thus, aceclofenac has +ve effects on cartilage

anabolism combined with modulating effect of matrix catabolism. Paracetamol has analgesic and antipyretic action with weak anti-inflammatory activity. It produces analgesia by increasing pain threshold and antipyresis by acting on the hypothalamic heat-regulating centre.

Absorption: Aceclofenac: Rapidly absorbed; almost 100% bioavailability; peak plasma levels reached about 1.25-3 hr after oral admin.

Distribution: Aceclofenac: >99.7% bound to plasma proteins; distributes into synovial fluid. Paracetamol: Distributes throughout most fluids of the body.

Metabolism: Aceclofenac: Probably metabolised by CYP2C9; average plasma elimination half-life: 4-4.3 hr. Paracetamol: Mainly metabolised hepatically; plasma elimination half-life: 1-4 hr.

Excretion: Aceclofenac: About two-thirds of the administered dose is removed in the urine, mainly as conjugated hydroxymetabolites. Paracetamol: Most metabolites are removed in the urine within 24 hr.

CIMS Class

Analgesics (Non-Opioid) & Antipyretics / Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

ATC Classification

M01AB16 - aceclofenac; Belongs to the class of acetic acid derivatives and related substances of non-steroidal antiinflammatory and antirheumatic products. Used in the treatment of inflammation and rheumatism.

M02AA25 - aceclofenac;

N02BE01 - paracetamol; Belongs to the class of anilide preparations. Used to relieve pain and fever.

*aceclofenac + paracetamol information:

Note that there are some more drugs interacting with aceclofenac + paracetamol

aceclofenac + paracetamol

aceclofenac + paracetamol brands available in India

Always prescribe with Generic Name : aceclofenac + paracetamol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ABATE tab ABDAL PLUS tab ABDAL-SP tab AC PARA film-coated tab AC2 tab ACB PLUS tab ACB-S tab ACCEPT-P tab ACCEPT-SP tab ACEACT-P tab ACEBEL-P tab ACEBEL-SP

tab ACEBLOC-P tab ACEC PLUS tab ACECLAN PLUS tab ACECLO PLUS tab ACECLOREN tab ACECLOREN-P tab ACECLO-SERA film-coated tab ACEC-P tab ACEDASE-P tab ACEDEN-P tab ACEFEN-P tab ACEFEN-SP tab ACEFLOW-P tab ACEFORCE-P tab ACEFORCE-SP tab ACEKEM-SP tab ACELOFAN PLUS tab ACELOM-P tab ACELOM-SP tab ACEMAG-P tab ACEMOVE PLUS tab ACEMOVE-XT tab ACENAC-P tab ACENEC tab ACENEZ-P tab ACENT PLUS tab ACENT-P susp ACENT-P tab ACEPAR tab ACEPARA tab ACEPARA-S tab ACEPHAR-P tab ACEPIL-P tab ACE-PROXYVON tab ACE-Q-PARA tab ACERAP-P film-coated tab ACEROC-P film-coated tab ACER-P tab ACETAL-SP tab ACETECH-P tab ACETROP tab ACETUFF-P tab ACETUFF-SP tab ACEVAH-P tab ACEVAH-PS tab ACEWIN PLUS tab ACEWIN-P tab ACE-X tab ACF-P tab ACHQUIT PLUS tab ACIANA-P tab ACICLOFLEX tab ACIDOL-P TAB tab ACIFACT-P tab ACILEX-P tab ACILEX-SP tab ACIMOL tab ACIMOL-S tab ACIZ PLUS tab ACIZ-SP tab ACLOCTA-P tab ACLODASE tab ACLOFEN PLUS tab ACLOG tab ACLOMP-P tab ACLOMP-SP tab ACLONAC-P tab ACLOSON-P tab ACLOSON-SP tab ACOTA-3 film-coated tab AC-PLUS tab ACREA-P tab ACUFEN-XP film-coated tab ADIFAX-P tab ADIFAX-SP tab AFEN-P tab AFESAN-P tab AFESAN-SP tab ALCO-P tab ALCO-PS tab ALERON tab ALFENAC-P tab ALGIN-P

tab ALNASE-P tab ALNASE-SP tab ALONAC-P tab ALONAC-SP tab ALOO susp ALOO tab ALORA tab ALOSTAR-SP tab ALTO P tab ALTO-3D tab ALTRAFLAM-P tab ANBROL-A tab ANODYNE-P tab ANSAC-P tab ANSAC-SP tab ANTHRO tab APHEN-P tab APHEN-SP tab ARA tab ARFLUR-3D tab ARFLUR-P tab ARIFNAC-P tab AROFF PLUS film-coated tab AROFF-EZ film-coated tab ARRESTIN-P film-coated tab ARRESTIN-SP film-coated tab ASCAPAR-P film-coated tab ASERA-3 tab ASERA-P tab ASIMOL-AC tab ASONAC PUS tab ASONAC-SR PUS tab ASTAMOL tab ATOFEN-PLUS tab AWAY-P tab AXSOL-P tab CANEFO-PLUS film-coated tab CARNIL ACP tab CATRIX-P tab CECO PLUS tab CECO-SP tab CEKLIF PLUS tab CELFAST cap CELFAST PLUS tab CLOBEE-SP tab CLOFEN-SP tab CLONAC PLUS tab CLONAC-SP tab CLOPHEN-P tab COMBIHEXT tab COMBODOL tab CONAC-P tab CONAC-PT tab CYKA PLUS tab CYNAC-P tab CYNAC-SP tab DECOMB FORTE tab DERSY-AP tab DINAL-AP dispertab DIPLOFEN 3D tab DIPLOFEN-P tab DIPT-P film-coated tab DOLOCHEK-P tab DOLOKIND PLUS film-coated tab DOLOKIND-AA tab DOLORAL P film-coated tab DOLOROFF-AP tab DOLOROFF-ASP tab DOLOSTAT-PC tab DOLOUR-X tab DOLOWIN FORTE tab DOLOWIN PLUS tab DUBLACE-P tab DUBLACE-SP tab ECLONAC-P tab ECLO-P tab ECNAC-P tab ELAXIC-P tab ELFENAC PLUS tab ELVEN-P

tab ERINAC-P tab ESSMOL-3 PLUS tab ESSMOL-AF tab EXTRANAC tab FASTNAC tab FENBEST P TAB film-coated tab FENBEST PLUS tab FEPRA-P tab FICO-P film-coated tab FICO-SP film-coated tab FLAMACE-P tab FLAMACE-SP tab FLAMTOP tab FLAXINAC tab FLAXINAC-SP tab FLEXIDOL-P tab FORNAC-P tab FORNAC-SP tab FORTAFEN PLUS tab GAG-PR tab GESNAC-P tab GRAMOL-P tab GRAMOL-SP tab GS-AP tab HIFENAC-D tab HIFENAC-P tab ICENAC-P tab ICOBIT-P tab INANE-P tab INDOFENAC-P tab INFLAMERI tab ISIKO-PLUS tab JACPAR tab KAIRNAC-P tab KINECTINE P film-coated tab KLONAC-P tab KLONAC-XS tab KUDZU tab LABACE-P tab LACFEN-P tab LEOFENAC-MR film-coated tab LEOFENAC-SP film-coated tab LOCET-P tab LOFEN TAB tab MAHADOL tab MAHANAC PRO film-coated tab MAXINAC tab MAXOFLAM-A film-coated tab MDACE-P tab MDACE-SP tab MICRONAC PLUS tab MOLSEE tab MORCET PLUS tab MORCET susp MORCET tab MOVACE PLUS tab MOVER tab MOVEXX PLUS film-coated tab MOVIZ 3D tab MOVIZ XP tab MOVON-MR tab MOVON-P tab MOVON-PT tab NACKU-P tab NAID-P tab NBACE-P tab NEFLO-P tab NIPLONAC P tab NISMOL tab NISMOL-S tab NOVODASE tab NOVOFLAM-PLUS tab NOVONAC-P tab NOVO-PLUS tab NUSAID-P film-coated tab NUSAID-SP film-coated tab OTONAC-P tab PACINAC tab PACINAC-SP

tab PANACE-P tab PANAMA PLUS tab PANAMA-SP tab PARATEL-AC tab PARCLO-AP tab PARFLEX tab PENLIF film-coated tab POLNEC tab POWERNAC-P tab POWERNAC-SP tab PRACE tab PULDOWN-P tab RACENAC P tab RADIFLAM-P film-coated tab RALIWIZ-P tab RALIWIZ-SP tab RELIEF-A tab RIHAEE film-coated tab RIVACE-P tab ROZADIN PLUS tab R-PAR tab SAMONEC PLUS tab SAMONEC-SP tab SANANAC-P tab SANANAC-SP tab SAYOFEN PLUS tab SEKLO-P tab SERADIC-AP film-coated tab SERFLAM A film-coated tab SEROFIN-AP tab SERRINT-P tab SHINNAC PLUS tab SHINNAC-SP tab SIAMOL-AC tab SICLO-P tab SIGNOFLAM tab SIMBA-A tab SOFTIDOL tab SOLO tab SONIC-P tab SP.NAC tab STARMOTO PLUS tab STARMOTO-P tab STARNAC PLUS tab STARNAC-P susp STARNAC-P tab STEDNAC-650 tab SYMACE-P tab SYNDOL tab SYNDOL-DS tab SYNOVACE-P film-coated tab TERZO tab TOPNAC-P tab TOROXX-AP tab TOROXX-SP tab TRIFENAC-AP tab TRIOFLAM tab TROMANIL FORTE tab ULTRANAC-P tab UPRIGHT film-coated tab VALDONE PLUS tab VALUS-AP tab VARFEN-PLUS tab VETORY-P tab VIVIAN-A PLUS tab VIVIAN-A tab VOLTANEC-PR tab VORTH-AP tab VORTH-SP tab WINACE tab WYACE PLUS tab XADOO tab XIDOL-P tab XTRA-P film-coated tab ZACY-P film-coated tab ZERODOL-P film-coated

tab ZINIDOL tab ZINIDOL-P tab ZIX-P tab ZIX-S tab ZOFEN-PLUS tab ZUNAC-P tab ZYFEN-P tab ZYNAC-P tab ZYNAC-SP tab

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([all drugs])

acenocoumarol

CIMS Class : (Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics))

acenocoumarol

P - Contraindicated in pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related acenocoumarol information

Indication & Dosage

Oral

Thromboembolic disorders

Adult: 4-12 mg on the 1st day and 4-8 mg on the 2nd day. Maintenance: 1-8 mg daily given in a single dose at the same time everyday.

Contraindications

Active haemorrhage or risk of serious haemorrhage; severe hypertension; pregnancy.

Special Precautions

Bleeding disorders; peptic ulcers; severe wounds; cerebrovascular disorders, bacterial endocarditis; renal or hepatic impairment; lactation. Avoid alcohol.

Adverse Drug Reactions

Alopecia; fever, nausea, vomiting, diarrhoea; skin rash; cholestatic liver damage.
Potentially Fatal: Haemorrhage.

Drug Interactions

Potentiates hypoglycaemic agents. Bismuth carbonate and Mg reduce absorption. Cimetidine, allopurinol, diuretics and other oral anticoagulants enhance effect. vit K reverses effect.
Potentially Fatal: Potentiated by NSAIDs, amiodarone, antibacterial agents eg, co-trimoxazole, cephalosporins, erythromycin, quinolone

antibiotics, chloramphenicol, doxycycline, INH and neomycin. Rifampicin, barbiturates and griseofulvin diminish effect.

Food Interaction

Renal excretion of metabolites is decreased when administered with grapefruit juice.

Storage

Oral: Store at 20-25°C.

Mechanism of Action

Acenocoumarol inhibits synthesis of vitamin K-dependent coagulation factors VII, IX, X and II including anticoagulant protein C and its cofactor proteins.
Absorption: Readily absorbed from the GI tract.
Distribution: Extensively bound to plasma proteins.
Excretion: Largely in the urine mainly as metabolites. Elimination half-life: 8-11 hr.

CIMS Class

Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics)

ATC Classification

B01AA07 - acenocoumarol; Belongs to the class of vitamin K antagonists. Used in the treatment of thrombosis.

*acenocoumarol information:
Note that there are some more drugs interacting with acenocoumarol
acenocoumarol
acenocoumarol brands available in India
Always prescribe with Generic Name : acenocoumarol, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ACITROM tab NISTROM tab
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([all drugs])
acetazolamide

CIMS Class : (Diuretics) , (Anticonvulsants) , (Antiglaucoma Preparations)

acetazolamide

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related acetazolamide information

Indication & Dosage

Oral

Diuresis

Adult: 250-375 mg once daily or on alternate days. Intermittent treatment is needed for continued efficacy.

Oral

Preoperative management of angle-closure glaucoma

Adult: 250-1000 mg daily in divided doses.

Child: 1 mth-12 yr: 10-20 mg/kg daily. Max: 750 mg daily, in 2-4 divided doses.

Oral

Adjunct in open-angle glaucoma

Adult: 250-1000 mg daily in divided doses.

Child: 1 mth-12 yr: 10-20 mg/kg daily. Max: 750 mg daily, in 2-4 divided doses.

Oral

Epilepsy

Adult: Either alone or with other antiepileptics: 250-1000 mg daily in divided doses.

Child: Neonates and up to 12 yr: Initially, 2.5 mg/kg bid-tid; maintenance: 5-7 mg/kg bid-tid. Max: 750 mg daily.

Oral

Prophylaxis of high-altitude disorders

Adult: 500-1000 mg daily in divided doses. Prompt descent is still advised if severe symptoms such as cerebral or pulmonary oedema occur.

Intravenous

Chronic open-angle glaucoma

Adult: As an adjunct, 0.25-1 g every 24 hr, usually in divided doses. Adjust dose according to symptomatology and ocular tension.

Intravenous

Acute closed angle glaucoma

Adult: 250-500 mg. may repeat 2-4 hr later if needed. Max: 1 g daily.

Intravenous

Epilepsy

Adult: 8-30 mg/kg daily in divided doses. Optimum dose: 375-1000 mg daily. When used with other anticonvulsants, initiate at 250 mg

once daily in addition to existing medications and adjust accordingly.

Reconstitution: Reconstitute with at least 5 ml of sterile water for inj to produce a solution containing = 100 mg/ml. Further dilute with 5% dextrose solution or normal saline for IV infusion.
Incompatibility: Admixture incompatibility: Multivitamins.

Administration

Should be taken with food.

Overdosage

Symptoms may include electrolyte imbalance, acidotic state and central nervous effects. Monitor serum electrolyte levels (particularly potassium) and blood pH levels. Supportive measures are required to restore electrolyte and pH balance. Acidotic state can usually be corrected by the admin of bicarbonate.

Contraindications

Hypersensitivity to sulphonamides; sodium or potassium depletion, hepatic insufficiency; hepatic cirrhosis; hyperchloraemic acidosis; severe renal impairment; severe pulmonary obstruction; chronic noncongestive angle-closure glaucoma; adrenocortical insufficiency. Pregnancy, lactation.

Special Precautions

Potassium supplements may be required. Impaired hepatic or renal function; diabetes. Monitor plasma electrolytes and blood count regularly. IM route is not recommended. Caution when driving or operating machinery. Elderly.

Adverse Drug Reactions

Drowsiness, paraesthesia, ataxia, dizziness, thirst, anorexia, headache; confusion, malaise, depression; GI distress, metabolic acidosis, polyuria, hyperuricaemia, renal calculi, nephrotoxicity, hepatic dysfunction.
Potentially Fatal: Rarely, skin reactions or blood dyscrasias.

Drug Interactions

Aids penetration of weakly acidic substances like sulphonamides across blood and CSF barrier. May inhibit renal excretion of basic drugs (e.g. quinidine, ephedrine, amphetamines) and promotes excretion of acidic drugs. May increase salicylate toxicity (acidosis). Hypokalaemia with corticosteroids and potassium-wasting diuretics. May increase excretion of lithium and primidone. May cause osteomalacia with anticonvulsants.
Potentially Fatal: May potentiate effect of folic acid antagonists, oral hypoglycaemic agents, oral anticoagulants and severe reactions to sulphonamides.

Lab Interference

May cause false positive results for urinary protein. Interferes with HPLC theophylline assay and serum uric acid levels.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.
Storage

Intravenous: Store between 15-30°C (59-86°F). Reconstituted solution may be stored at for 3 days at 2-8°C (36-46°C) or 12 hr at 15-30°C (59-86°F). Oral: Store at 15-30°C.

Mechanism of Action

Acetazolamide specifically inhibits the enzyme carbonic anhydrase which catalyses the reversible reaction involving the hydration of CO_2 and dehydration of carbonic acid. It increases the excretion of HCO_3 ions and as well as Na and K leading to alkaline diuresis. Carbonic anhydrase is also inhibited in the CNS to retard abnormal and excessive discharge from neurons.
Onset: 60-90 minutes (oral); 2 minutes (IV).
Duration: 8-12 hr (oral); 4-5 hr (IV).
Absorption: Moderately rapid absorption from the GI tract; peak plasma concentrations after 2 hr (oral).
Distribution: Concentrates in the red blood cells and renal cortex; enters the breast milk. Protein-binding: High.
Excretion: Urine (as unchanged drug); 3-6 hr (elimination half-life).

CIMS Class

Diuretics / Anticonvulsants / Antiglaucoma Preparations

ATC Classification

S01EC01 - acetazolamide; Belongs to the class of carbonic anhydrase inhibitors used in the treatment of glaucoma and miosis.

*acetazolamide information:
Note that there are some more drugs interacting with acetazolamide
acetazolamide
acetazolamide brands available in India
Always prescribe with Generic Name : acetazolamide, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ACETAMIDE tab ACETAMIN tab ACETARIV tab AVVA SR-cap AVVA tab DIAMOX tab IOPAR-SR cap SYNOMAX tab ZOLAMIDE tab
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([all drugs])
acetylcysteine

CIMS Class : (Cough & Cold Preparations) , (Antidotes, Detoxifying Agents & Drugs Used in Substance Dependence) , (Other Eye Preparations)

acetylcysteine

P - Caution when used during pregnancy

L - Caution when used during lactation

related acetylcysteine information

Indication & Dosage

Oral

Mucolytic

Adult: As lozenges/ effervescent granules or tablets: 200 mg tid.

Child: As lozenges/ effervescent granules or tablets: 2-7 yr: 200 mg bid; <2 yr: 200 mg daily.

Oral

Paracetamol poisoning

Adult: After gastric lavage or induction of emesis with ipecac syrup, admin loading dose of 140 mg/kg, followed by maintenance doses of 70 mg/kg every 4 hr for a total of 17 doses. 1st maintenance dose to be given 4 hr after the loading dose. Repeat dose if the patient vomits within 1 hr of admin. Continue therapy until paracetamol levels are not detectable and there is no evidence of hepatotoxicity.

Child: After gastric lavage or induction of emesis with ipecac syrup, admin loading dose of 140 mg/kg, followed by maintenance doses of 70 mg/kg every 4 hr for a total of 17 doses. 1st maintenance dose to be given 4 hr after the loading dose. Repeat dose if the patient vomits within 1 hr of admin. Continue therapy until paracetamol levels are not detectable and there is no evidence of hepatotoxicity.

Intravenous

Paracetamol poisoning

Adult: Initially, 150 mg/kg in 200 ml of infusion fluid given over 15 minutes, followed by 50 mg/kg in 500 ml of infusion given over the next 4 hr, then 100 mg/kg in 1 L of infusion fluid over the next 16 hr.

Child: Child =20 kg: Initially, 150 mg/kg in 100 ml of infusion fluid given over 15 min, followed by 50 mg/kg in 250 ml of infusion given over the next 4 hr, then 100 mg/kg in 500 mL of infusion fluid over the next 16 hr. Child <20 kg: Doses as per adult dose but adjust volume of based on child age and wt to avoid fluid overload.

Inhalation

Mucolytic

Adult: 3-5 ml of a 20% solution or 6-10 ml of a 10% solution 3-4 times daily by nebulising through a face mask, mouth piece or

tracheostomy. May increase to 1-10 ml of a 20% solution or 2-20 ml of a 10% solution every 2-6 hr if needed.

Child: 3-5 ml of a 20% solution or 6-10 ml of a 10% solution 3-4 times daily by nebulising through a face mask, mouth piece or tracheostomy. May increase to 1-10 ml of a 20% solution or 2-20 ml of a 10% solution every 2-6 hr if needed.

Endotracheal

Mucolytic

Adult: Instill 1-2 ml of a 10-20% solution as often as every hrly.

Child: Instill 1-2 ml of a 10-20% solution as often as every hrly.

Ophthalmic

Dry eye associated with abnormal mucus production

Adult: Instill 1-2 drops of a 5% solution into the affected eye 3-4 times daily.

Reconstitution: To be diluted for IV infusion with 5% dextrose, 0.9% sodium chloride, 0.3% potassium chloride with 5% glucose, 0.3% potassium chloride with 0.9% sodium chloride.

Incompatibility: Incompatible with metals (e.g. iron, copper, nickel), rubber, oxygen, oxidising substances (e.g. hydrogen peroxide), and some antibiotics (e.g. tetracycline HCl, oxytetracycline HCl, erythromycin lactobionate, ampicillin sodium, amphotericin B). A change in colour of solution to light purple may

be observed and does not indicate significant change in safety or efficacy.

Special Precautions

Asthmatic patients, history of bronchospasm, peptic ulceration. Pregnancy, lactation.

Adverse Drug Reactions

Flushing, fever, stomatitis, nausea, vomiting, rhinorrhoea, bronchospasm, anaphylactoid reactions, rashes. Rarely, blurred vision, bradycardia, syncope, thrombocytopenia, convulsions.
Potentially Fatal: Rarely, respiratory or cardiac arrest.

Pregnancy Category (US FDA)
Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).
Storage

Endotracheal: Store between 59-86°F (15-30°C). Undiluted solution may be kept refrigerated for 96 hr. Inhalation: Store between 59-86°F (15-30°C). Undiluted solution may be kept refrigerated for 96 hr. Diluted solution to be used within 1 hr. Intravenous: Store below 25°C.Ophthalmic: Store below 25°C. Oral: Store below 25°C.

Mechanism of Action

Acetylcysteine may decrease the viscosity of secretions by splitting of disulphide bonds in mucoproteins. It also promotes the detoxification of an intermediate paracetamol metabolite which is used in the management of paracetamol overdosage.
Absorption: Rapidly absorbed from the GI tract (oral); peak plasma concentrations after 0.5-1 hr.
Distribution: Protein-binding: 50%.
Metabolism: Extensively hepatic.
Excretion: Urine; elimination half-life: 6.25 hr (oral); 5.58 (IV).

CIMS Class

Cough & Cold Preparations / Antidotes, Detoxifying Agents & Drugs Used in Substance Dependence / Other Eye Preparations

ATC Classification

R05CB01 - acetylcysteine; Belongs to the class of mucolytics. Used in the treatment of wet cough.
S01XA08 - acetylcysteine; Belongs to the class of other agents used as ophthalmologicals.
V03AB23 - acetylcysteine; Belongs to the class of antidotes. Used to neutralize paracetamol overdose.

*acetylcysteine information:
Note that there are some more drugs interacting with acetylcysteine
acetylcysteine
acetylcysteine brands available in India
Always prescribe with Generic Name : acetylcysteine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ANTIFEN inj CILOL inj FLUIMUCIL granules FLUIMUCIL tab GLUTON-600 cap KOXCURE cap LUMENAC cap MUCARE

amp MUCINAC effervescent tab MUCOHELP inj MUCOMELT amp MUCOMELT effervescent tab MUCOMELT-A tab MUCOMIX amp MUCOMIX film-coated tab MUCOSYS amp MUCOTYLE amp MUCOVENT cap MUCYST amp MUCYST INJ inj NACFIL tab NEFROSAVE tab STYLE inj VENSY cap

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([all drugs])

aciclovir

CIMS Class : (Antivirals) , (Eye Anti-infectives & Antiseptics) , (Topical Antivirals)

aciclovir

P - Caution when used during pregnancy

L - Caution when used during lactation

related aciclovir information

Indication & Dosage

Oral

Primary herpes simplex infections

Adult: 200 mg 5 times daily every 4 hr for 5-10 days; for severely immunocompromised patients and those with impaired absorption: 400 mg 5 times daily for 5 days.

CrCl (ml/min)

Dosage Recommendation

<10

200 mg every 12 hr.

Oral

Suppression of recurrent herpes simplex

Adult: 800 mg daily in 2-4 divided doses. May reduce to 400-600 mg daily if necessary. Reassess the condition every 6-12 mth. For mild or infrequent recurrences: Episodic treatment may be used: 200 mg 5 times daily for 5 days, preferably begun during the prodromal period.

CrCl (ml/min)

Dosage Recommendation

<10

200 mg every 12 hr.

Oral

Prophylaxis of herpes simplex in immunocompromised patients

Adult: 200-400 mg 4 times daily.

Child: =2 yr: 200-400 mg 4 times daily; <2 yr: 100-200 mg 4 times daily.

CrCl (ml/min)

Dosage Recommendation

<10

200 mg every 12 hr.

Oral

Varicella zoster

Adult: >40 kg: 800 mg 4 times daily for 5 days.

Child: =2 yr and =40 kg: 20 mg/kg (up to 800 mg) 4 times daily for 5 days.

CrCl (ml/min)

Dosage Recommendation

10-25

800 mg tid.

<10

800 mg every 12 hr.

Oral

Herpes zoster (shingles)

Adult: 800 mg 5 times daily for 7-10 days.

Child: =6 yr: 800 mg 4 times daily; 2-5 yr: 400 mg 4 times daily; <2 yr: 200 mg 4 times daily.

CrCl (ml/min)

Dosage Recommendation

<10

800 mg every 12 hr.

10-25

800 mg tid.

Intravenous

Mucocutaneous herpes simplex in immunocompromised patients

Adult: 5 mg/kg every 8 hr for 7 days. Dose to be given as IV infusion over 1 hr.

Child: 10 mg/kg every 8 hr for 7 days.

Renal impairment: Peritoneal dialysis: Half the usual dose once daily. Haemodialysis: Half the usual dose every 24 hr and an additional half-dose after haemodialysis.

CrCl (ml/min)

Dosage Recommendation

25-50

Increase dose interval to 12 hr.

10-25

Increase dose interval to 24 hr.

Intravenous

Herpes simplex encephalitis

Adult: 10 mg/kg every 8 hr for 10 days.

Child: =3 mth: 20 mg/kg every 8 hr for 10 days.

Renal impairment: Peritoneal dialysis: Half the usual dose once daily. Haemodialysis: Half the usual dose every 24 hr and an additional half-dose after haemodialysis.

CrCl (ml/min)

Dosage Recommendation

25-50

Increase dose interval to 12 hr.

10-25

Increase dose interval to 24 hr.

Intravenous

Genital herpes

Adult: 5 mg/kg every 8 hr for 5-7 days.

Renal impairment: Peritoneal dialysis: Half the usual dose once daily. Haemodialysis: Half the usual dose every 24 hr and an additional half-dose after haemodialysis.

CrCl (ml/min)

Dosage Recommendation

25-50

Increase dose interval to 12 hr.

10-25

Increase dose interval to 24 hr.

Intravenous

Neonatal herpes simplex virus infections

Child: Birth - 3 mth: 10 mg/kg every 8 hr for 10 days.

Renal impairment: Peritoneal dialysis: Half the usual dose once daily. Haemodialysis: Half the usual dose every 24 hr and an additional half-dose after haemodialysis.

CrCl (ml/min)

Dosage Recommendation

25-50

Increase dose interval to 12 hr.

10-25

Increase dose interval to 24 hr.

Intravenous

Herpes zoster in immunocompromised patients

Adult: =12 yr: 10 mg/kg every 8 hr for 7 days.

Child: 20 mg/kg every 8 hr for 7 days.

Renal impairment: Peritoneal dialysis: Half the usual dose once daily. Haemodialysis: Half the usual dose every 24 hr and an additional half-dose after haemodialysis.

CrCl (ml/min)

Dosage Recommendation

25-50

Increase dose interval to 12 hr.

10-25

Increase dose interval to 24 hr.

Ophthalmic

Herpes simplex keratitis

Adult: Apply a 3% ointment 5 times daily until the 3rd day of complete healing.

Topical/Cutaneous

Herpes simplex infections of skin

Adult: Apply a 5% ointment/cream 5-6 times daily every 3-4 hr for 5-10 days.

Reconstitution: Remove the calculated dose and add it to any appropriate IV solution at a volume selected for admin during each 1-hr infusion. Recommended infusion concentrations: About 7 mg/mL or lower. Higher concentrations (e.g. 10 mg/mL) may cause phlebitis or inflammation at the inj site if there is extravasation. Standard, commercially available electrolyte and glucose solutions are suitable for IV admin; biologic or colloidal fluids (e.g. blood products, protein solutions) are not recommended.

Incompatibility: Y-site incompatibility: Ondansetron, piperacillin/tazobactam, sargramostim, tacrolimus, vinorelbine, amifostine, amsacrine, aztreonam, cefepime, dobutamine, dopamine, fludarabine, foscarnet, gemcitabine, idarubicin, levofloxacin. Syringe incompatibility: Pantoprazole, caffeine citrate. Admixture incompatibility: Dobutamine, dopamine.

Administration

May be taken with or without food. (May be taken w/ meals to reduce GI discomfort.)

Contraindications

Hypersensitivity.

Special Precautions

Renal impairment. Pregnancy, lactation. Neurological abnormalities with significant hypoxia, serious hepatic or electrolyte abnormalities. Maintain adequate hydration.

Adverse Drug Reactions

Nausea, vomiting, headache, diarrhoea, rash, haematological changes (occasional), increase in liver enzymes, burning, itching or erythema (topical use). Eye application may produce stinging, superficial punctate keratopathy, blepharitis or conjunctivitis. IV administration: Local reaction, pain, inflammation, phlebitis, extravasation leads to ulceration. Increase in BUN and/or creatinine. Rarely, renal failure.
Potentially Fatal: Occasionally neurotoxicity after IV use: Lethargy, confusion, agitation, tremors, seizures, coma.

Drug Interactions

Probenecid decreases urinary excretion and increases half-life. Risk of renal impairment increased by other nephrotoxic drugs.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Intravenous: Vial: Store between 15-25°C. Once diluted for admininstration, solution should be used within 24 hr. Ophthalmic: Store at 15-25°C. Oral: Store at 15-25°C. Topical/Cutaneous: Store at 15-25°C.

Mechanism of Action

Activity against HSV types I and II and varicella-zoster virus is due to intracellular conversion of aciclovir to the monophosphate by viral thymidine kinase with subsequent conversion to the diphosphate and active triphosphate by cellular enzymes. This active form inhibits viral DNA synthesis and replication by interfering with viral DNA polymerase enzyme and being incorporated into viral DNA.

Absorption: 15-30% is absorbed from the GI tract (oral), slightly absorbed from the skin (topical), absorbed from the eye (ophthalmic).

Distribution: CSF (50% of conc is similar to those in plasma); crosses the placenta and enters breast milk (concentrations 3 times higher than in maternal serum). Protein-binding: 9-33%.

Excretion: Via kidney by glomerular filtration and tubular secretion (14% as unchanged), via faeces (2%); elimination half-life: 2-3 hr (normal renal function), 19.5% (anuric patients), 5-7% (haemodialysis patients).

CIMS Class

Antivirals / Eye Anti-infectives & Antiseptics / Topical Antivirals

ATC Classification

D06BB03 - aciclovir; Belongs to the class of topical antivirals used in the treatment of dermatological diseases.
J05AB01 - aciclovir; Belongs to the class of nucleosides and nucleotides excluding reverse transcriptase inhibitors. Used in the systemic treatment of viral infections.
S01AD03 - aciclovir; Belongs to the class of antiinfectives, antivirals. Used in the treatment of eye infections.

*aciclovir information:
Note that there are some more drugs interacting with aciclovir
aciclovir further details are available in official CIMS India
aciclovir

aciclovir brands available in India

Always prescribe with Generic Name : aciclovir, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACIHERPIN CRM cream ACIHERPIN tab ACIV tab ACIVIR CRM cream ACIVIR dispertab ACIVIR OINT ophth oint ACIVIR vial ACV tab ACV vial ACVIRALL dispertab ALOVIR tab AXOVIR inj AXOVIR tab CEVIRIN vial CIVIR dispertab CLOVIRAX CRM cream CLOVIRAX dispertab CUTIVIR tab CYCLOVIR cream CYCLOVIR OINT eye oint CYCLOVIR tab HERPERAX OINT cream HERPERAX OINT oint HERPERAX tab HERPEX CRM cream HERPEX dispertab HERPEX tab HERPIL tab HERZOVIR vial KAYVIR tab KOVIRAN vial LOVIR tab NISIVIR vial OCUVIR dispertab OCUVIR OINT eye oint OCUVIR SKIN cream OKAVIR dispertab OKAVIR SKIN CRM cream OVIR vial PSYVIR 5% cream PSYVIR tab RIDOHERP CRM cream RIDOHERP tab TRIKASE CRM cream TRIKASE tab UNIVIR vial VIR INJ vial VIRODERM oint VIRUCID OINT eye oint VIVORAX cream ZOVIR tab ZOVIRAX OPHTHALMIC OINT eye oint ZOVIRAX susp ZOVIRAX tab ZOVIRAX vial ZOYLEX inj ZOYLEX-DT dispertab

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([all drugs])

acitretin

CIMS Class : (Psoriasis, Seborrhea & Ichthyosis Preparations)

acitretin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related acitretin information

Indication & Dosage

Oral

Darier's disease

Adult: Initially, 10 mg daily for 2-4 wk. Max: 50 mg/day.

Child: 500 mcg/kg/day. Max dose: 35 mg/day.

Oral

Congenital icthyosis

Adult: Initially, 25-30 mg daily for 2-4 wk before dose adjustments are done. Usual range: 25-50 mg daily for further 6-8 wk. Max: 75 mg daily for short periods.

Child: 500 mcg/kg/day. Max: 35 mg daily.

Oral

Severe lichen planus

Adult: Initially, 25-30 mg daily for 2-4 wk before dose adjustments are done. Usual range: 25-50 mg daily for further 6-8 wk. Max: 75 mg daily for short periods.

Child: 500 mcg/kg/day. Max: 35 mg daily.

Oral

Severe psoriasis

Adult: Initially, 25-30 mg daily for 2-4 wk before dose adjustments are done. Usual range: 25-50 mg daily for further 6-8 wk. Max: 75 mg daily for short periods.

Child: 500 mcg/kg/day. Max: 35 mg daily.

Administration

Should be taken with food. (Take w/ main meals or w/ a glass of milk.)

Overdosage

Symptoms are identical to acute hypervitaminosis A, ie, headache and vertigo.

Contraindications

Pregnancy (before the start, during and at least 2-3 yr after cessation of therapy), lactation. Hepatic and renal impairment. Hyperlipidaemia.

Special Precautions

Female patients to avoid alcohol during and 2 mth after treatment. Avoid blood donation during therapy or at least 1-3 yr after stopping therapy. Children. Radiographic treatment for prolonged therapy. Therapy should not last >6 mth. Monitor plasma lipid and glucose levels (especially diabetics) regularly. Monitor LFTs.

Adverse Drug Reactions

Dryness of mucous membranes and skin; conjunctivitis, dry sore mouth; ophth disturbances; raised lipid level, pancreatitis; sticky skin, dermatitis. Severe headache; GI disturbances; dermatologic reactions, oedema, paronychia, granulomatous lesions, bullous eruptions; reversible hair thinning and alopoecia; CNS disturbances; sweating; taste disturbance, gingivitis; benign

intracranial hypertension; photosensitivity; skeletal hyperostosis; extraosseous calcification; premature epiphyseal closure in child. Potentially Fatal: Phototoxicity, jaundice, hepatitis and hepatotoxity.

Drug Interactions

Concomitant use with keratolytics or high dose vitamin A. Reduces anticoagulant effect of coumarins e.g. warfarin. Concomitant use of microdised progestin oral contraceptives. Concomitant use of methotrexate can potentiate hepatotoxicty. Concomitant use with tetracycline.

Food Interaction

Co-administration with food may increase oral bioavailability.

Lab Interference

Elevation of liver enzymes, lipids, triglycerides and cholesterol level in blood.

Pregnancy Category (US FDA)

Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.

Storage

Oral: Store below 25°C.

Mechanism of Action

Acitretin is an active metabolite of etretinate but its mechanism of action is unknown.

CIMS Class

Psoriasis, Seborrhea & Ichthyosis Preparations

ATC Classification

D05BB02 - acitretin; Belongs to the class of systemic retinoids used in the treatment of psoriasis.

*acitretin information:

Note that there are some more drugs interacting with acitretin

acitretin

acitretin brands available in India

Always prescribe with Generic Name : acitretin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACERET cap ACETEC cap ACITRIN cap

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([all drugs])

aclarubicin

CIMS Class : (Cytotoxic Chemotherapy)

aclarubicin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related aclarubicin information

Indication & Dosage

Intravenous

Malignant blood disorders

Adult: Initially: 175-300 mg/m2 given in divided doses over 3-7 consecutive days via IV infusion over 30-60 minutes. Maintenance: 25-100 mg/m2 in a single infusion every 3-4 wk.

Contraindications

Pregnancy, lactation; CV disease.

Special Precautions

Myocardial irradiation and use of radiotherapy. Hepatic or renal impairment. Elderly.

Adverse Drug Reactions

Nausea, vomiting, mucositis, irritant to tissue, sore mouth, bone-marrow suppression, hyperuricaemia. Alopoecia (rare).

Potentially Fatal: Cardiotoxicity (rare), myelosuppression in patients who received mitomycin or a nitrosourea, leucopenia.

Drug Interactions

Other cardiotoxic drugs e.g. daunorubicin or cyclophosphamide, live vaccines; decreases effects of digoxin, oral anticoagulants, phenytoin and suxamethonium.

Lab Interference

Elevated bilirubin level.

Mechanism of Action

Aclarubicin is an anthracycline, a cytotoxic antibiotic, and inhibits RNA synthesis through intercalation.
Distribution: Rapidly distributed into tissues after IV admin.
Metabolism: Extensively metabolised.
Excretion: Triphasic clearance. Terminal elimination half-life: About 3 hr. Excreted in urine mainly as metabolites.

CIMS Class

Cytotoxic Chemotherapy

ATC Classification

L01DB04 - aclarubicin; Belongs to the class of cytotoxic antibiotics, anthracyclines and related substances. Used in the treatment of cancer.

*aclarubicin information:

aclarubicin

aclarubicin brands available in India

Always prescribe with Generic Name : aclarubicin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : KLASINOMYCIN vial

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([all drugs])

adapalene

CIMS Class : (Acne Treatment Preparations)

adapalene

P - Caution when used during pregnancy

L - Caution when used during lactation

related adapalene information

Indication & Dosage

Topical/Cutaneous

Acne

Adult: As 0.1% solution/cream/gel: Apply thinly onto affected areas once daily at night after cleansing.

Contraindications

Hypersensitivity.

Special Precautions

Patients with sunburn, eczema. Pregnancy, lactation. Avoid excessive exposure to sunlight or UV irradiation. Keep away from the eyes, lips, nostrils and mucous membranes. Do not apply to cuts, abrasions, scaly or flaky skin, or patches of sunburned skin. Use with caution with preparations containing sulfur, resorcinol, or salicylic acid.

Adverse Drug Reactions

Mild skin irritation, scaling, erythema, cutaneous dryness, sensations of stinging and burning, pruritus.

Drug Interactions

Increased irritation may occur with medicated or abrasive soaps, products with a pronounced drying effect and those containing alcohol or astringents.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Topical/Cutaneous: Store below 25°C.

Mechanism of Action

Adapalene binds to specific retinoic acid nuclear receptors which normalises the differentiation of follicular epithelial cells resulting in decreased microcomedone formation.

Absorption: Minimal (topical).

Excretion: Bile.

CIMS Class

Acne Treatment Preparations

ATC Classification

D10AD03 - adapalene; Belongs to the class of topical retinoid preparations used in the treatment of acne.

*adapalene information:
adapalene
adapalene brands available in India
Always prescribe with Generic Name : adapalene, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ACLENE gel ACNERIS-AD gel ADACIN gel ADAFERIN gel ADAPEN gel ADAPLE GEL gel ADARET gel ADCLIN GEL gel ADLENE-AD gel ALANGEL gel ALENE GEL gel APGEL gel DERIVA gel DERIVA-C AQ gel DERIVA-C gel DERIVA-CMS gel DERIVA-MS gel DIFRA GEL gel FEIZ cream PIMPLEX oint ROZAC gel WIPLIN GEL gel

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([all drugs])

adefovir dipivoxil

CIMS Class : (Antivirals)

adefovir dipivoxil

P - Caution when used during pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related adefovir dipivoxil information

Indication & Dosage

Oral

Chronic hepatitis B

Adult: >18 yr: 10 mg once daily.

Renal impairment: Haemodialysis patients: 10 mg every 7 days after dialysis.

CrCl (ml/min)

Dosage Recommendation

20-49

10 mg every 48 hr.

10-19

10 mg every 72 hr.

Administration

May be taken with or without food.

Overdosage

Monitor for signs of toxicity, apply supportive treatment when necessary.

Contraindications

Lactation.

Special Precautions

Pregnancy; elderly; child; renal or hepatic impairment. HIV antibody testing to be performed before initiation due to possible resistance development in untreated HIV infection. Increased risk of hepatotoxicity in females, obese patients and with prolonged treatment. Monitor renal function every 3 mth; hepatitis B biochemical, viral and serological markers every 6 mth and LFTs. Discontinue therapy if liver function worsens, severe

hepatomegaly, steatosis or unexplained metabolic or lactic acidosis. Monitor hepatic function for several mth in patients whose antihepatitis therapy is discontinued as acute exacerbations of hepatitis may occur.

Adverse Drug Reactions

Nausea, dyspepsia, abdominal pain, flatulence, diarrhoea, asthenia, headache. Pruritus, skin rashes, and respiratory effects e.g. cough, pharyngitis and sinusitis.
Potentially Fatal: Lactic acidosis, severe hepatomegaly with steatosis, hepatotoxicity, nephrotoxicity.

Drug Interactions

Increased risk of nephrotoxicity with nephrotoxic drugs e.g. aminoglycosides, ciclosporin, NSAIDs, vancomycin, tacrolimus. Ibuprofenincreases bioavailability of adefovir.

Food Interaction

Increased risk of hepatotoxicty with alcohol in hepatitis B infection.

Storage

Oral: Store between 15-30°C (59-86°F).

Mechanism of Action

Adefovir dipivoxil is an acyclic nucleoside reverse transciptase inhibitor. The diester function is hydrolyzed and subsequently phosphorylated to the active adefovir diphosphate. The active metabolite inhibits HBV DNA polymerase (reverse transcriptase) and hence inhibits viral replication. It can be used in patients with lamivudine-resistant hepatitis B.

Absorption: Rapidly converted to adefovir after oral admin. Bioavailability 59%. Plasma concentration peaks after 0.6-4 hr.

Distribution: Widely distributed to body tissues. Protein binding: >4%.

Excretion: Renal. Terminal elimination half-life: 7 hr.

CIMS Class

Antivirals

ATC Classification

J05AF08 - adefovir dipivoxil; Belongs to the class of nucleoside and nucleotide reverse transcriptase inhibitors. Used in the systemic treatment of viral infections.

*adefovir dipivoxil information:
Note that there are some more drugs interacting with adefovir dipivoxil
adefovir dipivoxil
adefovir dipivoxil brands available in India
Always prescribe with Generic Name : adefovir dipivoxil, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ADESERA tab ADFOVIR tab ADHEB tab
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([all drugs])
adenosine
CIMS Class : (Cardiac Drugs)
adenosine
P - Caution when used during pregnancy

related adenosine information

Indication & Dosage

Intravenous

Differential diagnosis of supraventricular tachycardias

Adult: Initially, 3 mg by rapid IV inj into a central or large peripheral vein over 2 sec with cardiac monitoring; 6 mg may be given after 1-2 minutes if necessary, then 12 mg after a further 1-2 minutes. Avoid increments if high level AV block occurs at any particular dose.

Child: Initially, 50-100 mcg/kg; if necessary, may increase dose by 50-100 mcg/kg increments at 1-2 minute intervals or until arrhythmia is controlled. Max dose: 300 mcg/kg.

Max Dosage:

Intravenous

Paroxysmal supraventricular tachycardia

Adult: Initially, 3 mg by rapid IV inj into a central or large peripheral vein over 2 sec with cardiac monitoring; 6 mg may be given after 1-2 minutes if necessary, then 12 mg after a further 1-2 minutes. Avoid increments if high level AV block occurs at any particular dose.

Child: Initially, 50-100 mcg/kg; if necessary, may increase dose by 50-100 mcg/kg increments at 1-2 minute intervals or until arrhythmia is controlled. Max dose: 300 mcg/kg.

Max Dosage:

Intravenous

Myocardial imaging

Adult: 140 mcg/kg/minute by infusion for 6 minutes. Inject radionuclide 3 minute after infusion.

Contraindications

2nd or 3rd degree AV block and sick sinus syndrome (unless pacemaker fitted), asthma, hypersensitivity.

Special Precautions

Pregnancy; heart transplant patients; patients on dipyridamole (lower initial dose of adenosine 0.5-1 mg); atrial fibrillation or flutter with accessory pathway (conduction along anomalous pathway may increase).

Adverse Drug Reactions

Facial flushing, palpitations, chest pain, bradycardia, sweating, hypotension, dyspnoea, choking sensation, headache, lightheadedness, tingling, numbness, neck and back pain, nausea, metallic taste. ECG changes suggestive of rhythm disturbances.

Drug Interactions

Adenosine effects antagonised by methylxanthines like caffeine, theophylline, etc. Concomitant carbamazepine may increase the risk of heart block.
Potentially Fatal: Adenosine effects are potentiated by dipyridamole.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.
Mechanism of Action

Adenosine acts rapidly to slow down conduction through the AV node via the A1 receptors. It also mediates peripheral and coronary

vasodilatation by stimulating the A2 receptors. Extremely short plasma half-life (<10 sec) permits dosage titration during IV use every 1-2 min and causes no concern of cumulative effect through repeated dosing.

Absorption: Rapidly taken up into the erythrocytes and vascular endothelial cells.

Metabolism: Metabolised to adenosine monophosphate and inosine.

Excretion: Plasma half-life: <10 sec.

CIMS Class

Cardiac Drugs

ATC Classification

C01EB10 - adenosine; Belongs to the class of other preparations used in cardiac therapy.

*adenosine information:

Note that there are some more drugs interacting with adenosine

adenosine

adenosine brands available in India

Always prescribe with Generic Name : adenosine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ADENOCOR inj ADENOJECT inj CADSINE PFsyringe CARNOSIN amp TACHYBAN amp

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([all drugs])

albendazole

CIMS Class : (Anthelmintics)

albendazole

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related albendazole information

Indication & Dosage

Oral

Echinococcosis

Adult: >60 kg: 400 mg bid for 28 days; <60 kg: 15 mg/kg daily in 2 divided doses. Max dose: 800 mg daily. For cystic echinococcosis, up to 3 treatment cycles of 28 days each may be given with 14 treatment-free days in between cycles. For alveolar echinococcosis,

treatment cycles of 28 days each with 14 treatment-free days in between. Treatment cycles may need to be continued for mth or yr until complete eradication of parasites.

Oral

Neurocysticercosis

Adult: >60 kg: 400 mg bid; <60 kg: 15 mg/kg daily in 2 divided doses for 8-30 days.

Max Dosage: Adult <60 kg: 800 mg daily.

Oral

Ascariasis

Adult: 400 mg as a single dose.

Child: =2 yr: 400 mg as a single dose; 1-2 yr: 200 mg as a single dose for enterobiasis.

Oral

Hookworm infections

Adult: 400 mg as a single dose.

Child: =2 yr: 400 mg as a single dose; 1-2 yr: 200 mg as a single dose for enterobiasis.

Oral

Enterobiasis

Adult: 400 mg as a single dose.

Child: =2 yr: 400 mg as a single dose; 1-2 yr: 200 mg as a single dose for enterobiasis.

Oral

Strongyloidiasis

Adult: 400 mg once daily or bid for 3 consecutive days, repeated after 3 wk if necessary.

Oral

Giardiasis

Adult: 400 mg daily for 5 days.

Child: 400 mg daily for 5 days.

Administration

Should be taken with food.

Overdosage

Symptomatic and supportive measures are advised.

Contraindications

Pregnancy and lactation. Neonates. Hypersensitivity, liver impairment.

Special Precautions

Monitor blood counts and liver function. Administer within 7 days of start of normal menstruation in women of childbearing age. Adequate nonhormonal contraceptive measures must be taken during and for 1 mth after therapy. Perform liver function tests and blood counts before and every 2 wk during high dose therapy of hydatid disease.

Adverse Drug Reactions

GI discomfort, headache, nausea, dizziness, allergic reactions, pruritus, raised liver enzymes, alopecia and dry mouth.
Potentially Fatal: Bone marrow depression.

Drug Interactions

Cimetidine increases albendazole metabolism. Serum levels are increased if taken with dexamethasone and praziquantel agent.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals

are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 20-25°C.

Mechanism of Action

Albendazole exhibits a broad-spectrum anthelmintic activity showing vermicidal, ovicidal and larvicidal actions. It inhibits tubulin polymerization in the parasite and blocks glucose uptake; energy levels are reduced resulting to death of the parasite. Susceptible parasites include hookworm, roundworm, threadworm, whipworm, tapeworm, strongyloides, opisthorchis and hydatid disease (Echinococcus).

Absorption: Poorly absorbed from the GI tract (oral).

Distribution: Widely distributed; bile, CSF. Protein-binding: 70%

Metabolism: Extensive hepatic first-pass metabolism; converted to albendazole sulfoxide.

Excretion: Via bile; via urine (small amounts). 8.5 hr (elimination half-life).

CIMS Class

Anthelmintics

ATC Classification

P02CA03 - albendazole; Belongs to the class of benzimidazole derivative agents used as antinematodal.

*albendazole information:
Note that there are some more drugs interacting with albendazole
albendazole further details are available in official CIMS India
albendazole
albendazole brands available in India
Always prescribe with Generic Name : albendazole, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ABD susp ABD tab ABIDE syr ABIDE tab ABZ chewable tab ABZ susp ABZOLE susp ABZOLE tab AH-1 chewable tab AH-1 susp AL susp AL tab ALBACOS syr ALBACOS tab ALBAMAA susp ALBASYM syr ALBAZOLE dispertab ALBAZOLE susp ALBEKON susp ALBEKON tab ALBENDAZOLE susp ALBENDAZOLE tab ALBENDOL

susp ALBENDOL tab ALBENT syr ALBENT tab ALBENZOLE tab ALBESAN tab ALBEST susp ALBEST tab ALBESTAR tab ALBEX susp ALBEX tab ALBEZOLE susp ALBEZOLE tab ALBOL tab ALBOSYM tab ALBOVEN chewable tab ALBOVEN susp ALBRODO susp ALBRODO tab ALENDA susp ALENDA tab ALFORD tab ALIO tab ALMINTH tab ALTEC SUSP susp ALTEC TAB tab ALWORM susp ALWORM tab ALZAD susp ALZAD tab ALZOL tab ANTHEL chewable tab ANTHEL susp ANTIWORM susp ANTIWORM tab ARIBAN susp ARIBAN tab ASIBEND susp ATBEND susp ATBEND tab AVIBAND susp AVIBAND tab AVIZOLE susp BAND tab BANDY susp BANDY tab BANTHEL chewable tab BANTHEL susp BENDEX susp BENDEX tab BENDOL susp BENDOL tab BENROD susp BENROD tab BENZYS susp BENZYS tab BIWOM susp BIWOM tab C-BAND film-coated tab C-BEND syr C-BEND tab CIDAZOLE chewable tab CIDAZOLE susp COMBANTRIN susp COMBANTRIN tab CONTHEL chewable tab C-TROP susp C-TROP tab CUWARM tab DAZO tab DISPEL susp DISPEL tab D-WORM syr E-BEND tab EBEX chewable tab EBEX susp EJECTIL tab EJECTIL-P tab ELBEND susp ELBEND tab ELEBEN susp ELEBEN tab ELMINEX susp ELMINEX tab ELMINOVA susp ELMINOVA tab ENBENOL tab ERADIX tab FOBEN chewable tab FOBEN susp GEKARE

cap GEKARE susp GETRID tab HYMIN susp HYMIN tab IVORAL-DT dispertab JANBOL tab KAYBEND tab KIRAZA chewable tab KIRAZA susp LUPIBEND syr LUPIBEND tab MILIBEND susp MILIBEND tab MORBAND susp MORBAND tab N-BEND susp NBWORM susp NBWORM tab NEMABAN susp NEMABAN tab NEMOFEX susp NEMOFEX tab NEMOZOLE chewable tab NEMOZOLE susp NOWORM syr NOWORM tab NUBEND susp NUBEND tab OBEN syr ODAL susp ODAL tab OLBAN susp OLBAN tab OLWORM chewable tab OLWORM susp OMNITEL susp OMNITEL tab R-BEN susp REALB syr REALB tab REZOL tab SANALBA syr SANALBA tab SANTIL susp SANTIL tab SAYOBEND susp SAYOBEND tab SIABEND susp SIOBAN susp SIOBAN tab SOZIBENDAL tab SYMBEND syr SYMBEND tab TAGAZOLE chewable tab TAGAZOLE susp TAURWORM susp TAURWORM tab TIOBEND susp TIOBEND tab TIVEABLE tab VARBEND tab VERBAN tab VERMANTH susp VERMANTH tab VERMITEL tab VORMOUT susp VORMOUT tab WOMIBAN chewable tab WOMIBAN susp WOMITEL tab WONIL susp WONIL tab WORMICARE susp WORMICARE tab WORMIN-A susp WORMIN-A tab WORMIQUIT tab WORMITEL tab WORMIZOLE susp WORMIZOLE tab WORMONIL chewable tab WORMONIL syr WORMORID chewable tab WORMORID

susp WORMPEL susp WORMPEL tab WORNIL susp WORNIL tab XENDA susp XENDA tab XENITH syr XENITH tab X-WORM susp X-WORM tab ZAA susp ZAA tab ZELBEND tab ZENCID susp ZENCID tab ZENTEL susp ZENTEL tab ZENTIC susp ZENTIC syr ZENTIC tab ZOBEND chewtab ZOBEND susp
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([all drugs])
alendronic acid
CIMS Class : (Agents Affecting Bone Metabolism)
alendronic acid
P - Contraindicated in pregnancy
L - Contraindicated in lactation
Food ¤ - Food interaction
related alendronic acid information
Indication & Dosage

Oral
Osteopetrosis
Adult: 10 mg daily or 70 mg once wkly.

CrCl (ml/min)
Dosage Recommendation

<35

Not recommended.

Oral

Paget's disease of bone

Adult: 40 mg daily for 6 mth; may be repeated if necessary after 6-mth post-treatment evaluation period.

Oral

Prophylaxis of postmenopausal osteoporosis

Adult: 5 mg once daily or 35 mg once wkly.

CrCl (ml/min)

Dosage Recommendation

<35

Not recommended.

Oral

Corticosteroid-induced osteoporosis

Adult: Treatment and prevention: 5 mg daily; may increase to 10 mg daily in women who do not receive HRT.

Administration

Should be taken on an empty stomach. (Take w/ a full glass of plain water at least ½ hr before the 1st food/drink/medication of the day

& remain in sitting/upright position for at least ½ hr. Swallow whole, do not chew/crush.)

Overdosage

Symptoms may include hypocalcaemia, hypophosphataemia and upper GI adverse events, such as upset stomach, heartburn, esophagitis, gastritis or ulcer. Milk or antacids should be given to bind alendronate. Should not induce vomiting due to the risk of oesophageal irritation. Patient should remain fully upright. Dialysis would not be beneficial.

Contraindications

Hypocalcaemia; oesophageal abnormalities and factors which delay oesophageal emptying; severe renal impairment; hypersensitivity; inability to stand or sit upright for =30 min. Pregnancy, lactation.

Special Precautions

Upper GI disorders (discontinue if symptoms worsen); history of ulcers, active GI bleeding. Correct vitamin D and calcium deficiency before starting therapy. To be taken half an hr before breakfast and

remain upright for at least 30 minutes after admin. Not recommended for use in patients with CrCl <35 ml/min.

Adverse Drug Reactions

Oesophagitis, oesophageal ulcers and erosions, dysphagia, heartburn, retrosternal pain, abdominal pain, distension, diarrhoea, constipation, flatulence, headache, rash, erythema, musculoskeletal pain, transient decreases in serum phosphate.

Drug Interactions

Concomitant iron, calcium supplements and antacids hinder alendronate absorption. Concomitant aspirin or NSAIDs may increase the incidence of adverse GI effects.

Food Interaction

Food, mineral water, coffee, tea and juice interfere with absorption of alendronate.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Alendronic acid reduces bone resorption by inhibiting the action of osteoclasts.

Absorption: Poorly absorbed from the GIT (oral); reduced by food.

Distribution: Protein-binding: 78%

Excretion: Urine (50%); remainder is sequestered to bone.

CIMS Class

Agents Affecting Bone Metabolism

ATC Classification

M05BA04 - alendronic acid; Belongs to the class of bisphosphonates. Used in the treatment of bone diseases.

*alendronic acid information:

Note that there are some more drugs interacting with alendronic acid

alendronic acid

alendronic acid brands available in India

Always prescribe with Generic Name : alendronic acid, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ADOS tab ALENOST tab BIFOSA tab DENFOS tab DRONAL tab OSTEOFOS tab PORONIL tab RALENOST-10 tab RESTOFOS tab ZOPHOST tab

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([all drugs])

alfacalcidol

CIMS Class : (Agents Affecting Bone Metabolism)

alfacalcidol

related alfacalcidol information

Indication & Dosage

Oral

Hypocalcaemia, Rickets or osteomalacia, Hypophosphataemia, Renal osteodystrophy, Hypoparathyroidism

Adult: Initially, 1 mcg daily. Maintenance: 0.25-1 mcg daily.
Child: Premature infants and neonates: 0.05-0.1 mcg/kg daily; <20 kg: 0.05 mcg/kg daily.
Elderly: 0.5 mcg daily.

Administration

Should be taken with food.

Overdosage

Symptoms may include anorexia, lassitude, nausea and vomiting, constipation or diarrhoea, polyuria, nocturia, sweating, headache, thirst, somnolence and vertigo and hypercalcaemia. Management: Stop admin of alfacalcidol. Treatment is symptomatic and supportive. Ensure patient is well hydrated by i.v. infusion of saline (force diuresis). Monitor electrolytes, calcium levels, renal function, ECG (especially in patients on digitalis). Consider treatment with glucocorticosteroids, loop diuretics, bisphosphonates, calcitonin and haemodialysis with low calcium content.

Contraindications

Hypercalcaemia, metastatic calcification, hyperphosphataemia (except when occurring with hypoparathyroidism), hypermagnesaemia.

Special Precautions

Pregnancy, lactation, renal impairment, infants, elderly. Monitor serum levels of calcium in patients with renal failure. Caution in hypercalciuria esp in those with history of renal calculi. Avoid in patients with hypersensitivity to inj. containing propylene glycol.

Adverse Drug Reactions

Anorexia, nausea, vomiting, diarrhoea, lassitude, polyuria, sweating, headache, thirst, vertigo, pruritus, rash, urticaria. Hypercalcaemia, hypercalciuria and ectopic calcification. In case of renal impairment, hyperphosphataemia. In hypercalcaemic dialysis patients, possibility of calcium influx from the dialysate should be considered.

Drug Interactions

Thiazides may increase the risk of hypercalcaemia. Some antiepileptics
e.g. carbamazepine, phenobarbital, phenytoin and primidone may increase vitamin D requirements. Rifampicin, isoniazid and corticosteroids may reduce the efficacy of vitamin D.

Storage

Oral: Capsule: Store below 25°C. Liquid: Refrigerate at 2-8°C.

Mechanism of Action

Alfacalcidol is a precursor of the active calcitriol. It does not require renal hydroxylation but requires 25-hydroxylation in the liver for conversion to calcitriol.
Absorption: Adequately absorbed from the GI tract (oral).
Distribution: Adipose and muscle tissue; enters breast milk.
Protein-binding: Specific to a-globulin.
Metabolism: Hepatic; rapidly converted to calcitriol.
Excretion: Faeces and urine (small amounts).

CIMS Class

Agents Affecting Bone Metabolism

ATC Classification

A11CC03 - alfacalcidol; Belongs to the class of vitamin D and analogues. Used as dietary supplements.

*alfacalcidol information:
Note that there are some more drugs interacting with alfacalcidol
alfacalcidol
alfacalcidol brands available in India
Always prescribe with Generic Name : alfacalcidol, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ACAL soft-gelatin caps ALBONATE tab ALCAL cap ALCALCI tab ALCALS PLUS tab ALCIDOL cap ALCIRIZ tab ALFA CAPS cap ALFA CAPS PLUS soft-gelatin caps ALFA SURECAL soft-gelatin caps ALFABOL cap ALFACAL cap ALFACAL PLUS SG-cap ALFACARE tab ALFACIP cap ALFACIP PLUS 500 cap ALFACIP PLUS soft-gelatin caps ALFA-D3 cap ALFA-D3 tab ALFA-MAXICAL 500 soft-gelatin caps ALFA-OSTEBON cap ALFARICH cap ALFASET cap ALFASURECAL cap ALFATEC-

C cap ALFAZIC tab ALFEX cap ALFEX-BT tab ALLNET cap ALPHA B-CAL tab ALPHABOND tab ALPHACAD tab ALPHADOL soft-gelatin caps ALPHADOL-C soft-gelatin caps ALPIDOL tab BONICAL-A tab CAD ALPHA tab CAL CI SAN tab CALCIF cap CALCIJEX cap CALCIT SG cap CALFA PLUS softgel CALFA-D cap CALSURE-OP tab CALVON-A tab CANADOL tab CAPHIDOL C tab CASCAL tab CECAL PLUS cap CIDOCAL tab DENSICA ALPHA 250 cap DENSICA ALPHA cap DOLVIC tab ELCADOL tab FLABONE tab GLYCAL-A cap GR-ALFA SG-cap GSCAL tab IFYCAL-AD tab INTRADOL softgel KALIBER tab KALORY tab KALPHA tab MILKAL tab MINROSET cap MINROSET-C cap OB-CAL A film-coated tab ONE ALPHA C cap ONE ALPHA cap OROCAL tab OSPICAL-OP tab OSSOPAN ALFA cap PHARMACAL tab QTR-ALFA cap REFIRM tab RULCAL film-coated tab SAYOCAL-A tab SHELCAL-OS film-coated tab SHEL-D-OS tab SIMCAL-BC tab SPERCAL-ALFA tab SUPRACAL-A softgel SWIDOL-A cap UNICAL-BC tab VITALPHA soft-gelatin caps VITALPHA-C tab ZAXIAL cap ZAXIAL PLUS cap ZOVICAL-A tab

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([all drugs])

alfuzosin

CIMS Class : (Drugs for Bladder & Prostate Disorders)

alfuzosin

L - Contraindicated in lactation

related alfuzosin information

Indication & Dosage

Oral

Benign prostatic hyperplasia

Adult: 2.5 mg tid. Max dose: 10 mg daily.

Elderly: Initially, 2.5 mg bid.

Renal impairment: Initiate with 2.5 mg bid. Adjust dose according to response.

Hepatic impairment: Mild-moderate impairment: Initiate with 2.5 mg daily, may increase to 2.5 mg bid gradually according to response. Modified-release preparations are not recommended.

Administration

Should be taken with food.

Overdosage

May lead to hypotension. Maintain patient in supine position to restore BP. Otherwise, IV fluids and/or vasopressors may be needed. Monitor renal function.

Contraindications

Severe hepatic impairment; history of postural hypotension and micturition syncope; intestinal occlusion; severe renal insufficiency; lactation.

Special Precautions

Elderly; hypertension; coronary insufficiency; angina (discontinue); renal or hepatic impairment. Monitor BP regularly. May affect ability to drive or operate machinery.

Adverse Drug Reactions

Drowsiness, postural hypotension, syncope, asthenia, depression, headache, dry mouth, GI disturbances, edema, blurred vision, rhinitis, erectile disorders, tachycardia, palpitation, hypersensitivity reactions; flushes; chest pain; dizziness; lack of energy.

Drug Interactions

CYP3A4 inhibitors e.g. azole antifungals, clarithromycin, diclofenac, doxycycline, erythromycin, imatinib, isoniazid, nefazodone, nicardipine, propofol, protease inhibitors, quinidine, telithromycin, and verapamil may increase the levels of alfuzosin. Reduced serum levels when used with CYP3A4 inducers e.g. aminoglutethimide, carbamazepine, nafcillin, nevirapine, phenobarbital, phenytoin and rifamycins.
Potentially Fatal: Concurrent use with potent CYP3A4 inhibitors (e.g. itraconazole, ketoconazole or ritonavir) is contraindicated.

Storage

Oral: Store between 15-30°C.

Mechanism of Action

Alfuzosin is a quinazoline-derivative which exhibits selectivity for a1-adrenergic receptors in the lower urinary tract. Blockade of these adrenoreceptors causes relaxation of smooth muscle in the

bladder neck and prostate, resulting in improvement in urine flow and a reduction in symptoms of benign prostatic hyperplasia.
Absorption: Readily absorbed after oral admin. Bioavaliability: about 64%.
Distribution: 90% bound to plasma proteins.
Metabolism: Extensively metabolised in the liver, mainly by the cytochrome P450 isoenzyme CYP3A4, to inactive metabolites.
Excretion: About 11% excreted unchanged in urine. Metabolites are mainly excreted in faeces via bile. Elimination half-life: about 3-5 hr.

CIMS Class

Drugs for Bladder & Prostate Disorders

ATC Classification

G04CA01 - alfuzosin; Belongs to the class of alpha-adrenoreceptor antagonists. Used in the treatment of benign prostatic hypertrophy.

*alfuzosin information:
Note that there are some more drugs interacting with alfuzosin
alfuzosin further details are available in official CIMS India

alfuzosin

alfuzosin brands available in India

Always prescribe with Generic Name : alfuzosin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AFDURA tab ALFOO extentab ALFUSIN extentab EFZU extentab FLOTRAL extentab FUAL tab PROFUZO SR-tab XELFLO tab ZOFU-ER extentab

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([all drugs])

allopurinol

CIMS Class : (Hyperuricemia & Gout Preparations)

allopurinol

P - Caution when used during pregnancy

L - Caution when used during lactation

related allopurinol information

Indication & Dosage

Oral

Hyperuricaemia

Adult: Initially, 100 mg daily increased according to response until the plasma conc of urate is reduced to =6 mg/100 ml. Maintenance: 100-300 mg daily for mild to moderate gout; up to 600 mg daily for moderately severe tophaceous gout. Max: 800 mg daily. Up to 300 mg may be taken as a single dose; larger doses should be taken in divided doses to minimise gastric irritation.

Renal impairment: Max initial dose: 100 mg daily, increase only if the response is inadequate. Severe impairment: Doses should be <100 mg daily or 100 mg at intervals >1 day. Patients receiving dialysis 2-3 times/wk: 300-400 mg immediately after dialysis only. Adjust dose to maintain plasma-oxipurinol concentrations <15.2 mcg/ml.

Hepatic impairment: Dose reduction may be needed. Monitor liver function regularly.

Oral

Gout

Adult: Initially, 100 mg daily increased according to response until the plasma conc of urate is reduced to =6 mg/100 ml. Maintenance: 100-300 mg daily for mild to moderate gout; up to 600 mg daily for moderately severe tophaceous gout. Max: 800 mg daily. Up to 300 mg may be taken as a single dose; larger doses should be taken in divided doses to minimise gastric irritation.

Renal impairment: Max initial dose: 100 mg daily, increase only if the response is inadequate. Severe impairment: Doses should be <100 mg daily or 100 mg at intervals >1 day. Patients receiving dialysis 2-3 times/wk: 300-400 mg immediately after dialysis only. Adjust dose to maintain plasma-oxipurinol concentrations <15.2 mcg/ml.

Hepatic impairment: Dose reduction may be needed. Monitor liver function regularly.

Oral

Prophylaxis of uric acid nephropathy associated with cancer therapy

Adult: 600-800 mg/day in 2-3 divided doses for 2-3 days before starting cancer treatment. Ensure adequate fluid intake. Maintenance for patients with hyperuricaemia secondary to cancer or cancer therapy: 100-300 mg daily for mild to moderate gout; up to 600 mg daily for moderately severe tophaceous gout. Max: 800 mg daily. Dose is titrated based on response. Up to 300 mg may be taken as a single dose; larger doses should be taken in divided doses to minimise gastric irritation.

Child: <15 yr: 10-20 mg/kg daily. Max: 400 mg daily.

Renal impairment: Max initial dose: 100 mg daily, increase only if the response is inadequate. Severe impairment: Doses should be <100 mg daily or 100 mg at intervals >1 day. Patients receiving

dialysis 2-3 times/wk: 300-400 mg immediately after dialysis only. Adjust dose to maintain plasma-oxipurinol concentrations <15.2 mcg/ml.

Hepatic impairment: Dose reduction may be needed. Monitor liver function regularly.

Oral

Recurrent calcium oxalate stones

Adult: 200-300 mg daily, may be given as a single dose or in divided doses. Dose is adjusted based on subsequent 24-hr urinary urateexcretion.

Renal impairment: Max initial dose: 100 mg daily, increase only if the response is inadequate. Severe impairment: Doses should be <100 mg daily or 100 mg at intervals >1 day. Patients receiving dialysis 2-3 times/wk: 300-400 mg immediately after dialysis only. Adjust dose to maintain plasma-oxipurinol concentrations <15.2 mcg/ml.

Hepatic impairment: Dose reduction may be needed. Monitor liver function regularly.

Intravenous

Cancer therapy-induced hyperuricaemia

Adult: 200-400 mg/m2 daily given as a single dose or equally divided doses at 6-, 8- or 12-hr intervals; given as an infusion over 15-60 minutes. Max: 600 mg daily. Therapy should be started 24-

48 hr before initiating the treatment. Ensure sufficient fluid intake to produce a daily urinary output of at least 2 L and maintenance of a neutral, or slightly alkaline urine.

Child: =10 yr: Start with 200 mg/m2 daily; >10 yr: 200-400 mg/m2 daily (max: 600 mg/day). Dose can be given as a single dose or equally divided doses at 6-, 8- or 12-hr intervals; infuse over 15-60 minutes. Therapy should be started 24-48 hr before initiating the chemotherapy treatment.

Renal impairment: Haemodialysis: Administer dose after session or administer 50% supplemental dose.

CrCl (ml/min)

Dosage Recommendation

10-20

200 mg daily.

<3

100 mg daily at extended intervals.

3-10

100 mg daily.

Hepatic impairment: Dose reduction may be needed. Monitor liver function regularly.

Reconstitution: Recommended to further dilute the reconstituted solution to = 6 mg/ml with normal saline or 5% dextrose solution.
Incompatibility: Y-site incompatibility: Amikacin sulfate, amphotericin B, carmustine, cefotaxime sodium, chlormethine hydrochloride, chlorpromazine hydrochloride, cimetidine hydrochloride, clindamycin phosphate, cytarabine, dacarbazine, daunorubicin hydrochloride, diphenhydramine hydrochloride, doxorubicin hydrochloride, doxycycline hyclate, droperidol, floxuridine, gentamicin sulfate, haloperidol lactate, hydroxyzine hydrochloride, idarubicin hydrochloride, imipenem with cilastatin sodium, methylprednisolone sodium succinate, metoclopramide hydrochloride, minocycline hydrochloride, nalbuphine hydrochloride, netilmicin sulfate, ondansetron hydrochloride, pethidine hydrochloride, prochlorperazine edisilate, promethazine hydrochloride, sodium bicarbonate, streptozocin, tobramycin sulfate and vinorelbine tartrate.

Administration

Should be taken with food. (Take immediately after meals.)

Contraindications

Hypersensitivity; acute attack of gout.

Special Precautions

Ensure adequate fluid intake. Prophylactically with an anti-inflammatory or colchicine for at least 1 mth. Withdraw immediately when sensitivity (skin rash, etc) appears. Pregnancy, lactation. Hepatic and renal impairment.

Adverse Drug Reactions

Rash; alopoecia; GI disorders, taste disturbances, nausea, vomiting, abdominal pain, diarrhoea; paraesthesia, peripheral neuropathy, vertigo, headache, hepatic necrosis, drowsiness, neuritis, arthralgia; hypertension.
Potentially Fatal: Stevens-Jonhson and/or Lyell's Syndrome (urticaria, fever, lymphadenopathy, arthralgia). Occasionally, thrombocytopaenia, agranulocytosis and aplastic anaemia.

Drug Interactions

Increased risk of skin rash when used with ampicillin or amoxicillin. May prolong half-life

of chlorpropamide and dicumarol. May increase serum levels of ciclosporin. May increase bone marrow depression when used with cyclophosphamide

Potentially Fatal: Increased haematological effects of azathioprine and mercaptopurine when co-administered with allopurinol.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intravenous: Powder for inj: Store at 15-30°C. After reconstitution: Store at 20-25°C. Solution should be used within 10 hr of preparation.Oral: Store below 25°C.

Mechanism of Action

Allopurinol is an inhibitor of the enzyme xanthine oxidase which converts hypoxanthine to xanthine then uric acid. The reduced

production of uric acid relieves all symptoms associated with hyperuricaemia and gout. Inhibition of xanthine oxidase leads to accumulation of its substrates hypoxanthine and xanthine but since their renal clearance is more than 10 times that of uric acid, there is no risk of nephrolithiasis.

Absorption: 90% of the dose is absorbed from the GI tract (oral); peak plasma concentrations after 1-2 hrs.

Distribution: Enters breast milk. Protein-binding: None.

Metabolism: Converted to oxipurinol (alloxanthine).

Excretion: Urine (as unchanged drug and metabolite), faeces. Elimination half-life: 1-2 hr (allopurinol), 15 hr (oxipurinol).

CIMS Class

Hyperuricemia & Gout Preparations

ATC Classification

M04AA01 - allopurinol; Belongs to the class of preparations inhibiting uric acid production. Used in the treatment of gout.

*allopurinol information:

Note that there are some more drugs interacting with allopurinol

allopurinol further details are available in official CIMS India

allopurinol

allopurinol brands available in India

Always prescribe with Generic Name : allopurinol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ALIGOUT tab ALLGORIC tab ALORIC tab ALORIV tab ALUNO-A tab ALUR tab ALURID tab BIORINOL tab CIPLORIC tab EDORIN tab GURIK tab LODIRIC suscap LODIRIC tab LOGOUT-SR suscap ORLU tab PILORIC tab PURINOL tab SATRIC tab SWILORIC tab URLO tab Z-NOL tab ZYLORIC tab ZYPRINOL SR-cap ZYPRINOL tab ZYTOL dispertab

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([all drugs])

allylestrenol

CIMS Class : (Oestrogens & Progesterones & Related Synthetic Drugs)

allylestrenol

P - Contraindicated in pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related allylestrenol information

Indication & Dosage

Oral

Threatened miscarriage

Adult: 5 mg tid for 5-7 days.

Administration

May be taken with or without food. (May be taken w/ meals if GI upset occurs.)

Contraindications

Hypersensitivity; thrombophleobitis; undiagnosed vag bleeding, incomplete abortion, hormone-dependent carcinoma, cerebral apoplexy, as a diagnostic test for pregnancy; severe hepatic impairment; pregnancy.

Special Precautions

Discontinue medications if there is sudden partial or complete loss of vision, proptosis or diplopia; migraine and embolic disorders; epilepsy, migraine, asthma, cardiac or renal dysfunction. History of depression, glucose tolerance and diabetic patients. My impair ability to drive operate machinery. Sudden withdrawal of allyloestrenol should be avoided as it leads to intermittent breakthrough bleeding; lactation.

Adverse Drug Reactions

GI disturbances, appetite/weight change; fluid retention, oedema; acnes, skin rash, urticaria; depression, headache, fever, fatigue; breast changes, hirsutism, changes in libido, altered menstrual cycles or irregular menstrual bleeding (rare).

Drug Interactions

Enhanced clearance with enzyme-inducing drugs eg, carbamazepine, griseofulvin, phenobarbital, phenytoin and rifa mpicin. Ketoconazole may increase bioavailability of progesterone. Potentially Fatal: Increased ciclosporin concentration.

Lab Interference

Alterations in lipid profile and liver function tests.

Mechanism of Action

Allylestrenol is similar to that of natural progesterone. It prepares the uterus for receiving the fertilised ovum and suppresses uterine motility.

CIMS Class

Oestrogens & Progesterones & Related Synthetic Drugs

ATC Classification

G03DC01 - allylestrenol; Belongs to the class of estren derivative progestogens used in progestogenic hormone preparations.

*allylestrenol information:
Note that there are some more drugs interacting with allylestrenol
allylestrenol
allylestrenol brands available in India

Always prescribe with Generic Name : allylestrenol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ALESE tab ALLYNOL tab ALLYTRY tab ANIN tab FETUGARD tab FOEGARD tab FULTERM inj FULTERM tab GESTIN tab GRAVIDA tab GRAVIDIN inj GRAVIDIN tab GRAVINOL tab GRAVION film-coated tab GYNEROL tab GYNONYS tab IUGR tab LOESTROL tab MAINTANE tab NIDAGEST tab PREGDOT tab PREGNOL tab PREGULAR tab PROFAR tab PROLIN-A tab PROPEG TAB tab SHEGEST tab THEGEST-A tab

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([all drugs])

alpha-lipoic acid

CIMS Class : (Supplements & Adjuvant Therapy)

alpha-lipoic acid

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related alpha-lipoic acid information

Indication & Dosage

Oral

Diabetic neuropathy

Adult: As a racemic mixture: 300-600 mg daily.

Administration

Should be taken on an empty stomach. (Take 30 mins before meals. Swallow whole, do not chew/ crush.)

Special Precautions

Pregnancy and lactation. May lower blood glucose. Monitor blood glucose levels regularly.

Mechanism of Action

Alpha-lipoic acid has antioxidant activity and activity in enhancing biological energy production. It is also known as thioctic acid.

CIMS Class

Supplements & Adjuvant Therapy

*alpha-lipoic acid information:

alpha-lipoic acid

alpha-lipoic acid brands available in India

Always prescribe with Generic Name : alpha-lipoic acid, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ALA-100 cap ALADIN cap ALPHA CAD tab LIPOCID cap TRIVIT cap

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([all drugs])

alprazolam

CIMS Class : (Anxiolytics)

alprazolam

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related alprazolam information

Indication & Dosage

Oral

Short-term management of anxiety

Adult: 0.25-0.5 mg tid, increased to 3-4 mg daily if necessary.

Elderly: Initially, 0.25 mg bid/tid.

Hepatic impairment: Avoid in severe impairment.

Oral

Panic attacks

Adult: Up to 10 mg daily.

Administration

May be taken with or without food. (Side effects such as sleepiness/ drowsiness may be reduced if taken immediately after meals.)

Overdosage

Symptoms: Somnolence, confusion, impaired coordination, diminished reflexes and coma. Monitor respiration, pulse rate and BP. General supportive measures and immediate gastric lavage may be recommended. If hypotension occurs, it may be combated by the use of vasopressors. Dialysis is of limited value. Flumazenil may be used for complete or partial reversal of the sedative effects of benzodiazepines and may be used when an overdose with a benzodiazepine is known or suspected.

Contraindications

Acute narrow-angle glaucoma, preexisting CNS depression or coma, resp depression, acute pulmonary insufficiency or sleep apnoea; severe hepatic impairment; pregnancy, lactation.

Special Precautions

Dosage reduction or gradual withdrawal. Dependence. Geriatric or debilitated patients. Muscle weakness, impaired hepatic or renal function; arteriosclerosis; obesity; depression particularly suicidal tendency; chronic pulmonary insufficiency. May impair ability to drive or operate machinery. Children <18 yr.

Adverse Drug Reactions

Psychological and physical dependence, withdrawal syndrome; drowsiness, sedation, vertigo, headache, visual disturbances, GI disturbances, jaundice; fatigue, muscle weakness, ataxia, dizziness, confusion and depression.
Potentially Fatal: Blood dyscrasias.

Drug Interactions

Potentiates action of alcohol and CNS depressants. Reduced conc with cigarette smoking by 50%.

Potentially Fatal: Cimetidine and fluoxetine reduce the clearance of alprazolam. Alprazolam enhances activity of imipramine anddesipramine.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store below 25°C.

Mechanism of Action

Alprazolam has anxiolytic, muscle-relaxant, anticonvulsant, antidepressant and sleep-modifying effects. It binds to the ? aminobutyric acid (GABA)-specific sites throughout the CNS, leading to an increase in the inhibitory effect of GABA on neuronal

excitability. Increased neuronal permeability to chloride ions thus results in hyperpolarisation and stabilisation.

Absorption: Well absorbed from the GIT (oral); peak plasma concentrations after 1-2 hrs.

Distribution: Protein-binding: 70-80%

Metabolism: Hepatic; converted to a-hydroxyalprazolam and benzophenone.

Excretion: Urine (as unchanged drug and metabolites); 11-15 hrs (elimination half-life).

CIMS Class

Anxiolytics

ATC Classification

N05BA12 - alprazolam; Belongs to the class of benzodiazepine derivatives anxiolytics. Used in the management of anxiety, agitation or tension.

*alprazolam information:

Note that there are some more drugs interacting with alprazolam

alprazolam further details are available in official CIMS India

alprazolam

alprazolam brands available in India

Always prescribe with Generic Name : alprazolam, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AARAM tab ALAMFLU tab ALAP tab ALEEZ SRtab ALEP tab ALEP-SR tab ALLTOP tab ALLTOP-P tab ALLTOP-S tab ALP tab ALPAM tab ALPARAZOLE tab ALP-FT tab ALP-FTD tab ALPKAIR tab ALPOSE tab ALPRA tab ALPRADOL-MD tab ALPRAQUIL SR-tab ALPRAQUIL tab ALPRAX FORTE cap ALPRAX PLUS cap ALPRAX SR-tab ALPRAX tab ALPRAX Z 0.25 tab ALPRAX Z 0.5 tab ALPRAX-MT tab ALPRAZOLAM tab ALPRINE PLUS tab ALPRINE-H tab ALPROSE tab ALPROSYM tab ALRIF tab ALRIF-XR tab ALTALIN tab ALZEX FORTE tab ALZEX PLUS tab ALZEX SR-tab ALZEX tab ALZOACT tab ALZOCUM SRtab ALZOCUM tab ALZOKAM SR-tab ALZOKAM tab ALZOLAM SR-tab ALZOLAM tab ALZOMAX tab ALZOPAX tab ALZOPAX-XR extentab ALZOT SR-tab ALZY tab AMBULAX tab AMBULAX-HD tab AMBULAX-M tab ANAX tab ANXICALM tab ANXICO tab ANXIT FORTE tab ANXIT PLUS tab ANXIT SR-tab ANXIT tab ANXOREL CR-tab ANXYL tab ANZAL SR-tab ANZI SR-

tab ANZI tab ANZILUM tab ANZI-P tab ATAM tab ATEEZ tab ATEEZ-F tab ATREST tab AZO-F tab AZO-O tab AZO-S tab AZOX SR-tab AZOX tab BALMUSA tab BALMUSA-D tab BALMUSA-PLUS film-coated tab BELFA tab BEREST tab BESQUIL tab BIO ZOLAM tab BLIZ MD tab CALMTEC tab CALMTEC-P tab CAM PLUS tab CENSIR FORTE tab COOLTIME tab CORAL-F tab DALP tab DALP-LA tab DESTRES tab EURELAX tab EUROLAM SR-tab EUROLAM tab F.A.D SR-tab F.A.D tab FINEZOL tab FLUDEP PLUS tab FLUMUSA tab HIPRAZOLE SR-tab HIPRAZOLE tab INDOLAM tab JOLISTAR film-coated tab KAPROLAM tab KURELAM-F tab LAMCIN tab LORAL SR-tab LORAL tab L-PEEZ tab LUZARN tab MANOREST FORTE SR-cap MANOREST PLUS SR-cap MANOREST SR-tab MANOREST tab MCALM FORTE tab MCALM tab MELOPRAX tab MORECALM tab NITRIL tab NOREX tab NOTENCE tab ONAPRACT tab PACYL SR-tab PACYL tab PIZOLAM tab PIZOLAM-P tab P-KALM tab PLAXID tab PRALAM tab PROCALM tab PROPRAZOLAM tab PROPRAZOLAM-M tab Q-REST tab QUIET tab RESCALM-AZ tab RESTA tab RESTYL FORTE tab RESTYL PLUS tab RESTYL SR-tab RESTYL tab RIAN tab RUNREST tab SALIREST SR-tab SANPRAZOLE tab SELAMB tab SIAZOLAM tab SOMNIA 0.25 tab SOMNIA 0.50 tab SOMNIA-PR tab SOWEL tab STRESNIL

tab STRESSBAN TAB tab STS tab SUKOON tab TAGAT tab TELECAM FORTE tab TELECAM PLUS tab TENAN tab TENSCURE tab TENSYL tab TENZOLE tab TENZOLE-SR tab TRANAX tab TRIKA FORTE tab TRIKA PLUS tab TRIKA tab TRIKA-SR tab VISRAM tab WELNORM tab WYCALM FORT tab WYCALM tab ZALLPAM tab ZAM tab ZAMITOL tab ZAMITOL-SR tab ZEFTRA tab ZENAX tab ZEPRO tab ZEPRO-M tab ZOCAM tab ZOLAM SR-tab ZOLAM tab ZOLAR-P tab ZOLAX SR-tab ZOLAX tab ZOLDAC SR-tab ZOLDAC tab ZOLIN tab ZOLIPAX SR tab ZOLIPAX tab ZOLOID tab ZOMARK SR-tab ZOMARK tab ZOMARK-FX tab ZOPAX PLUS tab ZOPAX tab ZOPIC tab ZOREST tab ZOTAM tab

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([all drugs])

alprostadil

CIMS Class : (Drugs for Erectile Dysfunction) , (Other Cardiovascular Drugs)

alprostadil

P - Contraindicated in pregnancy

Food ¤ - Food interaction

related alprostadil information

Indication & Dosage

Intravenous

Maintenance of patency of ductus arteriosus in neonates with congenital heart disease

Child: 0.05-0.1 mcg/kg/minute by continuous IV infusion, may increase to 0.4 mg/kg/minute. To be injected into a large vein, or alternatively through an umbilical artery catheter placed at the ductal opening. Reduce to the lowest dose necessary to maintain response as soon as possible.

Intracavernosal

Erectile dysfunction

Adult: Initially, 2.5 mcg, then 5 mcg, further increments may be made in steps of 5-10 mcg depending on erectile response. Once the optimal dose is determined, it should not be given >1 time/day or 3 times/wk. Usual maintenance: 5-20 mcg/day. Max: 60 mcg/day. For neurogenic origin (e.g. spinal cord injury): Initially, 1.25 mcg, may increase to 2.5 mcg, then 5 mcg (if needed).

Intracavernosal

Diagnosis of erectile dysfunction

Adult: 5-20 mcg. A dose of 500 mcg may also be administered trans-urethrally.

Urethral

Erectile dysfunction

Adult: Initially 250 mcg, may increase to 500 or 1000 mcg or reduce to 125 mcg depending on erectile response. The optimal dose should not be given >2 times/day or 7 times/wk.

Contraindications

Hypersensitivity, hyaline membrane disease. Pregnancy.

Special Precautions

Neonates receiving PGE1 for more than 120 hr should be closely monitored for antral hyperplasia and gastric outlet obstruction; history of haemorrhage; monitor BP, blood oxygenation and blood pH continually. Caution in COPD.

Adverse Drug Reactions

Flushing, bradycardia, hypotension, tachycardia, oedema, diarrhoea, fever, convulsions, DIC, cortical proliferation of long bones, hypokalaemia, weakening of the wall of ductus arteriosus and pulmonary artery may follow prolonged use; gastric outlet obstruction reported.

Potentially Fatal: Cardiac arrest, apnoea (in infants <2 kg).

Food Interaction

Avoid ethanol.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Alprostadil causes vasodilation and prevents platelet aggregation. It has direct effect on the vascular and ductus arteriosus smooth muscle. When injected along the penile shaft, alprostadil relaxes the trabecular smooth muscle by dilation of the cavernosal arteries. This allows blood flow to the lacunar spaces of the penis.

Metabolism: Rapidly metabolised by oxidation during passage through the pulmonary circulation.

Excretion: Excreted in urine as metabolites within 24 hr.

CIMS Class

Drugs for Erectile Dysfunction / Other Cardiovascular Drugs

ATC Classification

C01EA01 - alprostadil; Belongs to the class of prostaglandins used in cardiac therapy.
G04BE01 - alprostadil; Belongs to the class of drugs used in erectile dysfunction.

*alprostadil information:
Note that there are some more drugs interacting with alprostadil
alprostadil further details are available in official CIMS India
alprostadil
alprostadil brands available in India
Always prescribe with Generic Name : alprostadil, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ALPOSTIN amp BIOGLANDIN amp PROSTIN VR inj
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([all drugs])

alteplase

CIMS Class : (Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics))

alteplase

P - Caution when used during pregnancy

Lab ¤ - Lab interference

related alteplase information

Indication & Dosage

Intravenous

Acute myocardial infarction

Adult: A total dose of 100 mg should be given as soon as possible after the onset of symptoms; total dose should be =1.5 mg/kg in patients weighing <65 kg. For admin within 6 hr of MI: 15 mg as bolus, then 0.75 mg/kg (up to a max of 50 mg) to be infused over 30 minutes, followed by the remainder dose to be infused over subsequent 60 minutes. For admin >6 hr after MI: 10 mg as bolus, then 50 mg to be infused over 60 minutes, followed by remainder dose to be infused over subsequent 2 hr.

Intravenous

Acute massive pulmonary embolism

Adult: Total dose: 100 mg but not >1.5 mg/kg for patients weighing <65 kg. First 10 mg as bolus, followed by infusion of the remainder dose over 2 hr.

Intravenous

Acute ischaemic stroke

Adult: To be given within 3 hr of the onset of symptoms: Infuse 0.9 mg/kg (up to a max total dose of 90 mg) over 60 minutes with 10% of the dose given as a bolus over the first minute.

Injection

Clearance of central venous lines

Adult: Using solution at a concentration of 1 mg/mL. Usual dose: 2 mg, may repeat after 2 hr if needed. Not to exceed a total dose of 4 mg. Patients weighing <30 kg: Dose is 110% of the internal lumen volume of the catheter (not >2 mg), may repeat after 2 hr if needed.

Reconstitution: Reconstitute by adding 50 ml of sterile water for inj without preservatives to a vial containing 50 mg of drug using a large-bore (e.g. 18-gauge) needle and directing the stream of diluent into the lyophilized plug of powder; diluents other than sterile water for inj without preservatives should not be used for reconstitution. Final concentration: 1 mg/ml.

Incompatibility: Y-site incompatibility: Dopamine, nitroglycerin, heparin and dobutamine. Admixture incompatibility: Dopamine, dobutamine, heparin.

Contraindications

Recent surgery or trauma, susceptibility to internal bleeding, history of cerebrovascular accident, uncontrolled hypertension, esophageal varices, heavy vaginal bleeding, coagulation defects, aneurysm and poor glycaemic control.

Special Precautions

Children, elderly. Pregnancy. Monitor intracranial haemorrhage and BP in acute stroke. Renal impairment.

Adverse Drug Reactions

Vomiting, bleeding from puncture sites, gingival tissues and urinary tract.
Potentially Fatal: Haemorrhage esp with previous trauma or unsuspected underlying cause of bleeding, intracerebral bleeding.

Drug Interactions

Heparin reduces risk of coronary reocclusion. Prostacyclin and nitrates increase plasma alteplase clearance.
Potentially Fatal: Increased risk of GI bleeding with NSAIDs. Increased risk of hemorrhage with warfarin.

Lab Interference

May interfere with estimation of plasma fibrinogen and other coagulation tests.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Injection: For Activase®: Lyophilised product: May store at room temperature (<30°C) or under refrigeration. Reconstituted solution: Use within 8 hr. Intravenous: For Activase®: Lyophilised

product: May store at room temperature (<30°C) or under refrigeration. Reconstituted solution: Use within 8 hr.

Mechanism of Action

Alteplase initiates local fibrinolysis and dissolution of clots by binding to fibrin in a thrombus and the fibrin-bound plasminogen is converted to plasmin.

Excretion: Cleared rapidly from the plasma mainly by hepatic metabolism. Half-life: 4-5 minutes (initial); about 40 minutes (terminal).

CIMS Class

Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics)

ATC Classification

B01AD02 - alteplase; Belongs to the class of enzymes. Used in the treatment of thrombosis.

S01XA13 - alteplase; Belongs to the class of other agents used as ophthalmologicals.

*alteplase information:

Note that there are some more drugs interacting with alteplase

alteplase

alteplase brands available in India

Always prescribe with Generic Name : alteplase, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACTILYSE vial

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([all drugs])

aluminium hydroxide

CIMS Class : (Antacids, Antireflux Agents & Antiulcerants)

aluminium hydroxide

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related aluminium hydroxide information

Indication & Dosage

Oral

Antacid

Adult: Up to 1 g daily.

Oral

Hyperphosphataemia in patients with chronic renal failure

Adult: Dose is adjusted to the individual patient's requirement. Up to 10 g/day may be given in divided doses with meals.

Max Dosage: 10 g daily in divided doses.

Administration

May be taken with or without food.

Contraindications

Hypersensitivity to aluminium salts.

Special Precautions

Chronic renal impairment; CHF; oedema; cirrhosis and low Na diets; patients with recent GI haemorrhage. Administer 2-3 hrs before/after another medication to minimise drug interactions. Pregnancy and lactation.

Adverse Drug Reactions

Constipation; intestinal obstruction (with large doses); phosphate depletion may occur with prolonged admin or large doses.

Drug Interactions

Enhanced absorption with citrates or ascorbic acid. Decreases absorption of allopurinol, tetracyclines, quinolones, cephalosporins, biphosphonate derivatives, corticosteroids, cyclosporin, delavirdine, Fe salts, imidazole antifungals, isoniazid, mycophenolate, penicillamine,phosphate supplements, phenytoin, phenothiazines, trientine.

Food Interaction

Food decreases gastric emptying time.

Mechanism of Action

Alumunium hydroxide acts on the HCl in the stomach by neutralization, forming aluminium chloride salt and water.

Absorption: Alumunium hydroxide reacts with hydrochloric acid in the stomach to form soluble aluminium chloride, which is absorbed from the GI tract.
Excretion: Absorbed aluminium is excreted via the urine. Insoluble aluminium salts formed in the intestines, eg, hydroxides, carbonates, phosphates and fatty acid derivatives, are excreted in the faeces.

CIMS Class

Antacids, Antireflux Agents & Antiulcerants

ATC Classification

A02AB01 - aluminium hydroxide; Belongs to the class of aluminium-containing antacids. Used for the treatment of acid-related disorders.

*aluminium hydroxide information:
Note that there are some more drugs interacting with aluminium hydroxide
aluminium hydroxide
aluminium hydroxide brands available in India

Always prescribe with Generic Name : aluminium hydroxide, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACIDAL susp ACIDEL susp ACIDIN gel ACIDIN MPS-tab ACIFIX gel ACIFIX tab ACIGON chewable tab ACIGON susp ACIKAIR susp ACTIVIS syr AGLOCID GEL gel AGLOCID tab ALUDROX gel ALUDROX MH GEL gel ALUDROX MH GEL tab ALUDROX tab ALUGEL MPS susp ANACID susp ANTAGIT-DS gel ATOCID-GEL susp BELIEF-GEL syr CAMEGEL-MPS susp C-CID susp CENTACID susp CHEMOCID susp DIGECOOL syr DIZICUM gel DIZICUM susp DIZICUM tab ESTACID susp GASTOSIS syr GASTROCID susp GELAGEL syr GELUSIL liqd GELUSIL tab GESTREL susp INTACID-MPS SYR syr LOGASCID susp LOGASCID tab LOMECID GEL susp LUPIGENE syr MAGNINE tab MAXICAIN susp MAYLOX susp METHICOCID susp MUCAINE susp N-CID gel NEWCAIN gel NEWCID syr NOMORCID-MPS susp NOVAGEL susp NOVENTA liqd OAM gel OSHRID susp OXYCANE GEL gel PARACTOL liqd PARACTOL tab PEPTICAINE liqd PFT tab PILCAINE gel POLIC-MPS gel POLYCROL FORTE GEL susp SEBELLA tab SIAGENE gel SIMECO gel SIMECO tab VENGEL gel VISCID GEL gel ZELCID susp ZOCID gel

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([all drugs])

amantadine

CIMS Class : (Antiparkinsonian Drugs) , (Antivirals)

amantadine

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related amantadine information

Indication & Dosage

Oral

Influenza A

Adult: 100 mg daily for 5 days.

Elderly: >65 yr: Daily dose of <100 mg or 100 mg given at intervals >1 day.

CrCl (ml/min)

Dosage Recommendation

>35

100 mg daily.

15-35

100 mg every 2-3 days.

<15

Not recommended.

Oral

Prophylaxis of influenza A

Adult: 100 mg daily for up to 6 wk; when used with influenza vaccination: only up to 3 wk after vaccination.

Child: 10-15 yr: 100 mg daily.

CrCl (ml/min)

Dosage Recommendation

>35

100 mg daily.

15-35

100 mg every 2-3 days.

<15

Not recommended.

Oral

Herpes zoster in immunocompromised patients

Adult: 100 mg bid for 14 days, continued for another 14 days if pain persists.

CrCl (ml/min)

Dosage Recommendation

>35

100 mg daily.

15-35

100 mg every 2-3 days.

<15

Not recommended.

Oral

Parkinson's disease

Adult: Initially, 100 mg/day, increased to 100 mg bid after a wk or more. Max dose: 400 mg daily.

Elderly: >65 yr: Lowest effective dose.

Administration

Should be taken with food.

Overdosage

Cardiac arrest may occur.

Contraindications

Hypersensitivity. Pregnancy and lactation. Epilepsy or other seizure disorders, severe renal impairment and gastric ulceration.

Special Precautions

Patients with CV or liver disease, impaired renal function, recurrent eczema. Elderly. Withdrawal of the drug should be gradual.

Adverse Drug Reactions

Seizures, psychosis, hallucinations, confusion, ataxia, heart failure, depression, orthostatic hypotension, blood dyscrasias, urinary retention, irritability, GI disturbances, anorexia, livedo reticularis, ankle oedema.
Potentially Fatal: Congestive heart failure, convulsions.

Drug Interactions

Enhances the adverse effects of antimuscarinics and levodopa. CNS stimulants, drugs that raise urinary pH.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 20-25°C.

Mechanism of Action

Amantadine is a weak dopamine agonist possessing antimuscarinic properties. It alters dopamine release and re-uptake. It also noncompetitively antagonises N-methyl-D-aspartate. As an antiviral drug, it inhibits replication of influenza type A virus.

Absorption: Readily absorbed from the GIT (oral); peak concentrations after 4 hrs.

Distribution: Crosses the placenta and the blood-brain barrier; enters breast milk. Protein binding: 67%.

Excretion: Mainly via urine by glomerular filtration and tubular secretion (as unchanged and small amounts of an acetylated metabolite); 11-15 hrs (elimination half-life), significantly

prolonged in the elderly and renal impairment; may be increased by acidification of the urine.

CIMS Class

Antiparkinsonian Drugs / Antivirals

ATC Classification

N04BB01 - amantadine; Belongs to the class of adamantine derivative dopaminergic agents. Used in the management of parkinson's disease.

*amantadine information:
Note that there are some more drugs interacting with amantadine
amantadine
amantadine brands available in India
Always prescribe with Generic Name : amantadine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : AMANTRAL cap

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([all drugs])

ambroxol

CIMS Class : (Cough & Cold Preparations)

ambroxol

related ambroxol information

Indication & Dosage

Oral

Mucolytic

Adult: 60-120 mg daily, in 2-3 divided doses.

Child: <2 yr: 7.5 mg bid; 2-5 yr: 7.5 mg bid/tid; 6-12 yr: 15 mg bid/tid.

Administration

Should be taken with food.

Adverse Drug Reactions

Mild GI effects and allergic reactions.

Mechanism of Action

Ambroxol is a metabolite of bromhexine and is used similarly as a mucolytic.

CIMS Class

Cough & Cold Preparations

ATC Classification

R05CB06 - ambroxol; Belongs to the class of mucolytics. Used in the treatment of wet cough.

*ambroxol information:
ambroxol
ambroxol brands available in India
Always prescribe with Generic Name : ambroxol, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : 1-AL AX CAPS cap ABCET tab AIRITIS PLUS cap ALCETRA PLUS tab ALDINE-D tab ALEXIA syr ALNACET-AL

tab ALTEC syr AMBICET syr AMBRIL DPS drops AMBRIL liqd AMBRIL tab AMBRO PD syr AMBRO S tab AMBRO TS tab AMBRODIL drops AMBRODIL syr AMBRODIL tab AMBRODIL-S syr AMBROGEN-S syr AMBROLAX syr AMBROLITE SYR syr AMBROLITE tab AMBROLITE-2S syr AMBROLITE-S syr AMBROLITE-ST film-coated tab AMBROL-TG liqd AMBROSIN-T syr AMBROSOL liqd AMBROWIN expectorant AMBROWIN JUN expectorant AMCARE syr AMCOF syr AMCOLD SYR syr AMCOLD tab AMLEE-P tab AMROLITE 2S syr AMSOL-SR SR-tab AMY expectorant ARCUF PLUS syr ARCUF syr ARIKOF-P liqd AROLIN-XN syr AXALIN expectorant BLUETUS syr BOROX-L tab BROCET tab BRONCOZONE liqd BRONQ SYRUP syr BROXTER syr CALSCOT-AX syr CETLIV A tab CETMET TCF susp CETRY PLUS tab CLEAR CHEST expectorant CLEDED-AT syr CLEDEX-AT syr COBURY-AX syr CODRIL-AT syr CODRIL-P syr COFAID-EX syr COFAL dry syr COFTEX-AG syr COGOF-A syr COLDASTAT-LX tab COLDMAN granules COMBICOLD SYR syr CORICO-CS syr CORID-B syr COROPHEN-A syr COSCOPIN-BR syr COSCORIL drops COSOME-A syr COSYP-E syr COVIL-A tab COZY-AM liqd COZY-AM tab CRATEX syr CUFDEX-EX syr DECOFED-X syr DILEVOCET-PLUS tab DILO-BM expectorant DM film-coated tab DYL-AX tab ELCET-P

tab ELSOL-S syr ELSOL-T syr EUPHOMIN PLUS syr EX-GTM syr EXITUSS syr EXOL syr EXPECTUS liqd FESTA tab FLUZET X syr HIS-P tab HISTORIL syr INDIKOF-B syr INHALEX respules INTACOF-S syr INTRAGAT-AM tab KAFBAN syr KAZIBROX syr KICKKOF syr KOFAREST DPS drops KOFAREST expectorant KOFAREST-PD syr KOFBAN-EX syr KOFRID PLUS SYR syr KUFGEN-X syr LAVETA-A cap LCF syr LCZ-PLUS tab LCZ-XP liqd LECOPE-AD film-coated tab LENEX tab LEVOCET PLUS cap LEVORIZ-AM tab LEVOSTAR PLUS EXP expectorant LEVOSTAR PLUS tab LEVOSTAR-AM tab LEZO-AM cap LFAST-AM cap LG PLUS tab LG-PLUS tab LIQUIDIX-SR tab LITCOFF syr LITCOFF-P syr LOREX-AP syr LORFAST-AM SYR syr LORFAST-AM tab L-TRIZ PLUS tab L-TRIZ-A SR-tab MAGS syr MITUSS-AX syr MUCARYL-AX expectorant MUCOBAR-S SYRUP syr MUCOLITE DROPS drops MUCOLITE SYRUP syr MUCOLITE tab MUCOLITE-SR cap MUCORESP drops MUCORESP FORTE tab MUCORESP PLUS syr MUCORESP TAB tab MUCORESP-CT tab MUCORESP-CZ syr MUNORM syr MUSCARIN syr MUTECH syr NBLCET PLUS tab NIZLA PLUS tab NORVENT syr NT-KUF-AM syr NUCOPE-AD film-coated tab NUTUSS-A syr OOX expectorant OOX-LC syr OOX-LC tab PEDEX COLD syr PEDICOF-M syr PINNACLE film-coated tab PIRITEXYL-BR syr PUMA-CET PLUS

tab RELENT-L cap RESPIRA LIQD liqd RESPIRA TAB tab RESPOLITE drops RESPOLITE syr RESPOLITE tab RESPOLITE-S SYR syr RESPOLITE-S tab RESPOLITE-ST SYR syr RESPOLITE-ST tab RESPOREX-PLUS syr RICORIL syr RIVOCET PLUS tab ROSPEREX PLUS syr ROXTER syr SALBID+ syr SALHEXIN PED syr SANTUSS syr SCC COUGH SYRUP syr SIADEX-P susp SIOKOF-AS syr SIOKOF-AS TAB tab SOVENTUS SYR syr STARCET-A cap SUDEX-AR syr SUPKO-X syr SV-AS oralliqd SYR QUAFF syr TAG-M syr TAGS syr TAURCET-A tab TBROX-CT syr TEAM liqd TERBET X syr TERBUTIN liqd TERLINE syr THEO SALHEXIN syr TRUSTYL expectorant TUSCOF-S syr VAREX syr VENKOF EXPECTORANT syr VENTASOL-AX syr VENTIREX-A tab VENTISOL EXPECTORANT syr VENTRYL EXPT expectorant WALTUZ syr WICET PLUS tab XEVOR PLUS cap XL-100 cap XPAR-A liqd XPECT-B expectorant XPUTUM PAED DPS drops ZIRLON-AH syr ZIRLON-AH TAB tab ZYKUF-AM syr ZYKUF-X syr ZYREX syr ZYTUS-A syr

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([all drugs])

amifostine

CIMS Class : (Supportive Care Therapy)

amifostine

P - Caution when used during pregnancy

L - Caution when used during lactation

related amifostine information

Indication & Dosage

Intravenous

As a cytoprotective agent in chemotherapy

Adult: Initially, 910 mg/m2 BSA once daily, as an infusion given over 15 minutes, 30 minutes before start of chemotherapy. May reduce to 740 mg/m2 if patient is unable to tolerate the full dose. For patients receiving cisplatin doses <100 mg/m2, a dose of 740 mg/m2 may be given to reduce renal toxicity.

Intravenous

Prophylaxis of xerostomia in patients undergoing radiotherapy for head and neck cancer

Adult: 200 mg/m2 BSA once daily, as an infusion given over 3 minutes, beginning 15-30 minutes before radiotherapy.

Reconstitution: Each single-use vial contains 500 mg of anhydrous amifostine. Reconstitute with 9.7 mL of sterile 0.9% sodium chloride Inj and dilute with 0.9% sodium chloride to a final concentration of 5-40 mg/mL. Visual inspection for particulate

matter and discoloration prior to admin is recommended. Do not use if cloudiness or precipitate is observed.
Incompatibility: Y-site incompatibility: Acyclovir, amphotericin B, chlorpromazine, cisplatin, ganciclovir, hydroxyzine HCl, prochlorperazine edisylate.

Overdosage

May cause hypotension which can be managed by supportive care and normal saline infusion.

Contraindications

Hypersensitivity, patients with low BP, dehydration, patients with renal or hepatic impairment, children and elderly >70 yr.

Special Precautions

Pregnancy and lactation. Patients should be well-hydrated and kept supine during infusion. Prolonged infusion causes greater side effects: Stop antihypertensive drugs 24 hr before infusion. Monitor BP regularly, at least before and immediately after infusion. Admin

antiemetics before infusion especially when emetogenic drugs are used.

Adverse Drug Reactions

Hypotension during infusion. Systolic fall is greater. Transient and reversible loss of consciousness rarely. Nausea, vomiting, flushing, feeling of warmth, chills, dizziness, sneezing, cough and drowsiness, mild skin rashes.
Potentially Fatal: Severe skin reactions, including Stevens-Johnson syndrome.

Drug Interactions

Concurrent use with antihypertensives may cause severe hypotension.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intravenous: Vials containing lyophilized powder: Store at 20-25°C. Reconstituted solution (500 mg/10 mL): Chemically stable for up to 5 hr at room temperature (about 25°C) or up to 24 hr under refrigeration (2-8°C).

Mechanism of Action

Amifostine is a prodrug that is converted to a pharmacologically active metabolite (free thiol), which selectively protects non-cancer cells from the toxic effects of antineoplastics (eg, cisplatin) and radiation.

Distribution: Volume of distribution: 3.5L.

Metabolism: Dephosphorylated by alkaline phosphatase to an active metabolite, a free thiol compound.

Excretion: About 6% or less is excreted in the urine. Elimination half life after 15-minute IV infusion: <10 minutes.

CIMS Class

Supportive Care Therapy

ATC Classification

V03AF05 - amifostine; Belongs to the class of detoxifying agents used in antineoplastic treatment.

*amifostine information:
amifostine
amifostine brands available in India
Always prescribe with Generic Name : amifostine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : AMFOS vial AMIPHOS inj CYTOFOS vial ETHYOL vial M-FOST vial NAPROFOS vial
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([all drugs])
amikacin
CIMS Class : (Aminoglycosides)
amikacin
P - Contraindicated in pregnancy
L - Caution when used during lactation
related amikacin information

Indication & Dosage

Parenteral

Uncomplicated urinary tract infections

Adult: 250 mg bid, given via IM, IV inj over 2-3 minutes or as IV infusion.

Max Dosage:

Renal impairment: Dosage adjustments may be made by (a) normal doses at increased dosing intervals or (b) reduced doses at the usual intervals. For (a), dosing interval (in hr) can be calculated by multiplying the patient's serum creatinine (mg/100ml) by 9. For (b), initiate at normal dose. Maintenance doses can be calculated by dividing the normal dose by the patient's serum creatinine.

Parenteral

Severe Gram-negative infections resistant to gentamicin and tobramycin

Adult: 15 mg/kg daily in equally divided doses injected every 8 or 12 hr for 7-10 days. Max: Up to 500 mg every 8 hr in life-threatening infections. Max cumulative dose: 15 g. Doses may be given via IM, slow IV inj over 2-3 minutes or IV infusion.

Child: 15 mg/kg daily in equally divided doses injected every 8 or 12 hr for 7-10 days. Neonates: 10 mg/kg daily in 2 divided doses.

Renal impairment: Dosage adjustments may be made by (a) normal doses at increased dosing intervals or (b) reduced doses at the usual intervals. For (a), dosing interval (in hr) can be calculated by multiplying the patient's serum creatinine (mg/100ml) by 9. For (b), initiate at normal dose. Maintenance doses can be calculated by dividing the normal dose by the patient's serum creatinine.

Overdosage

Peritoneal dialysis or haemodialysis may be used in case of overdosage.

Contraindications

Pregnancy, perforated ear drum, myasthenia gravis, hypersensitivity.

Special Precautions

Renal impairment; vertigo, tinnitus. Discontinue if signs of ototoxicity, neurotoxicity or hypersensitivity occurs; lactation. Safety has not been established for treatment period >14 days. Monitor renal function before and during treatment.

Adverse Drug Reactions

Tinnitus, vertigo; ataxia and overt deafness.
Potentially Fatal: Ototoxicity, nephrotoxicity, neuromuscular blockade.

Drug Interactions

Amphotericin B may lead to increased nephrotoxicity and reduced clearance of amikacin when used together.
Potentially Fatal: Increased ototoxic or nephrotoxic effects with other nephrotoxic or ototoxic drugs. Enhanced neuromuscular blockade with neuromuscular blocking drugs. Increased risk of ototoxicity with potent diuretics.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Parenteral: Store at 15-30°C.

Mechanism of Action

Amikacin binds to 30S ribosomal subunits of susceptible bacteria, thus inhibiting its protein synthesis.
Distribution: Detected in body tissues and fluids after inj; crosses the placenta but does not readily penetrate the CSF. Significant amounts penetrate the blood-brain barrier in children with meningitis.
Excretion: Via the urine by glomerular filtration (within 24 hr); 2-3 hr (elimination half-life).

CIMS Class

Aminoglycosides

ATC Classification

D06AX12 - amikacin; Belongs to the class of other topical antibiotics used in the treatment of dermatological diseases.

J01GB06 - amikacin; Belongs to the class of other aminoglycosides. Used in the treatment of systemic infections.
S01AA21 - amikacin; Belongs to the class of antibiotics. Used in the treatment of eye infections.

*amikacin information:
Note that there are some more drugs interacting with amikacin
amikacin
amikacin brands available in India
Always prescribe with Generic Name : amikacin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ACIL inj AFCIN vial AKCIN vial ALKANIT inj ALNAMIK inj ALNAMIK tab AMCIN inj AMEXEL vial AMIACT amp AMIBIOTIC vial AMIC inj AMICABA vial AMICIN vial AMICIP vial AMICOM vial AMIJET inj AMIKABLE vial AMIKACIN inj AMIKANEX vial AMIKAS vial AMIKATER vial AMIKAVEL vial AMIKCIN inj AMIKEF vial AMIKIN vial AMILAB vial AMIMAC inj AMIMAX vial AMINOCIN vial AMIRON vial AMISTAR inj AMISTER vial AMISULF inj AMITAX vial AMIVIR inj AMIVIS vial AMIZ inj AMIZA inj AMK vial AMOKA inj AMRICIN tab AMTOP inj AMZO

vial ANAMIKA inj ANTINAG vial ARIMIC vial ATMIKA inj AVIKACIN vial AVMIK inj AXCIN vial BEKACIN inj BELKA vial BLOCIN vial CADICIN vial CINAMICA inj CINAS vial COSKACIN inj CURESIN inj D-CIN inj ELCIN vial ELMIK vial EMCIN vial EMICA vial EMKA vial ENDOCIN E/E DROPS eye drops ENDOCIN vial ERKACIN inj EROCIN vial ESTACIN inj EUMIK vial FOKIN vial FYMIKA amp GABACIN inj GEKACIN vial GEMKA vial GLOMIKA vial GLYKACIN vial HOSIK inj ICIN-500 vial IDEG inj IKACIN vial IKKA inj INKACIN inj IVIMICIN vial JYOMIK vial KACINA vial KAMSA inj KASINO inj KAWACIN vial LEMICIN vial LEXCIN vial LUPAMIK inj MALARACIN vial M-CINN inj MEDCIN vial MEGAMICA inj MEGAMICA vial MICA inj MICARE inj MICIN vial MIKABIT vial MIKACIN vial MIKAFINE vial MIKAJECT inj MIKAPHAR inj MIKASTAR inj MIKATAX vial MIKER inj MIKIF inj MIKKA inj MINI inj MISHACIN inj MKCN vial NARISH vial NBCIN inj NICIN vial NIKSIN vial NIMICIN vial NIMIKA vial NISKACIN vial NOSOMIK vial NOVACIN vial ORKACIN vial OSIN vial PARK vial PIKCIN vial PROCIN inj REOKIN inj RICA inj RIKARAS vial SAK inj SANAMIK inj SANMICA vial SIMCA inj SIMIKA vial SIOMIK vial SPAIKE inj STARKACIN vial STARMIK vial TAURKACIN vial TICIN INJ inj TRAKACIN

inj TRYCIN vial WYCIN vial ZEKACIN vial ZIKA vial ZITMIK inj ZOMIKA vial

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([all drugs])

amiloride + hydrochlorothiazide

CIMS Class : (Diuretics)

amiloride + hydrochlorothiazide

related amiloride + hydrochlorothiazide information

Indication & Dosage

Oral

Mild to moderate hypertension

Adult: Each tab contains amiloride 5 mg and hydrochlorothiazide 50 mg, 1-2 tabs daily, preferably in the morning.

Administration

Should be taken with food.

Contraindications

Hyperkalemia, renal impairment, hypersensitivity, pregnancy, lactation

Special Precautions

Oliguria, elderly, neonatal jaundice, oliguria, renal disease, hepatic disease, diabetic nephropathy, systemic lupus erythematosus, acute pancreatitis, hyponatremia, hypercalcemia, gout, hypercholesterolemia, IDDM, NIDDM sympathectomy, acidosis, hyponatremia.

Adverse Drug Reactions

Electrolyte imbalance, hyperkalemia, hypochloremic alkalosis, hypokalemia, hyponatremia, anorexia, constipation, diarrhea, dizziness, GI irritation, headache, muscle cramps, orthostatic hypotension, photosensitivity, sexual function impairment, agranulocytosis, allergic dermatitis, allergic reaction, anaphylaxis, cholecystitis, gout, hepatic function impairment, hives, hyperuricemia, itching, jaundice, pancreatitis, shortness of breath, skin rash, thrombocytopenia.

Drug Interactions

Concomitant use of amiloride with ACE inhibitors may increase the risk of hyperkalemia. Thiazide diuretics co-administered with alcohol, barbiturates, or narcotics can potentiate orthostatic hypotension. Hydrochlorothiazide can reduce the effect of antidiabetic drugs. Co -administration of thiazide with other antihypertensive drugs provides an additive effect or potentiation. Cholestyramine and colestipol resins reduce the absorption of hydrochlorothiazide.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Amiloride HCl is a potassium-conserving drug that possesses weak (compared with thiazide diuretics) natriuretic, diuretic and antihypertensive activity. These effects have been partially additive to the effects of thiazide diuretics. Amiloride HCl exerts its potassium-sparing effect through the inhibition of Na reabsorption at the distal convoluted tubule, cortical collecting tubule and collecting duct; this decreases the net -ve potential of the tubular lumen and reduces both K and hydrogen secretion and their subsequent excretion. Hydrochlorothiazide is a diuretic and antihypertensive. It affects the distal renal tubular mechanism of electrolyte reabsorption. Hydrochlorothiazide increases excretion of Na and chloride in approx equiv amounts. Natriuresis may be accompanied by some loss of K and bicarbonate.

CIMS Class

Diuretics

ATC Classification

C03AA03 - hydrochlorothiazide; Belongs to the class of low-ceiling thiazide diuretics. Used to promote excretion of urine.

C03DB01 - amiloride; Belongs to the class of other potassium-sparing agents. Used as diuretics.

*amiloride + hydrochlorothiazide information:

Note that there are some more drugs interacting with amiloride + hydrochlorothiazide

amiloride + hydrochlorothiazide

amiloride + hydrochlorothiazide brands available in India

Always prescribe with Generic Name : amiloride + hydrochlorothiazide, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AMILOCHLOR tab BIDURET tab BIDURET-L tab

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([all drugs])

aminobenzoic acid

CIMS Class : (Other Dermatologicals)

aminobenzoic acid

related aminobenzoic acid information

Indication & Dosage

Topical/Cutaneous

Sunscreen

Adult: Apply as instructed by product information.

Contraindications

Hypersensitivity to PABA or sulphonamides, thiazide diuretics, benzocaine.

Adverse Drug Reactions

Skin reactions, contact and photocontact allergic dermatitis.

Drug Interactions

Combination with benzophenones gives added protection against photosensitive disorders. Immersion in water causes serious loss of protection.

Mechanism of Action

Aminobenzoic acid is used topically as a sunscreen. It is used to prevent sunburn, but unlikely to prevent drug-related or other photosensitivity reactions associated with UVA light.

CIMS Class

Other Dermatologicals

ATC Classification

D02BA01 - aminobenzoic acid; Belongs to the class of topical protectives used in the protection against UV-radiation.

*aminobenzoic acid information:
aminobenzoic acid
aminobenzoic acid brands available in India
Always prescribe with Generic Name : aminobenzoic acid, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : PABALAK soln PABATAB tab PARAMINOL oint
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([all drugs])

aminocaproic acid

CIMS Class : (Haemostatics)

aminocaproic acid

P - Caution when used during pregnancy

L - Caution when used during lactation

related aminocaproic acid information

Indication & Dosage

Oral

Treatment and prophylaxis of haemorrhage

Adult: Initially, 4-5 g, followed by 1-1.25 g every hr for about 8 hr or until bleeding has been controlled. Max: 24 g in 24 hr.

Renal impairment: Dosage reduction may be required.

Oral

Patients with haemophilia undergoing dental extraction

Adult: Initially, 6 g immediately after the procedure, followed by 6 g every 6 hr for up to 10 days.

Intravenous

Treatment and prophylaxis of haemorrhage

Adult: Initially, 4-5 g as a 2% solution over 1 hr followed by a 1 g/hr infusion continued for up to 8 hr or until bleeding has been controlled. Max: 24 g in 24 hr.

Renal impairment: Dosage reduction may be required.

Administration

May be taken with or without food. (May be taken w/ meals to prevent GI upset.)

Overdosage

Symptoms may range from no reaction to transient hypotension or severe acute renal failure resulting in death.

Contraindications

Bleeding due to disseminated intravascular coagulation. Rapid IV administration.

Special Precautions

Renal or cardiac disorders. Urinary tract bleeding, haematuria of upper urinary tract origin; veno-occlusive hepatic disease, skeletal myopathy, neonates. Monitor creatinine phosphokinase. Avoid

admin with factor IX complex concentrates. Pregnancy and lactation.

Adverse Drug Reactions

Oedema, headache, malaise, allergic and anaphylactic reactions, anaphylaxis, bradycardia, hypotension, peripheral ischaemia, thrombosis, abdominal pain, diarrhoea, nausea, vomiting, agranulocytosis, coagulation disorder, leukopaenia, thrombocytopaenia, increased CPK, muscle damage, myalgia, myopathy, myositis, rhabdomyolysis, confusion, convulsions, delirium, dizziness, hallucinations, intracranial hypertension, stroke, syncope, dyspnoea, nasal congestion, pulmonary embolism, pruritus, rash, tinnitus, decreased vision, watery eyes, increased BUN, dry ejaculation.
Potentially Fatal: Cardiac and hepatic damage.

Drug Interactions

Increased risk of hypercoagulability with OC and oestrogens.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intravenous: Store at 15-30°C.

Mechanism of Action

Aminocaproic acid inhibits the action of plasminogen activators and, to a lesser extent, it also has some antiplasmin activity.

Absorption: Absorbed readily from the GI tract (oral); peak plasma concentrations after 2 hr.

Distribution: Distributed widely.

Excretion: Via urine (as unchanged); 2 hr (elimination half-life).

CIMS Class

Haemostatics

ATC Classification

B02AA01 - aminocaproic acid; Belongs to the class of amino acid antifibrinolytics. Used in the treatment of hemorrhage.

*aminocaproic acid information:

aminocaproic acid

aminocaproic acid brands available in India

Always prescribe with Generic Name : aminocaproic acid, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : HAMOSTAT inj HAMOSTAT tab HEMOCID inj

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([all drugs])

aminophylline

CIMS Class : (Antiasthmatic & COPD Preparations)

aminophylline

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related aminophylline information

Indication & Dosage

Oral

Chronic bronchospasm

Adult: As hydrate: Initially, 225-450 mg bid, increased if necessary.

Child: >3 yr: As modified-release hydrate: 12 mg/kg daily increased to 24 mg/kg daily in 2 divided doses after 1 wk.

Elderly: Dose reduction may be ncessary.

Hepatic impairment: Dose reduction may be ncessary.

Intravenous

Acute severe bronchospasm

Adult: Loading dose: 5 mg/kg (ideal body weight) or 250-500 mg (25 mg/ml) by slow inj or infusion over 20-30 min. Maintenance infusion dose: 0.5 mg/kg/hr. Max rate: 25 mg/min.

Child: Loading dose: same as adult dose. Maintenance dose: 6 mth-9 yr: 1 mg/kg/hr and 10-16 yr: 0.8 mg/kg/hr.

Elderly: Dose reduction may be ncessary.

Hepatic impairment: Dose reduction may be ncessary.

Special Populations: Reduce maintenance dose in patients with cor pulmonale or heart failure. Increase maintenance dose for smokers.

Incompatibility: Incompatible with metals.

Administration

Should be taken on an empty stomach. (Take on an empty stomach at least 1 hr before or 2 hr after meals.)

Overdosage

Symptoms may include agitated maniacal behavior, frequent vomiting, extreme thirst, slight fever, tinnitus, palpitation and arrhythmias. Treatment is usually supportive and withdrawal of the drug. Restoration of fluid and electrolyte balance is necessary.

Contraindications

Hypersensitivity.

Special Precautions

Neonates, elderly, lactation, pregnancy, cardiac/hepatic diseases, peptic ulceration, hyperthyroidism, hypertension, epilepsy, heart failure, chronic alcoholism, acute febrile illness.

Adverse Drug Reactions

Nausea, vomiting, abdominal pain, diarrhoea, headache, insomnia, dizziness, anxiety, restlessness; tremor, palpitations.
Potentially Fatal: Convulsions, cardiac arrhythmias, hypotension and sudden death after too rapid IV injection.

Drug Interactions

Other xanthines. Clearance reduced by allopurinol, some antiarrhythmics, cimetidine, disulfiram, fluvoxamine, interferon-a, macrolide antibiotics, quinolones, oral contraceptives, thiabendazole and viloxazine. Clearance increased by phenytoin, anticonvulsants, ritonavir,rifampicin, sulfinpyrazone, cigarette smoking. Corticosteroids, diuretics, ß2-agonists.
Potentially Fatal: Increased risk of cardiac arrhythmias with sympathomimetics and halothane. Tachycardia with pancuronium. ß-blockers inhibit metabolism. Increased risk of convulsion with quinolones, ketamine.

Food Interaction

Rate of absorption reduced but not extent.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intravenous: Store below 25°C.

Mechanism of Action

Aminophylline is a combination of theophylline and ethylenediamine. Ethylenediamine is inactive; it increases the solubility of theophylline in water. Theophylline relaxes bronchial smooth muscle. Suggested mechanisms are an increase in intracellular cAMP through inhibition of phosphodiesterase; adenosine receptor antagonism, prostaglandin antagonism and effects on intracellular calcium.

Absorption: Rate of absorption delayed by food.

Distribution: Crosses the placenta and enters breast milk.

Metabolism: Undergoes hepatic metabolism.

Excretion: Via urine.

CIMS Class

Antiasthmatic & COPD Preparations

ATC Classification

R03DA05 - aminophylline; Belongs to the class of other systemic drugs used in the treatment of obstructive airway diseases, xanthines.

*aminophylline information:
Note that there are some more drugs interacting with aminophylline
aminophylline
aminophylline brands available in India
Always prescribe with Generic Name : aminophylline, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : AMINOPHYLLINE inj AMINOPHYLLINE tab BIOFYLIN amp BRONCOFREE liqd MINOPHYL inj MINOPHYL tab PHYLLOCONTIN tab

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([all drugs])

amiodarone

CIMS Class : (Cardiac Drugs)

amiodarone

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related amiodarone information

Indication & Dosage

Oral

Ventricular arrhythmias

Adult: 800-1,600 mg/day in 1-2 divided doses for 1-3 wk until initial therapeutic response is achieved, then reduce dose to 600-800 mg/day in 1-2 divided doses for 1 mth. Maintenance: 400 mg/day; lower doses may be used for supraventricular arrhythmias. Daily doses may be divided. Close monitoring of the patient is recommended. Use the minimum effective dose.

Hepatic impairment: Dosage reduction may be necessary.

Intravenous

Life-threatening ventricular arrhythmias

Adult: Recommended starting dose: About 1 g over 1st 24 hr. Dose is given in a 3-phase sequence. Initial rapid loading dose: Infuse 150 mg at a rate of 15 mg/minute (initial infusion rate should not exceed 30 mg/minute); followed by the slow loading phase: Infuse 360 mg at a rate of 1 mg/minute; followed by the first maintenance phase: Infuse 540 mg at a rate of 0.5 mg/minute. After the 1st 24 hr, maintain infusion rate at 0.5 mg/minute (i.e. 720 mg over 24 hr); rate may be increased to achieve effective suppression of arrhythmia. For breakthrough episodes, supplemental doses of 150 mg may be given at 15 mg/minute; may repeat supplemental doses up to a max IV dose of 2.2 g/24 hr. Maintenance infusion at up to 0.5 mg/minute may be continued for up to 2-3 wk with caution. Concentrate for inj should be diluted prior to admin. Conversion to oral therapy will depend on the administered dose of the IV therapy and the bioavailability of the oral drug.

Hepatic impairment: Dosage reduction may be necessary.

Intravenous

Pulseless ventricular fibrillation or ventricular tachycardia

Adult: Initial: 300 mg (diluted in 20-30 ml dextrose 5% or normal saline) if VF or VT recurs, to be given as a single dose by rapid IV inj. Supplemental dose: 150 mg followed by an infusion of 1 mg/minute for 6 hr, then 0.5 mg/minute. Max: 2.1 g daily.

Hepatic impairment: Dosage reduction may be necessary.

Reconstitution: To make solution for 1st rapid loading infusion or supplemental infusion: Add 3 ml of amiodarone HCl concentrate (50 mg/ml) to 100 ml of dextrose 5% to give a final conc of 1.5 g/ml; for slow infusion: Add 18 ml of amiodarone HCl concentrate (50 mg/ml) to 500 ml of dextrose 5% to give a final conc of 1.8 mg/ml; for subsequent maintenance infusions, diluted solutions with conc ranging from 1-6 mg/ml may be used. Solutions with conc = 2 mg/ml should be administered via a central venous catheter.

Incompatibility: Y-site incompatibility: Cefamandole, sodium bicarbonate, heparin, aminophylline. Syringe incompatibility: Heparin. Admixture incompatibility (amiodarone conc: 4 mg/ml): Cefazolin sodium, cefamandole, mezlocillin sodium, sodium bicarbonate, heparin sodium, aminophylline.

Administration

May be taken with or without food. (Take consistently w/ or without meals. Take w/ meals if high dose or to reduce GI discomfort.)

Overdosage

Symptoms include hypotension, cardiogenic shock, bradycardia, AV block and hepatotoxicity. Hypotension and cardiogenic shock should be treated by slowing the infusion rate or with vasopressor drugs, positive inotropic agents and volume expansion. Bradycardia and AV block may require temporary pacing. Monitor hepatic enzyme concentrations. Amiodarone is not dialyzable.

Contraindications

Hypersensitivity to amiodarone or iodine. Severe sinus node dysfunction, 2nd and 3rd degree heart block (except in patients with a functioning artificial pacemaker), cardiogenic shock, pregnancy.

Special Precautions

Close monitoring is recommended as amiodarone may worsen arrhythmia especially when used concurrently with other anti-arrhythmic drugs or drugs that prolong QT interval. May cause hypotension and bradycardia. May increase risk of liver toxicity. May cause visual disturbance/impairment; corneal refractive laser surgery is not recommended in patients on amiodarone treatment.

May cause lung damage; monitor for pulmonary toxicity e.g. acute respiratory distress syndrome. Monitor liver functions regularly. May affect defibrillation or pacing thresholds of cardiac devices. Correct electrolyte imbalance before starting treatment. Caution when used in patients undergoing surgery. Avoid excessive sunlight exposure due to increased risk of photosensitivity. Hepatic impairment, thyroid disease, elderly. Lactation.

Adverse Drug Reactions

Blue-grey discolouration of skin, photosensitivity, peripheral neuropathy, paraesthesia, myopathy, ataxia, tremor, nausea, vomiting, metallic taste, hypothyroidism, hyperthyroidism, alopoecia, sleep disturbances, corneal microdeposits, hot flushes, sweating. Heart block, bradycardia, sinus arrest, hepatotoxicity, heart failure.

Potentially Fatal: Pulmonary toxicity including pulmonary fibrosis and interstitial pneumonitis, hepatotoxicity, thyrotoxicity. Ventricular arrhythmias, pulmonary alveolitis, exacerbation of arrhythmias and rare serious liver injury. Generally in patients with high doses and having preexisting abnormalities of diffusion capacity.

Drug Interactions

Potentiation of antiarrhythmic drugs. Possible increased risk of adverse effects when used with anaesthetic agents. Monitor plasma levels of amiodarone when used with HIV protease inhibitors. Cimetidine may increase serum levels of amiodarone. Concurrent use may increase serum levels of ciclosporin. May increase risk of myopathy or rhabdomyolysis when used with HMG-CoA reductase inhibitors. Rifampin may reduce the serum levels of amiodarone.
Potentially Fatal: Potentiates the effect of warfarin and other anticoagulants hence dose of warfarin generally needs to be reduced approx half. Raised plasma concentrations of digoxin, phenytoin and quinidine. Additive effect with beta-blockers and calcium-channel blockers (e.g.verapamil and diltiazem).

Food Interaction

St John's wort may reduce serum levels of amiodarone. Grapefruit juice may increase serum levels of amiodarone.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Store at 15-25°C. Oral: Store at 20-25°C.

Mechanism of Action

Amiodarone is a class III antiarrhythmic agent which inhibits stimulation, prolongs action potential and refractory period in myocardial tissues. It also decreases AV conduction and sinus node function. Sinus rate is reduced by 15-20%, PR and QT intervals are increased. Amiodarone can cause marked sinus bradycardia or sinus arrest and heart block. In acute IV doses, amiodarone may exert a mild negative inotropic effect.

Onset: IV: 1-30 minutes.

Duration: IV: 1-3 hr.

Absorption: Oral admin: Variable and erratically absorbed from the GI tract; average bioavailability is about 50%.

Distribution: Extensively distributed to body tissues; accumulates in muscles and fats. Crosses the placenta and enters breast milk. Protein-binding: 96%
Metabolism: Yields desethylamiodarone (also has antiarrhythmic properties); may undergo enterohepatic recycling.
Excretion: Mainly in the faeces via bile; via urine (small amounts of amiodarone and its metabolites). Terminal elimination half-life: About 50 days; may range from 20-100 days due to extensive tissue distribution.

CIMS Class

Cardiac Drugs

ATC Classification

C01BD01 - amiodarone; Belongs to class III antiarrhythmics used in the treatment of arrhythmia.

*amiodarone information:
Note that there are some more drugs interacting with amiodarone
amiodarone
amiodarone brands available in India

Always prescribe with Generic Name : amiodarone, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ALDARONE inj AMIODAR tab AMIODON inj BIODARON tab CARDASOL amp CARDICHEK inj CORDARONE inj CORDARONE tab CORDARONE-X amp CORDARONE-X tab DURON inj DURON tab EURYTHMIC amp EURYTHMIC tab PANARON tab RITEBEAT tab RITEBEAT vial TACHYRA tab

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([all drugs])

amisulpride

CIMS Class : (Antipsychotics)

amisulpride

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related amisulpride information

Indication & Dosage

Oral

Acute psychosis

Adult: =15 yr: 400-800 mg daily in 2 divided doses. Max: 1.2 g daily. For patients with predominantly negative symptoms: 50-300 mg daily.

CrCl (ml/min)

Dosage Recommendation

30-60

Half the usual dose.

10-30

One-third of the usual dose.

Intramuscular

Acute psychosis

Adult: 400 mg daily.

CrCl (ml/min)

Dosage Recommendation

30-60

Half the usual dose.

10-30

One-third of the usual dose.

Administration

Should be taken on an empty stomach. (Preferably taken before meals.)

Overdosage

Symptoms include generalised convulsions, coma, motor restlessness, tachycardia and slight prolongation of the QT interval.

Contraindications

Pregnancy and lactation, pheochromocytoma, prolactin-dependent tumors. Children <15 yr.

Special Precautions

Renal impairment, Parkinson's disease, CV disease, history of epilepsy, elderly. May affect performance of skilled tasks. withdraw gradually and closely monitored to avoid relapse. Elderly.

Adverse Drug Reactions

Weight gain, dizziness, postural hypotension, extrapyramidal symptoms, neuroleptic malignant syndrome. GI disorders and dry

mouth. CNS effects. Hyperprolactinaemia (with galactorrhoea, amenorrhoea, gynecomastia, breast pain, sexual dysfunction).

Drug Interactions

Guanethidine and other adrenergic neuron blockers, antiarrhythmics, antihistamines, antimalarials and cisapride, diuretics, general anaesthetics, hypnotics, anxiolytics and opioids. Metoclopramide may increase the risk of antipsychotic-induced extrapyramidal effects. Avoidalcohol.

Mechanism of Action

Amisulpride is a substituted benzamide atypical antipsychotic with general properties similar to those of sulpiride and is reported to have a high affinity for dopamine D2 and D3 receptors.
Absorption: Bioavailability: about 48%.
Distribution: Protein binding: about 16%.
Metabolism: Limited metabolism.
Excretion: Terminal half-life: 12 hr. Mainly excreted unchanged in urine.

CIMS Class

Antipsychotics

ATC Classification

N05AL05 - amisulpride; Belongs to the class of benzamides antipsychotics. Used in the management of psychosis.

*amisulpride information:
Note that there are some more drugs interacting with amisulpride
amisulpride
amisulpride brands available in India
Always prescribe with Generic Name : amisulpride, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : AMGRACE film-coated tab AMIGOLD tab AMISYT tab GOLDPRIDE tab PSYRIDE tab SIZOPRIDE tab SOLAZE tab SULPITAC tab ZULPRIDE tab
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([all drugs])
amitriptyline

CIMS Class : (Antidiuretics) , (Antidepressants)

amitriptyline

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related amitriptyline information

Indication & Dosage

Oral

Depression

Adult: Initially, 50-75 mg daily in divided doses or as a single dose at night. May increase dose gradually to 150 mg daily, if needed. Up to 300 mg daily may be used in severe cases.

Child: Adolescents(>16yr): 30-75 mg daily or in divided doses, preferably at bedtime.

Elderly: 30-75 mg daily or in divided doses, preferably at bedtime.

Oral

Nocturnal enuresis

Child: >11 yr: 25-50 mg at bedtime; 6-10 yr: 10-20 mg at bedtime. Treatment should not continue >3 mth.

Oral

Neuropathic pain

Adult: Initially, 10-25 mg daily at night, may increase to 75 mg daily if needed. Higher doses require specialist attention.

Oral

Prophylaxis of migraine

Adult: Initially, 10 mg at night. Maintenance: 50?75 mg at night.

Administration

May be taken with or without food.

Overdosage

Symptoms: Excitement and restlessness with marked antimuscarinic effects, including dryness of the mouth, hot dry skin, dilated pupils, tachycardia, urinary retention and intestinal stasis. Severe symptoms include unconsciousness, convulsions and myoclonus, hyperreflexia, hypothermia, hypotension, metabolic acidosis, and respiratory and cardiac depression, with life-threatening cardiac arrhythmias that may recur some days after apparent recovery.

Contraindications

Hypersensitivity, use of MAO inhibitors within the last 14 days; acute recovery phase post-MI. Concurrent usage with cisapride.

Special Precautions

Bipolar illness, pregnancy, lactation elderly, CVS disease, renal or liver impairment, epilepsy, thyroid dysfunction, DM. Avoid abrupt withdrawal; urinary retention, prostatic hyperplasia; chronic constipation; angle-closure glaucoma; phaeochromocytoma. Monitor for signs of clinical worsening, suicidality or behavioural changes. May increase risks associated with electro-convulsive therapy. May affect ability to drive or operate machinery.

Adverse Drug Reactions

Postural hypotension, tachycardia, conduction disturbances. Dry mouth, wt gain, sour or metallic taste, stomatitis, constipation; blurring of vision, urinary retention, fatigue, dizziness, weakness, tremors, headache, confusion and delirium in elderly, sexual disturbances; peripheral neuropathy; urticaria, angioedema, sweating.
Potentially Fatal: Cardiac arrhythmias.

Drug Interactions

Reduced effect of antihypertensives. Potentiates hypertensive effects of sympathomimetics. Concurrent use with altretamine may cause orthostatic hypotension. May increase adverse CV effects when used with amphetamines. May increase serum levels of carbamazepine. Increased risk of cardiac arrhythmias when used with ß-agonists. Absorption may be reduced when used with cholestyramine, colestipol or sucralfate. Additive sedative effects when used with CNS depressants. Concurrent use with CYP2D6 inhibtors (e.g. chlorpromazine, delavirdine, fluoxetine, miconazole, paroxetine) may increase serum levels of amitriptyline. May increase antidiabetic effect of tolazamide,chlorpropamide or insulin. May reduce absorption of levodopa. Increased risk of neurotoxicity when used with lithium. Increased risk of seizures when used with tramadol. May increase anticoagulant effect of warfarin. May cause QT prolongation and fatal arrhythmias when used with drugs that prolong QT interval.

Potentially Fatal: Increased risk of QT prolongation and arrhythmias when used with cisapride. Serious adverse effects e.g. hyperpyrexia, hypertension, tachycardia, confusion, seizures and deaths may occur when used with MAO inhibitors.

Food Interaction

Alcohol may enhance adverse effects.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 20-25°C.

Mechanism of Action

Amitriptyline is a TCA that exerts its action by blocking neuronal re-uptake of noradrenaline and serotonin thus increasing synaptic concentration of serotonin and/or norepinephrine in the CNS.

Absorption: Readily absorbed from the GI tract (oral).

Distribution: Widely distributed; crosses the placenta; enters breast milk. Protein-binding: Extensive.

Metabolism: Extensively 1st-pass effect; demethylated hepatically to nortriptyline (active metabolite).
Excretion: Urine (as metabolites in free or conjugated form); 9-25 hr (elimination half-life).

CIMS Class

Antidiuretics / Antidepressants

ATC Classification

N06AA09 - amitriptyline; Belongs to the class of non-selective monoamine reuptake inhibitors. Used in the management of depression.

*amitriptyline information:
Note that there are some more drugs interacting with amitriptyline
amitriptyline further details are available in official CIMS India
amitriptyline
amitriptyline brands available in India
Always prescribe with Generic Name : amitriptyline, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AMIT inj AMIT tab AMITONE tab AMITOR tab AMITRAC tab AMITRAC-CZ tab AMITRIP tab AMIZE FORTE tab AMIZE tab AMOTEN tab AMREA tab AMYPRES film-coated tab CHLOTRIP tab CRYPTON tab ELIWEL tab GENTRIP SR-tab GENTRIP tab KAMITRIN tab LATILIN film-coated tab MITRYP 10 tab ODEP tab RELIDEP tab SAROTENA tab TADAMIT tab TRILIN tab TRIPLEX FORTE tab TRIPLEX PLUS tab TRIPLEX tab TRYPTACARE tab TRYPTOMER SR-tab TRYPTOMER tab TYPLIN OD tab TYPLIN tab

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([all drugs])

amlodipine

CIMS Class : (Calcium Antagonists) , (Anti-Anginal Drugs)

amlodipine

P - Contraindicated in pregnancy

L - Caution when used during lactation

related amlodipine information

Indication & Dosage

Oral

Hypertension, Stable angina, Prinzmetal's angina

Adult: Initially, 5 mg once daily increased to 10 mg once daily if necessary.
Elderly: Initial dose: 2.5 mg once daily.
Hepatic impairment: Initial dose: 2.5 mg once daily.

Administration

May be taken with or without food.

Overdosage

Overdosage may cause marked peripheral vasodilation and hypotension.

Contraindications

Known hypersensitivity to dihydropyridines.

Special Precautions

Impaired liver or renal function, CHF, sick-sinus syndrome, severe ventricular dysfunction, hypertrophic cardiomyopathy, severe aortic stenosis. Caution when used in patients with idiopathic

hypertrophic subaortic stenosis. Elderly, children. Pregnancy, lactation.

Adverse Drug Reactions

Headache, peripheral oedema, fatigue, somnolence, nausea, abdominal pain, flushing, dyspepsia, palpitations, dizziness. Rarely pruritus, rash, dyspnoea, asthenia, muscle cramps.
Potentially Fatal: Hypotension, bradycardia, conductive system delay and CCF.

Drug Interactions

Increased metabolism with rifampin. Reduced hypotensive effect with calcium. Potentiates effects of thiazide diuretics and ACE inhibitors. Avoid combination with ß-blockers in patients with markedly impaired left ventricular function. May increase serum levels of CYP1A2 substrates e.g. aminophylline, fluvoxamine, ropinirole. CYP3A4 inhibitors (e.g. clarithromycin, doxycycline, isoniazid, nicardipine) may increase the effects of amlodipine. Additive BP-lowering effects when used with sildenafil, tadalafil or vardenafil.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Amlodipine relaxes peripheral and coronary vascular smooth muscle. It produces coronary vasodilation by inhibiting the entry of Ca ions into the voltage-sensitive channels of the vascular smooth muscle and myocardium during depolarisation. It also increases myocardial O2 delivery in patients with vasospastic angina.

Absorption: Well absorbed from the GI tract (oral); peak plasma concentrations after 6-12 hr.

Distribution: Protein-binding: 97.5%.

Metabolism: Hepatic: Extensive.

Excretion: Via urine (mainly as metabolites, 10% as unchanged); 35-50 hr (elimination half-life).

CIMS Class

Calcium Antagonists / Anti-Anginal Drugs

ATC Classification

C08CA01 - amlodipine; Belongs to the class of selective dihydropyridine derivative calcium-channel blockers with mainly vascular effects. Used in the treatment of cardiovascular diseases.

*amlodipine information:
Note that there are some more drugs interacting with amlodipine
amlodipine further details are available in official CIMS India
amlodipine
amlodipine brands available in India
Always prescribe with Generic Name : amlodipine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ACORD-5 tab ADIPIN tab ADP tab AGLODEPIN tab ALODIP tab AM-5 tab AMCARD tab AMCHEK tab AMDEPIN DUO film-coated tab AMDEPIN tab AMDINX tab AMDIP

tab AMLAN tab AMLAN-S tab AMLIBON tab AMLIN tab AMLIP tab AMLO CB tab AMLO tab AMLOACT tab AMLOCAN tab AMLOCOM tab AMLOCOR tab AMLODAC tab AMLOGARD tab AMLOGEN tab AMLOKATH tab AMLOKIND tab AMLOKIND-H film-coated tab AMLOKOS tab AMLOL tab AMLONG tab AMLONG-H tab AMLONG-MT tab AMLOPIN PLUS film-coated tab AMLOPIN tab AMLOPRES tab AMLOPRES-NB tab AMLO-R tab AMLORID tab AMLOSAFE tab AMLOSTAT-5 tab AMLOSUN tab AMLOSYL tab AMLOT tab AMLOTAB tab AMLOTAL tab AMLOTRAC-5 tab AMLOTRUST tab AMLOVAS tab AMLOVAS-M tab AMLOVIN tab AMLOVIN-E tab AMLOZ tab AMODEP tab AMONE tab AMOPIN tab AMPINE tab AMPINE-RL tab AMRAP-5 tab AMSACH tab AMSET tab AMSYN tab AMTAS tab AMTOR tab AMZEL tab ANGICAM tab ANGIGUARD tab ATEMOS tab AVAS AM tab BP-MIDE tab CADUET film-coated tab CALCHEK tab C-AMLO tab CAMLO tab CANDEZ tab CARD tab CARDPIN tab CARVASC tab CORVADIL tab DEFIDIN tab DIAVASC tab DILSAVE tab DIP tab DIPAL tab DIPLOM tab DIPRESS tab EMADINE tab ESLO-D tab GAMLO tab KLODIP tab LAMA tab LODI tab MILOPIN tab MOTOBLOCK-AM tab MYAMLO tab MYODURA tab MYOZAR tab NODON-AM tab NORVATE tab NUMLO tab NUMLO-D tab OLMESAR-A tab OLMY-A tab PINLO tab PINOM A

tab PRIMODIL tab SAMSTAR tab SELOMAX 50 tab SELOMAX tab STAMLO tab TAMLOD tab TOPDIP tab VAMLO tab ZIVAST-AM tab

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([all drugs])

amlodipine + atenolol

CIMS Class : (Calcium Antagonists) , (Beta-Blockers) , (Anti-Anginal Drugs)

amlodipine + atenolol

P - Contraindicated in pregnancy

L - Caution when used during lactation

related amlodipine + atenolol information

Indication & Dosage

Oral

Chronic stable angina, Hypertension

Adult: Per tablet contains atenolol 25 or 50 mg and amlodipine (as besylate) 5 mg: 1 tab once daily, may increase to 2 tablets daily if needed.

Elderly: Per tablet contains atenolol 25 mg and amlodipine (besylate) 5 mg: Initiate with 1 tablet daily.

Renal impairment: Per tablet contains atenolol 25 mg and amlodipine (besylate) 5 mg: Initiate with 1 tablet daily.

Overdosage

Overdosage may cause hypotension and less commonly, congestive cardiac failure. Unabsorbed drug may be removed by gastric lavage or use of activated charcoal. Symptomatic treatment may be administered.

Contraindications

Hypotension, sinus bradycardia, 2nd & 3rd degrees of heart block, cardiogenic shock, overt congestive failure, poor LV function, hypersensitivity to either component, pregnancy.

Special Precautions

Excessive fall of BP may occur in elderly patients. Caution in patients with COPD, thyrotoxicosis, congestive failure, vasospastic angina, hepatic & renal impairment. Caution in diabetic patients as beta-blockers may mask tachycardia occurring with hypoglycaemia. Withdrawal should be gradual. Lactation. Safety

and efficacy have not been established in children. Not to be used in untreated phaeochromocytoma.

Adverse Drug Reactions

Headache, hypotension, dizziness, breathlessness, fatigue, muscle cramps, bradycardia, palpitations, flushing, oedema, dyspnoea, dyspepsia, cold extremities. Drowsiness, chestpain & impotence rarely. Hypersensitivity reactions.

Drug Interactions

Additive effect when used with catecholamine depleting drugs; monitor for hypotension and/or marked bradycardia. If used with clonidine, clonidine withdrawal should occur a few days after withdrawal of the beta-blocker to prevent rebound hypertension; if replacing clonidine by beta-blocker, beta-blocker should be introduced only after clonidine administration has stopped for several days. Concurrent use with prostaglandin synthase inhibiting drugs (e.g. indomethacin) may reduce the hypotensive effects of beta-blockers.

Mechanism of Action

Atenolol is a cardioselective beta blocker. Amlodipine is a dihydropyridine calcium-channel blocker that blocks the transmembrane influx of calcium ions into vascular smooth muscle and cardiac muscle. Combination of the two drugs results in additive antihypertensive action.

Absorption: Amlodipine: Plasma levels peak 6-12 hr after oral admin; absolute bioavailability is estimated to be 64-90%. Atenolol: Absorption is rapid and consistent but incomplete; about 50% of an oral dose is absorbed in the GI tract; plasma levels peak 2-4 hr after oral admin.

Distribution: Amlodipine: 93% bound to plasma proteins. Atenolol: 6-16% bound to plasma proteins.

Metabolism: Amlodipine: About 90% converted to inactive metabolites hepatically. Atenolol: Little or no hepatic metabolism.

Excretion: Amlodipine: 10% of parent compound and 60% of the metabolites are removed in the urine; elimination from the plasma is biphasic with terminal half-life of about 30-50 hr. Atenolol: 50% of the oral dose is removed unchanged in the faeces; absorbed drug is removed mainly via renal elimination; half-life is about 6-7 hr.

CIMS Class

Calcium Antagonists / Beta-Blockers / Anti-Anginal Drugs

ATC Classification

C07AB03 - atenolol; Belongs to the class of selective beta-blocking agents. Used in the treatment of cardiovascular diseases.
C08CA01 - amlodipine; Belongs to the class of selective dihydropyridine derivative calcium-channel blockers with mainly vascular effects. Used in the treatment of cardiovascular diseases.

*amlodipine + atenolol information:
Note that there are some more drugs interacting with amlodipine + atenolol
amlodipine + atenolol
amlodipine + atenolol brands available in India
Always prescribe with Generic Name : amlodipine + atenolol, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ACORD-A tab ADIPIN PLUS tab ADPINE-AT tab AGLODEPIN-AT tab ALODIP-AT tab AMCARD-AT tab AMCHEK AT tab AMDEPIN-AT tab AMDINX-AT tab AMDIP-AT tab AMDONEX-AT tab AMFAST-AT tab AMLAT tab AMLIP

BETA tab AMLOACT-AT tab AMLO-AT tab AMLOBET tab AMLOCAL-AT tab AMLOCAN-TN tab AMLOCARD FORTE tab AMLOCOM-AT tab AMLODAC AT film-coated tab AMLOGEN-AT tab AMLOKATH-A tab AMLOKIND-AT tab AMLOKOS-AT tab AMLONG-A tab AMLONOL tab AMLONOVA tab AMLOPIN-AT tab AMLOPRES-AT tab AMLORID-AT tab AMLOSAFE-AT tab AMLOSTAR-A tab AMLOSTAT-AT tab AMLOTAL-AT tab AMLOT-AT tab AMLOTEC-AT tab AMLOTEN tab AMLOVAS-AT tab AMLOZ AT tab AMODEP-AT tab AMODIN-AT tab AMONE-AT tab AMOZEN-AT tab AMPINE-AT tab AMRAP-AT tab AMSET-XT tab AMSTEN tab AMTAS-AT 25 tab AMTAS-AT tab AMTENOL tab ANGICAM-BETA tab ANGITOL PLUS tab ANOL-AD tab ANOL-PLUS tab ATAMO tab ATECARD-AM tab ATEMOS-AT tab ATEN-AM tab ATENEX-AM tab ATENODIP tab ATENSIA-AM tab ATLOMA tab ATOL-AM tab ATZEE-AM tab BETA AMLOL tab BETACARD-AM tab BETEN-AM tab BIBIDIP tab BP CURE-AT tab BP-MIDE PLUS tab C-AMLO PLUS tab CARDIPIN-AT tab CARVASC-A tab CINAMAT tab CORONOL-AM tab CORVADIL-A tab COSLO softcap DEFIDIN-A tab DIAVASC-AT tab DIPAL-AT tab DIPRESS-PLUS tab EMADINE AT tab ESAMLO AT tab ETOPRES-AT tab GAMLO AT tab HYPERNORM tab JOGLIT tab MAAT tab MELOL tab MOLDEP-AT tab MYAMLO-AT

tab MYO-24 tab NATENOL-AM tab NBAL-AT tab NEOCARD-ATN tab NOVADEP-AT tab NUMLO-AT 25 tab NUMLO-AT tab ODINOL-AM tab OLPINE-AT tab PINCARD-AT tab PRIMODIL-AT tab SAMSTAR-AT tab STAMLO BETA tab STAMLO BETA-M tab TECARD-A tab TENIL-AT tab TENOCAB tab TENOCHECK tab TENODIPIN tab TENOLOL-AM tab TENOREX PLUS tab TENSIGARD AM tab TOPDIP-AT tab

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([all drugs])

amlodipine + atorvastatin

CIMS Class : (Dyslipidaemic Agents) , (Calcium Antagonists) , (Anti-Anginal Drugs)

amlodipine + atorvastatin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related amlodipine + atorvastatin information

Indication & Dosage

Oral

Hypertension

Adult: In patients with hyperlipidemia or for prevention of cardiovascular disease: As tab containing amlodipine and atorvastatin 2.5/10, 2.5/20, 2.4/40, 5/10, 5/20, 5/40, 5/80, 10/10, 10/20,10/40 and 10/80: Amlodipine component for hypertension: 5 mg once daily. Max: 10 mg once daily. Titrate dose over 7 to 14 days. Atorvastatin component for hyperlipidemias: Initially 10-20 mg daily, Range: 10-80 mg daily. Atorvastatin component for prevention of cardiovascular disease: 10 mg once daily.

Elderly: In patients with hyperlipidemia or for prevention of cardiovascular disease: As tab containing amlodipine and atorvastatin 2.5/10, 2.5/20, 2.4/40, 5/10, 5/20, 5/40, 5/80, 10/10, 10/20,10/40 and 10/80: Amlodipine component: Start on 2.5 mg once daily. Atorvastatin component for hyperlipidemias: Initially 10-20 mg daily, Range: 10-80 mg daily. Atorvastatin component for prevention of cardiovascular disease: 10 mg once daily. Elderly patients are more prone to myopathy, a side effect of atorvastatin.

Hepatic impairment: In patients with hyperlipidemia or for prevention of cardiovascular disease: As tab containing amlodipine and atorvastatin 2.5/10, 2.5/20, 2.4/40, 5/10, 5/20, 5/40, 5/80, 10/10, 10/20,10/40 and 10/80: Amlodipine component for hypertension and angina: Start on 2.5 mg once daily.

Oral

Angina pectoris

Adult: In patients with hyperlipidemia or for prevention of cardiovascular disease: As tab containing amlodipine and atorvastatin 2.5/10, 2.5/20, 2.4/40, 5/10, 5/20, 5/40, 5/80, 10/10, 10/20,10/40 and 10/80: Amlodipine component for angina: 5-10 mg once daily. Max: 10 mg once daily. Atorvastatin component for hyperlipidemias: Initially 10-20 mg daily, Range: 10-80 mg daily. Atorvastatin component for prevention of cardiovascular disease: 10 mg once daily.

Elderly: Lower amlodipine dose suggested in the elderly. Amlodipine compoenent for angina: 5 mg once daily. Atorvastatin component for hyperlipidemias: Initially 10-20 mg daily, Range: 10-80 mg daily. Atorvastatin component for prevention of cardiovascular disease: 10 mg once daily. Elderly patients are more prone to myopathy, a side effect of atorvastatin.

Hepatic impairment: Amlodipine: Lower dose suggested in the hepatic impairment. Atorvastatin: Do not use in acute liver disease. Decrease dosage in severe disease.

Administration

May be taken with or without food.

Contraindications

Known hypersensitivity to dihydropyridines, HMG-CoA Reductase Inhibitor, amlodipine or atorvastatin. Active liver disease or unexplained persistent elevated serum tranminases.Pregnancy and lactation.

Special Precautions

Severe aortic stenosis, congestive heart failure, renal failure and hepatic impairment and/or ethanol use.

Adverse Drug Reactions

Amlodipine: Headache, dizziness, somnolence, peripheral edema, pulmonary edema, hot flushes, palpitations, nausea and jaundice. Atorvastatin: Headache, constipation, dyspepsia, flatulance, and abdominal pain, diarrhoea, arthritis, chest pain, peripheral edema, nausea, bronchitis, pruritis, rhinitis, UTI, increased transaminases and myalgia.

Drug Interactions

Interactions involving both amlodipine and atorvastatin: Rifamycins increase the metabolism of both amlodipine and atorvastatin. Atorvastatin: There is an increase riskof rhabdomyolysis with use with azoles (eg itraconazole and ketoconazole) and gemfibrozil.

Potentially Fatal: Manufacturer of posaconazole and tipranavir contraindictates use with atorvastatin as there may be a risk of rhabdomylosis. Use of a macrolide, telithromycin is contraindicated with atorvastatin as atorvastatin is metabolised by CYP3A4.

Food Interaction

The metabolism of both amlodipine and atorvastatin may be reduced by graepfruit juice.

Pregnancy Category (US FDA)

Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.

Storage

Oral: Store at 15 to 30°C.

Mechanism of Action

Amlodipine relaxes peripheral vascular smooth muscle. Vasodilation is produced via inhibiting the entry of Ca ions into the voltage-sensitive channels of the vascular smooth muscle during depolarisation.It reduces peripheral vascular resistance and hence resulting in a reduction in blood pressure. In vasopastic angina, amlodipine inhibits coronary spasm.Atorvastatin competitively inhibits HMG-CoA reductase, the enzyme that catalyses the conversion of HMG-CoA to mevalonate which is an early rate-limiting step in cholesterol biosynthesis.

Absorption: Amlodipine: Peak plasma concentrations after 6-12 hr. Absolute bioavailability: 64% to 90% Atorvastatin: Rapidly absorbed from GI tract (oral).

Distribution: Amlodipine: Protein-binding: Abt 93 % Atorvastatin: Protein-binding: =98 %

Metabolism: Amlodipine: Extensively (abt 90%) metabolised in the liver.Atorvastatin: Extensively metabolised in the liver.

Excretion: Amlodipine: Via urine (60% of metabolites, 10% unchanged); 35-50 hr (elimination half-life). Atorvastatin: Atorvastatin and its metabolites: Removed mainly in the bile. Mean elimination half-life: About 14 hr.

CIMS Class

Dyslipidaemic Agents / Calcium Antagonists / Anti-Anginal Drugs

ATC Classification

C08CA01 - amlodipine; Belongs to the class of selective dihydropyridine derivative calcium-channel blockers with mainly vascular effects. Used in the treatment of cardiovascular diseases.
C10AA05 - atorvastatin; Belongs to the class of HMG CoA reductase inhibitors. Used in the treatment of hyperlipidemia.

*amlodipine + atorvastatin information:
Note that there are some more drugs interacting with amlodipine + atorvastatin
amlodipine + atorvastatin
amlodipine + atorvastatin brands available in India

Always prescribe with Generic Name : amlodipine + atorvastatin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ALNAVAS-A tab

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([all drugs])

amlodipine + benazepril

CIMS Class : (ACE Inhibitors) , (Calcium Antagonists)

amlodipine + benazepril

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related amlodipine + benazepril information

Indication & Dosage

Oral

Hypertension

Adult: As capsules containing amlodipine (mg)/benazepril HCl (mg): 2.5/10, 5/10, 5/20, 5/40, 10/20, 10/40. Amlodipine component: 2.5-10 mg once daily (max: 10 mg/day); benazepril component: 10-40 mg once daily. (Max: 40 mg/day)

Elderly: As capsules containing amlodipine (mg)/benazepril HCl (mg): 2.5/10, 5/10, 5/20, 5/40, 10/20, 10/40. Initiate with 2.5 mg amlodipine per day.
Renal impairment: Avoid usage in patients with CrCl <30ml/min/1.73m2

CrCl (ml/min)
Dosage Recommendation
<30
Initial dose: 5 mg (benazepril component)

Hepatic impairment: As capsules containing amlodipine (mg)/benazepril HCl (mg): 2.5/10, 5/10, 5/20, 5/40, 10/20, 10/40. Initiate with 2.5 mg amlodipine per day.

Administration

May be taken with or without food.

Overdosage

Symptoms will likely include vasodilation, resulting in hypotension and tachycardia. Treatment may include the use of pressor agents

(e.g. norepinephrine or high-dose dopamine) and/or replenishment of central fluid volume. Benazeprilat is slightly dialyzable ; dialysis may not be useful in removing amlodipine as it is highly-bound to plasma proteins.

Contraindications

Hypersensitivity, pregnancy, lactation

Special Precautions

Elderly, impaired renal and hepatic function, CHF, children, low salt diet, aortic stenosis, myocardial ischaemia, angina pectoris, cholestatic jaundice, allergic angioedema, hyperkalaemia, cerebrovascular insufficiency, coronary insufficiency, bone marrow depression, autoimmune disease, use before,during or immedediately after magor operation. Discontinue treatment if patients develop jaundice or marked elevations of hepatic enzymes.

Adverse Drug Reactions

Cough, flushing, headache, peripheral oedema, cough, diarrhoea, dizziness, oedema, fainting, fatigue, fever, flushing, hyperkalaemia,

hypotension, musculoskeletal pain, loss of taste, nausea, palpitations, skin rash, somnolence, acute renal disease, agranulocytosis, bone marrow suppression, angina pectoris, bradycardia, chest pain, haemolytic anaemia, hepatotoxicity, laryngeal oedema, neutropenia, orthostatic hypotension, pancreatitis, pemphigus, thrombocytopenia.
Potentially Fatal: Hypersensitivity, angioedema & Stevens-Johnson syndrome, .

Drug Interactions

NSAIDs decreases effect of ACE inhibitors. Concurrent admin with diuretics may increase the hypotensive effect. Increased risk of hypotension with cytochrome P450 inhibitors such as protease inhibitors, azole antifungals (eg itraconazole). Reduced hypotensive effect if used with cytochrome P450 inducers such as phenobarbital, rifmapicin & St John's Wort.Concurrent use with lithium may increase serum levels of lithium and risk of lithium toxicity.
Potentially Fatal: Increased risk of hyperkalaemia when used with potassium supplements or potassium-sparing diuretics. Increased risk of leukocytopenia when used with allopurinol or interferons.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store at 25°C.

Mechanism of Action

Amlodipine is a dihydropyridine calcium antagonist that lowers BP by relaxing the coronary vascular smooth muscles and producing coronary vasodilation; it does this by inhibiting the entry of Ca ions into the 'slow channels' or voltage-sensitive areas of the vascular smooth muscle and myocardium during depolarisation. Benazepril and its active metabolite benazeprilat inhibit ACE, which results in decreased plasma angiotensin II and decreased aldosterone secretion.

Absorption: Absorption after oral admin: 64-90% (amlodipine) and at least 37% (benazepril).

Distribution: Protein binding: 93% (amlodipine).

Metabolism: Benazepril: Almost completely metabolised to benazeprilat mainly in the liver. Amlodipine: Largely metabolised in liver.

Excretion: Amlodipine: 10% of parent compound and 60% of the metabolites are removed in urine. Benazeprilate: Mainly removed renally. Elimination half life: 10-11 hr (benazeprilat); about 2 days (amlodipine).

CIMS Class

ACE Inhibitors / Calcium Antagonists

ATC Classification

C08CA01 - amlodipine; Belongs to the class of selective dihydropyridine derivative calcium-channel blockers with mainly vascular effects. Used in the treatment of cardiovascular diseases.

C09AA07 - benazepril; Belongs to the class of ACE inhibitors. Used in the treatment of cardiovascular disease.

*amlodipine + benazepril information:

Note that there are some more drugs interacting with amlodipine + benazepril

amlodipine + benazepril

amlodipine + benazepril brands available in India

Always prescribe with Generic Name : amlodipine + benazepril, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AMACE-BP tab AMLO-B tab

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([all drugs])

amlodipine + enalapril

CIMS Class : (ACE Inhibitors) , (Calcium Antagonists)

amlodipine + enalapril

P - Contraindicated in pregnancy

L - Caution when used during lactation

related amlodipine + enalapril information

Indication & Dosage

Oral

Refractory hypertension

Adult: Per tablet contains enalapril maleate 5 mg and amlodipine besylate 5 mg: Start with 1 tablet daily. Increase dose gradually according to response.
Elderly: 1/2 a tab to start with and built up gradually with caution. Diuretics should be withheld for 2-3 days before starting this combination.

Special Populations: Renal impairment: 1/2 a tab to start with and built up gradually with caution. Diuretics should be withheld for 2-3 days before starting this combination.

Contraindications

Hypersensitivity to either component. History of angioedema related to previous exposure to ACE inhibitor. Pregnancy.

Special Precautions

Lactation. Renal and hepatic disease, congestive heart failure; concomitant K supplements & potassium-conserving diuretics, hypovolaemic shock, diuretic therapy; periodic blood count monitoring to preclude neutropaenia or agranulocytosis.

Adverse Drug Reactions

Angioneurotic oedema, nausea, headache, cough, dizziness, fatigue, palpitations, chest pain, flushing, rash; increases in BUN, serum K & creatinine levels may occur; neutropaenia.
Potentially Fatal: NA.

Drug Interactions

Indometacin and other NSAIDs may blunt antihypertensive effect. Diuretics enhance antihypertensive effect.
Potentially Fatal: Increases lithium levels & may cause lithium toxicity: Hyperkalaemia with K & K sparing diuretics. Risk of bone marrow suppression due to enalapril increased with concomitant use of immunosuppressives.

Mechanism of Action

Amlodipine is a 1,4-dihydropyridine-derivative calcium-channel blocker. Enalapril is a pro-drug; following oral administration, it is bioactivated by hydrolysis of the ethyl ester to enalaprilat, which is the active ACE inhibitor.

CIMS Class

ACE Inhibitors / Calcium Antagonists

ATC Classification

C08CA01 - amlodipine; Belongs to the class of selective dihydropyridine derivative calcium-channel blockers with mainly vascular effects. Used in the treatment of cardiovascular diseases.
C09AA02 - enalapril; Belongs to the class of ACE inhibitors. Used in the treatment of cardiovascular disease.

*amlodipine + enalapril information:
Note that there are some more drugs interacting with amlodipine + enalapril
amlodipine + enalapril
amlodipine + enalapril brands available in India
Always prescribe with Generic Name : amlodipine + enalapril, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : AMACE tab AMLOGEN-EL tab AMTAS-E tab AMZEL-EL tab DILVAS-AM cap ENTP-A tab HYTROL-AM cap KLODIP ACE tab

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([all drugs])

amlodipine + lisinopril

CIMS Class : (ACE Inhibitors) , (Calcium Antagonists)

amlodipine + lisinopril

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related amlodipine + lisinopril information

Indication & Dosage

Oral

Mild to moderate hypertension

Adult: Each tablet contains amlodipine 5 mg and lisinopril 5 mg: Usual initial dose 1 tablet daily. May increase to 2 tablets daily, if BP control is still inadequate after 1-2 wk.

Overdosage

Amlodipine: Elevate the extremities if hypotension occurs. Admin vasopressors (such as phenylpehrine) if needed. Lisinopril: Most likely manifestation of overdosage is hypotension; treat with IV infusion of normal saline solution. Can be removed by hemodialysis.

Contraindications

Hypersensitivity to either component, history of angioedema related to ACE inhibitor, patients with hereditary or idiopathic angioedema. Pregnancy & lactation.

Special Precautions

Renal impairment, hepatic impairment and heart failure. Caution when used in patients with severe obstructive coronary artery disease due to risk of increased frequency, duration and/or severity of angina or acute MI. Safety and efficacy have not been established in children.

Adverse Drug Reactions

Nausea, headache, dizziness, cough, diarrhoea, fatigue, rash, oedema, flushing, palpitation, chest pain, asthenia, dry mouth; elevations in BUN, serum creatinine and potassium may occur.
Potentially Fatal: Angioneurotic oedema reported with ACE inhibitors.

Drug Interactions

There is an increased risk of hypotension with concurrent use of antihypertensives with alprostadil. Amlodipine: Increased risk of hypotension with concurrent use with alprostadil, non-nucleoside reverse trancriptase inhibitors and cytochrome P450 inhibitors such as protease inhibitors (such as ritonovir), quinupristin/dalfopristin, azole antifungals (such as itraconazole and ketoconazole). Reduced effect of amlodipine with cytochrome P450 inducers such as phenobarbital, primidone, rifampicin and St John's Wort. Lisinopril: It reduces potassium loss caused by thiazides. Patients on diuretics may experience increased reduction in BP. Hyperkalaemia with concomitant use of potassium-sparing diuretics/potassium supplements may occur. Lisinopril may increase serum lithium levels; monitoring of serum lithium levels is recommended. Concurrent use with NSAIDs may further worsen

renal function in patients with renal impairment; may also reduce the antihypertensive effect of lisinopril.

Mechanism of Action

Amlodipine is a dihydropyridine calcium channel blocker that inhibits transmembrane influx of calcium ions into the vascular smooth muscle and cardiac muscle. Lisinopril is an angiotension-converting enzyme inhibitor that reduces BP, mainly by suppressing the renin-angiotensin-aldosterone system.
Absorption: Amlodipine: Plasma levels peak between 6-12 hr after oral admin; absolute bioavailability is about 64-90%. Lisinopril: Serum levels peak at approx 7 hr after oral admin.
Distribution: Amlodipine: Volume of distribution: 21L/kg; protein-binding: 93 to 98%. Lisinopril: Protein-binding: 25%
Metabolism: Amlodipine: About 90% converted to inactive metabolites by the liver. Lisinopril: Does not undergo metabolism.
Excretion: Amlodipine: 10% of the parent drug and 60% of the metabolites are removed in the urine; terminal elimination half-life of about 30-50 hr. Lisinopril: Excreted unchanged entirely in the urine; elimination half-life: 11-12 hr.

CIMS Class

ACE Inhibitors / Calcium Antagonists

ATC Classification

C08CA01 - amlodipine; Belongs to the class of selective dihydropyridine derivative calcium-channel blockers with mainly vascular effects. Used in the treatment of cardiovascular diseases.
C09AA03 - lisinopril; Belongs to the class of ACE inhibitors. Used in the treatment of cardiovascular disease.

*amlodipine + lisinopril information:
Note that there are some more drugs interacting with amlodipine + lisinopril
amlodipine + lisinopril
amlodipine + lisinopril brands available in India
Always prescribe with Generic Name : amlodipine + lisinopril, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ACEDIP tab ALIS tab ALIS-PLUS tab AMCHEK L tab AMDEPIN-L tab AMLACE tab AMLODAC-L tab AMLOKATH-L tab AMLO-L tab AMLOPRES-L tab AMLOSAFE-LS tab AMLOT-

L tab AMLOVAS-L tab AMTAS-LP tab BIOPRIL AM tab CALCHEK-L tab CARVASC-L tab DIP-A tab HIPRIL-A tab INACE tab LIPRIL-AM tab LISMOL tab LISTRIL AM tab NEOCARD-LIS tab NUMLO-L tab PRIMODIL-L tab ZELIS AM tab

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([all drugs])

amlodipine + losartan

CIMS Class : (Angiotensin II Antagonists) , (Calcium Antagonists)

amlodipine + losartan

P - Contraindicated in pregnancy

L - Caution when used during lactation

related amlodipine + losartan information

Indication & Dosage

Oral

Mild to moderate hypertension

Adult: Per tablet contains amlodipine 5 mg and losartan potassium 50 mg: Initial: 1 tablet once daily; may increase to 2 tablets daily if the BP control is inadequate after 1-2 wk.

Contraindications

Known hypersensitivity. Avoid concomitant K supplements. Pregnancy.

Special Precautions

Impaired hepatic or renal function, CHF, sick-sinus syndrome, severe ventricular dysfunction, hypertrophic cardiomyopathy. Elderly, children. Lactation. Volume-depleted patients; patients on diuretics and salt restriction; renal artery stenosis. Monitor serum K concentration.

Adverse Drug Reactions

Headache, dizziness, back pain, myalgia, resp tract disorders, asthenia/fatigue; first-dose hypotension; rash, cough, angioedema; neutropaenial GI disturbances; transient elevation of liver enzymes; taste disturbances and hyperkalaemia.
Potentially Fatal: Hypotension, bradycardia, conductive system delay, CCF.

Drug Interactions

Amlodipine: Increased metabolism with rifampin. Reduced hypotensive effect with calcium. Potentiates effects of thiazide diuretics and ACE inhibitors. Avoid combination with ß-blockers in patients with markedly impaired left ventricular function.

Losartan: Concurrent use with NSAIDs may further worsen renal function. Cimetidine may increase the AUC of losartan by about 18%.Phenobarbital and other enzyme inducers may decrease levels of losartan and its active metabolite. Ketoconazole inhibits the conversion of losartan to its active metabolite. Concurrent use with potassium-sparing diuretics or potassium supplements or salt substitutes containing potassium may increase serum potassium levels. Reduces lithium excretion; monitor lithium levels if used together.

Potentially Fatal: Increased cyclosporine levels. Risk of lithium toxicity with losartan. Hypotensive effect of losartan potentiated by diuretics and other antihypertensives. Risk of hyperkalaemia increases with concomitant ACE inhibitors, potassium-sparing diuretics and K supplements.

Mechanism of Action

Amlodipine inhibits the movement of Ca ions across the cell membrane into vascular smooth muscles and myocytes. Action is greater in the arterial resistant vessels causing peripheral vasodilatation and reduction in afterload. Losartan is an angiotensin II receptor (type AT1) antagonists antihypertensive which acts by blocking the actions of angiotensin II of renin-angiotensin-aldosterone system. The drug and its active metabolite selectively block the vasoconstrictor and aldosterone secreting effects of angiotensin II by selectively antagonising the binding of angiotensin II to AT1 receptors.

Absorption: Amlodipine: Plasma levels peak 6-12 hr after oral admin; absolute bioavailability is estimated to be 64-90%. Losartan: Well absorbed; undergoes substantial 1st pass metabolism by CYP450 enzymes; systemic bioavailability is about 33%; about 14% of an oral dose is converted to active metabolites.

Distribution: Amlodipine: 93% bound to plasma proteins. Losartan and its active metabolites: Highly bound to plasma proteins, mainly albumin.

Metabolism: Amlodipine: About 90% converted to inactive metabolites hepatically.

Excretion: Amlodipine: 10% of parent compound and 60% of the metabolites are removed in the urine; elimination from the plasma is biphasic with terminal half-life of about 30-50 hr. Losartan and

its active metabolites: Biliary excretion; terminal half-life: About 2 hr (losartan) and 6-9 hr (metabolites).

CIMS Class

Angiotensin II Antagonists / Calcium Antagonists

ATC Classification

C08CA01 - amlodipine; Belongs to the class of selective dihydropyridine derivative calcium-channel blockers with mainly vascular effects. Used in the treatment of cardiovascular diseases.
C09CA01 - losartan; Belongs to the class of angiotensin II antagonists. Used in the treatment of cardiovascular disease.

*amlodipine + losartan information:
Note that there are some more drugs interacting with amlodipine + losartan
amlodipine + losartan
amlodipine + losartan brands available in India
Always prescribe with Generic Name : amlodipine + losartan, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACORD-L tab ALSARTAN-AM tab AMCARD-LP tab AMCHEK-Z tab AMLOKIND-L tab AMLOKOS L tab AMLOPRES-Z tab AMLOTIN HS tab AMLOTIN LS tab AMLOZAAR tab ANGICAM-LT film-coated tab ANGILO-AM tab BIOZAAR-AM tab COVAMLO tab CZAR-AM tab LANXES-A tab LARTAN-AM tab LOSACAR-A film-coated tab LOSAR-A tab LOSPOT-AM tab LOZADIP F-tab LOZADIP tab NUSAR-AM LOW tab REPACE-A tab REPACE-AF tab TOZAM tab ZILOS-AM tab

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([all drugs])

amoxapine

CIMS Class : (Antidepressants)

amoxapine

P - Caution when used during pregnancy

L - Caution when used during lactation

related amoxapine information

Indication & Dosage

Oral

Depression

Adult: Initially, 50 mg bid-tid, increased gradually up to 100 mg tid. For severely depressed patients in the hospital: Up to 600 mg daily.
Elderly: Initially, 25 mg bid-tid increased as necessary after 5-7 days up to 150 mg daily. Max: 300 mg daily.

Administration

May be taken with or without food.

Overdosage

May result in acute renal failure with rhabdomyolysis, coma and seizures.

Contraindications

Hypersensitivity, concurrent treatment with MAOIs, recent MI, heart block or other cardiac arrhythmias. Mania, severe liver disease.

Special Precautions

Recovery after MI, elderly, CVS disease, liver impairment, epilepsy, psychosis, increased intraocular pressure, history of urinary retention, alcohol, pregnancy and lactation; avoid abrupt withdrawal.

Adverse Drug Reactions

Postural hypotension, tachycardia, conduction disturbances; dry mouth, blurring of vision, constipation, urinary retention, fatigue, dizziness, weakness, tremors, headache, confusion and delirium in elderly, weight gain, tardive dyskinesia; neuroleptic malignant syndrome; sexual disturbances.
Potentially Fatal: Agranulocytosis, thrombocytopenia; cardiac arrhythmias.

Drug Interactions

Reduced serum levels with barbiturates.
Potentially Fatal: Potentiates sedative effect of alcohol. Antiparkinson agents, antipsychotic drugs increase risk of anticholinergic effects. Reduces effect of antihypertensives. Marked hyperpyrexia, convulsions and coma with MAOIs. Potentiates hypertensive effects of sympathomimetics.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Amoxapine inhibits the neuronal re-uptake of noradrenaline and serotonin (5-HT2) in the CNS. It also blocks the response of dopamine receptors to dopamine.

Absorption: Readily absorbed from the GI tract (oral).

Distribution: Enters breast milk. Protein-binding: Extensive.

Metabolism: Undergoes hydroxylation; converted to 8-hydroxyamoxapine and 7-hydroxyamoxapine.

Excretion: Urine (as metabolites). Elimination half-life: 30 hr (8-hydroxyamoxapine), 6.5 hr (7-hydroxyamoxapine).

CIMS Class

Antidepressants

ATC Classification

N06AA17 - amoxapine; Belongs to the class of non-selective monoamine reuptake inhibitors. Used in the management of depression.

*amoxapine information:
Note that there are some more drugs interacting with amoxapine
amoxapine
amoxapine brands available in India
Always prescribe with Generic Name : amoxapine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : AMOLIFE tab DEMOLOX tab OXAMINE tab
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([all drugs])
amoxicillin

CIMS Class : (Penicillins)

amoxicillin

P - Caution when used during pregnancy

L - Caution when used during lactation

related amoxicillin information

Indication & Dosage

Oral

Endocarditis

Adult: 250-500 mg every 8 hr or 500-875 mg every 12 hr.

Child: =10 yr: 125-250 mg every 8 hr; <40 kg: 20-40 mg/kg daily in divided doses every 8 hr. Max dose: Infant <3 mth: 30 mg/kg daily in divided doses every 12 hr.

Renal impairment: Patients on haemodialysis should receive 250-500 mg every 24 hr and an additional dose during and after each dialysis session.

CrCl (ml/min)

Dosage Recommendation

10-30

250-500 every 12 hr.

<10

250-500 every 24 hr.

Oral

Biliary tract infections

Adult: 250-500 mg every 8 hr or 500-875 mg every 12 hr.

Child: =10 yr: 125-250 mg every 8 hr; <40 kg: 20-40 mg/kg daily in divided doses every 8 hr. Max dose: Infant <3 mth: 30 mg/kg daily in divided doses every 12 hr.

Renal impairment: Patients on haemodialysis should receive 250-500 mg every 24 hr and an additional dose during and after each dialysis session.

CrCl (ml/min)

Dosage Recommendation

10-30

250-500 every 12 hr.

<10

250-500 every 24 hr.

Oral

Gonorrhoea

Adult: 250-500 mg every 8 hr or 500-875 mg every 12 hr.

Child: =10 yr: 125-250 mg every 8 hr; <40 kg: 20-40 mg/kg daily in divided doses every 8 hr. Max dose: Infant <3 mth: 30 mg/kg daily in divided doses every 12 hr.

Renal impairment: Patients on haemodialysis should receive 250-500 mg every 24 hr and an additional dose during and after each dialysis session.

CrCl (ml/min)
Dosage Recommendation
10-30
250-500 every 12 hr.
<10
250-500 every 24 hr.
Oral
Otitis media
Adult: 250-500 mg every 8 hr or 500-875 mg every 12 hr.
Child: =10 yr: 125-250 mg every 8 hr; <40 kg: 20-40 mg/kg daily in divided doses every 8 hr. Max dose: Infant <3 mth: 30 mg/kg daily in divided doses every 12 hr.
Renal impairment: Patients on haemodialysis should receive 250-500 mg every 24 hr and an additional dose during and after each dialysis session.

CrCl (ml/min)
Dosage Recommendation
10-30

250-500 every 12 hr.

<10

250-500 every 24 hr.

Oral

Pneumonia

Adult: 250-500 mg every 8 hr or 500-875 mg every 12 hr.

Child: =10 yr: 125-250 mg every 8 hr; <40 kg: 20-40 mg/kg daily in divided doses every 8 hr. Max dose: Infant <3 mth: 30 mg/kg daily in divided doses every 12 hr.

Renal impairment: Patients on haemodialysis should receive 250-500 mg every 24 hr and an additional dose during and after each dialysis session.

CrCl (ml/min)

Dosage Recommendation

10-30

250-500 every 12 hr.

<10

250-500 every 24 hr.

Oral

Urinary tract infections

Adult: 250-500 mg every 8 hr or 500-875 mg every 12 hr.

Child: =10 yr: 125-250 mg every 8 hr; <40 kg: 20-40 mg/kg daily in divided doses every 8 hr. Max dose: Infant <3 mth: 30 mg/kg daily in divided doses every 12 hr.

Renal impairment: Patients on haemodialysis should receive 250-500 mg every 24 hr and an additional dose during and after each dialysis session.

CrCl (ml/min)

Dosage Recommendation

10-30

250-500 every 12 hr.

<10

250-500 every 24 hr.

Oral

Mouth infections

Adult: 250-500 mg every 8 hr or 500-875 mg every 12 hr.

Child: =10 yr: 125-250 mg every 8 hr; <40 kg: 20-40 mg/kg daily in divided doses every 8 hr. Max dose: Infant <3 mth: 30 mg/kg daily in divided doses every 12 hr.

Renal impairment: Patients on haemodialysis should receive 250-500 mg every 24 hr and an additional dose during and after each dialysis session.

CrCl (ml/min)

Dosage Recommendation

10-30

250-500 every 12 hr.

<10

250-500 every 24 hr.

Oral

Spleen disorders

Adult: 250-500 mg every 8 hr or 500-875 mg every 12 hr.

Child: =10 yr: 125-250 mg every 8 hr; <40 kg: 20-40 mg/kg daily in divided doses every 8 hr. Max dose: Infant <3 mth: 30 mg/kg daily in divided doses every 12 hr.

Renal impairment: Patients on haemodialysis should receive 250-500 mg every 24 hr and an additional dose during and after each dialysis session.

CrCl (ml/min)

Dosage Recommendation

10-30

250-500 every 12 hr.

<10

250-500 every 24 hr.

Oral

Actinomycosis

Adult: 250-500 mg every 8 hr or 500-875 mg every 12 hr.

Child: =10 yr: 125-250 mg every 8 hr; <40 kg: 20-40 mg/kg daily in divided doses every 8 hr. Max dose: Infant <3 mth: 30 mg/kg daily in divided doses every 12 hr.

Renal impairment: Patients on haemodialysis should receive 250-500 mg every 24 hr and an additional dose during and after each dialysis session.

CrCl (ml/min)

Dosage Recommendation

10-30

250-500 every 12 hr.

<10

250-500 every 24 hr.

Oral

Bronchitis

Adult: 250-500 mg every 8 hr or 500-875 mg every 12 hr.

Child: =10 yr: 125-250 mg every 8 hr; <40 kg: 20-40 mg/kg daily in divided doses every 8 hr. Max dose: Infant <3 mth: 30 mg/kg daily in divided doses every 12 hr.

Renal impairment: Patients on haemodialysis should receive 250-500 mg every 24 hr and an additional dose during and after each dialysis session.

CrCl (ml/min)
Dosage Recommendation
10-30
250-500 every 12 hr.
<10
250-500 every 24 hr.
Oral
Typhoid and paratyphoid fever
Adult: 250-500 mg every 8 hr or 500-875 mg every 12 hr.
Child: =10 yr: 125-250 mg every 8 hr; <40 kg: 20-40 mg/kg daily in divided doses every 8 hr. Max dose: Infant <3 mth: 30 mg/kg daily in divided doses every 12 hr.
Renal impairment: Patients on haemodialysis should receive 250-500 mg every 24 hr and an additional dose during and after each dialysis session.

CrCl (ml/min)
Dosage Recommendation
10-30

250-500 every 12 hr.

<10

250-500 every 24 hr.

Oral

Gastroenteritis

Adult: 250-500 mg every 8 hr or 500-875 mg every 12 hr.

Child: =10 yr: 125-250 mg every 8 hr; <40 kg: 20-40 mg/kg daily in divided doses every 8 hr. Max dose: Infant <3 mth: 30 mg/kg daily in divided doses every 12 hr.

Renal impairment: Patients on haemodialysis should receive 250-500 mg every 24 hr and an additional dose during and after each dialysis session.

CrCl (ml/min)

Dosage Recommendation

10-30

250-500 every 12 hr.

<10

250-500 every 24 hr.

Oral

Lyme disease

Adult: 250-500 mg every 8 hr or 500-875 mg every 12 hr.

Child: =10 yr: 125-250 mg every 8 hr; <40 kg: 20-40 mg/kg daily in divided doses every 8 hr. Max dose: Infant <3 mth: 30 mg/kg daily in divided doses every 12 hr.

Renal impairment: Patients on haemodialysis should receive 250-500 mg every 24 hr and an additional dose during and after each dialysis session.

CrCl (ml/min)

Dosage Recommendation

10-30

250-500 every 12 hr.

<10

250-500 every 24 hr.

Oral

Uncomplicated gonorrhoea

Adult: 3 g as a single dose with probenecid 1 g.

Renal impairment: Patients on haemodialysis should receive 250-500 mg every 24 hr and an additional dose during and after each dialysis session.

CrCl (ml/min)

Dosage Recommendation

10-30

250-500 mg every 12 hr.

<10

250-500 mg every 24 hr.

Oral

Dental abscesses

Adult: Initially, 3 g, repeat once after 8 hr.

Renal impairment: Dose reduction may be required.

Oral

Uncomplicated acute urinary tract infections

Adult: Initially, 3 g, repeat once after 10-12 hr.

Renal impairment: Dose reduction may be required.

Oral

Prophylaxis of endocarditis

Adult: 2 or 3 g as a single dose, 1 hr before dental procedure.

Child: Single dose of 50 mg/kg. To be taken 1 hr prior to dental procedure. Max: 2 g/dose.

Renal impairment: Dose reduction may be required.

Oral

Severe or recurrent respiratory tract infections

Adult: 3 g bid.

Renal impairment: Patients on haemodialysis should receive 250-500 mg every 24 hr and an additional dose during and after each dialysis session.

CrCl (ml/min)

Dosage Recommendation

10-30

250-500 mg every 12 hr.

<10

250-500 mg every 24 hr.

Oral

Otitis media

Child: 3-10 yr: 750 mg bid for 2 days.

Renal impairment: Patients on haemodialysis should receive 250-500 mg every 24 hr and an additional dose during and after each dialysis session.

CrCl (ml/min)

Dosage Recommendation

10-30

250-500 mg every 12 hr.

<10

250-500 mg every 24 hr.

Oral

H.pylori infection

Adult: 0.75 or 1 g bid or 500 mg tid in combination with either metronidazole or clarithromycin and a bismuth compound or an antisecretory drug.

Renal impairment: Patients on haemodialysis should receive 250-500 mg every 24 hr and an additional dose during and after each dialysis session.

CrCl (ml/min)

Dosage Recommendation

10-30

250-500 mg every 12 hr.

<10

250-500 mg every 24 hr.

Parenteral

Susceptible infections

Adult: 500 mg every 8 hr via IM or slow IV inj. Severe infections: May increase to 1 g every 6 hr via slow IV inj over 3-4 minutes or infuse over 30-60 minutes.

Child: =10 yr: 50-100 mg/kg daily in divided doses.

Renal impairment: Patients on haemodialysis should receive 250-500 mg every 24 hr and an additional dose during and after each dialysis session.

CrCl (ml/min)

Dosage Recommendation

10-30

250-500 mg every 12 hr.

<10

250-500 mg every 24 hr.

Intravenous

Listerial meningitis

Adult: 2 g every 4 hr for 10?14 days via IV infusion, to be used with other antibiotics.

Renal impairment: Patients on haemodialysis should receive 250-500 mg every 24 hr and an additional dose during and after each dialysis session.

CrCl (ml/min)

Dosage Recommendation

10-30

250-500 mg every 12 hr.

<10

250-500 mg every 24 hr.

Administration

May be taken with or without food. (May be taken w/ meals for better absorption & to reduce GI discomfort.)

Contraindications

Hypersensitivity.

Special Precautions

Renal and hepatic disease; pregnancy, lactation; infectious mononucleosis.

Adverse Drug Reactions

Hyperactivity, agitation, insomnia, dizziness; maculopapular rash, exfoliative dermatitis, urticaria, hypersensitivity vasculitis; diarrhoea, nausea, vomiting; anaemia, thrombocytopenia, leucopenia, agranulocytosis.
Potentially Fatal: Neuromuscular hypersensitivity; pseudomembranous colitis.

Drug Interactions

Increased levels with disulfiram and probenecid. Decreased effects with tetracyclines and chloramphenicol.
Potentially Fatal: Increase effects of oral anticoagulants.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).
Storage

Intravenous: Store at 20-25°C. Parenteral: Store at 20-25°C.

Mechanism of Action

Amoxicillin inhibits the final transpeptidation step of peptidoglycan synthesis in bacterial cell wall by binding to one or more of the penicillin-binding proteins (PBPs), thus inhibiting cell wall biosynthesis resulting in bacterial lysis.

Absorption: Rapidly and completely absorbed from the GI tract with peak plasma concentrations after 1-2 hr (oral). Not inactivated by gastric acid and presence of food does not impair absorption.
Distribution: Widely distributed, CSF (small concentrations except when the meninges are inflamed), bile (high concentrations); crosses the placenta and enters the breast milk (small amounts). Protein-binding: 20%.
Metabolism: Converted to a limited extent to penicilloic acid.
Excretion: Via the urine within 6 hr by glomerular filtration and tubular secretion (as penicilloic acid and 60% unchanged drug); via the faeces. May be removed by haemodialysis; 1-1.5 hr (elimination half-life).

CIMS Class

Penicillins

ATC Classification

J01CA04 - amoxicillin; Belongs to the class of penicillins with extended spectrum. Used in the treatment of systemic infections.

*amoxicillin information:

Note that there are some more drugs interacting with amoxicillin

amoxicillin further details are available in official CIMS India

amoxicillin

amoxicillin brands available in India

Always prescribe with Generic Name : amoxicillin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ABCLOXX cap ACL enteric-coated tab ACTIMOX cap ACTIMOX dispertab ACTIMOX dry syr AFYMOX-DT dispertab ALCLOX-D cap ALDICO cap ALDICO dispertab ALDICO tab ALLMOX cap ALLMOX dry syr ALLMOX P-tab ALLMOX tab ALLMOX vial ALNACLOX cap ALNACLOX-LB tab AMCLOSYM cap AMCLOX-DL cap AMDICLOX cap AMOCLOX-D cap AMOLAC 250 cap AMOLAC 500 cap AMOSYM cap AMOSYM dry syr AMOX cap AMOX-250 DT dispertab AMOX-AR tab AMOXIL cap AMOXIL dry syr AMOXINGA cap AMOXINGA dispertab AMOXINGA P-tab AMOXINGA syr AMOXIPEN cap AMOXIPEN syr AMOXIVAN cap AMOX-LB tab AMOXYBID cap AMOXYBID dry syr AMOXYDASE cap AMOXYDASE FORTE cap AMOXYN dispertab AMOXYN P-tab AMOXYN tab AMOXYPEN cap AMOXYPEN dispertab AMOXYPEN dry syr AMOXYTEK-D

cap AMPOXIN PLUS cap AMYN cap AMYN dispertab AMYN dry syr AMYN P-tab AMYRCL dry syr ANTHOXIN dispertab ANTIMOX kidtab APIMOX 250 cap APIMOX 250 dispertab APIMOX DRY SYR syr APIMOX KID TAB tab ARIMOX-D cap ARISTOMOX cap ARISTOMOX dry syr ARISTOMOX P-tab ATMOX cap ATMOX dispertab ATMOX syr AXCEL cap AXL-250 dispertab AXL-500 cap BAXIN-D-LB+ cap BETACILLIN cap BETACILLIN dispertab BETADAC-DC cap BETALOC-DC cap BETMOX dispertab BETMOX tab BICIL tab BICIL-P tab BIG MOX cap BILIN-LB cap BIOLEXI cap BIOMOX dispertab BIOMOXIL cap BIOMOXIL dispertab BIOMOXIL drops BIOMOXIL dry syr BIOMOXIL LB dry syr BIOMOXIL P-tab BITAMOX cap BITAMOX syr BITAMOX tab BLISMOX cap BLOX-DC cap BLOX-LB cap BLUMOX cap BLUMOX dispertab BLUMOX-DXL cap BLUMOX-LB dispertab BLUMOX-LB dry syr BLUMOX-P dispertab BLUMOX-P dry syr BRIMOX cap BRIMOX dispertab CADMOXIN-LB tab CALMOX cap CHECKMOX-DX cap CIDOMEX cap CIDOMEX dry syr CINMOX-DC cap CIPMOX cap CLEARMOX-DT dispertab CLEARMOX-LB tab CLOBIMOX cap CLODAX cap CLOS-DX cap CLOSPEN cap CLOXINOVA CAP cap CLOXINOVA-250 DT dispertab CLYNOX cap C-MOX dispertab C-MOX tab COAX-DX tab COMBO-AD cap COSCLOX

cap DAMOXY drops DAMOXY dry syr DAMOXY tab DAMOXY-GF dispertab DELAMIN cap DELAMIN LB cap DELAMIN tab DICAM cap DICIMOX cap DICIMOX dispertab DICIMOX F-cap DICLOXA-MX cap DICMOXY cap DIMOTIC cap DISCLOXY cap DIXI cap DORMOX cap DYNAMOX cap DYNAMOX dispertab DYNAMOX dry syr DYNAMOX P-tab E-AMOX -500 cap E-AMOX CL DT dispertab EDOMOX cap EDOMOX dispertab EROX cap EROX dispertab EROX dry syr EROX P-tab EROX-L cap ETHICLOX-LB cap EUPHOMOX cap EUPHOMOX P-tab FINEMOX cap FINEMOX dispertab FINEMOX dry syr FINEMOX P-dispertab FLANZEN-MX tab FLEMIKLOX-DX cap FLEMOXIN cap FLEMOXIN syr FYDOMOX tab GENMOX cap GENMOX dispertab GENMOX dry syr GLAMOXIN cap GLAMOXIN dry syr GLYMOX cap GUTENMOX cap GUTENMOX dispertab HIPEN cap HIPEN dispertab HIPEN P-tab HIPEN vial HYCIMOX cap HYCIMOX P-tab IDIMOX cap IDIMOX syr IMOX cap IMOX dispertab IMPROMOX cap IMPROMOX dispertab IMPROMOX P-tab INLOXY-LB cap INMOX cap INMOX dispertab INMOX dry syr INMOX P-dispertab INTAMOX-D cap INTAMOX-D tab JETMOX dispertab JETMOX dry syr JINCLOX cap KEMOX cap KEMOX PLUS cap LABMOX cap LABMOX tab LACTOMOX cap LACTOMOX dispertab LAKMOX cap LAKMOX

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cap PRESSMOX cap PRESSMOX KID-tab PRESSMOX tab PROCILLIN cap PULMOXYL cap PULMOXYL dispertab PULMOXYL dry syr PULMOXYL KID-tab PULMOXYL-AX tab PUREMOX dispertab PUREMOX tab RADIMOX cap RADIMOX dispertab RADIMOX dry syr RADIMOX P-dispertab RANOXYL cap RANOXYL susp RASCLOX cap RASMOX cap RASMOX dispertab RASMOX dry syr RICOMOX cap RICOMOX PLUS cap RIZCLOX-D cap RIZMOX cap R-MOX cap R-MOX KID-tab ROMEXYL dispertab ROMEXYL tab RONEMOX cap RONEMOX dry syr SATCLOX cap SATMOX dispertab SATMOX SYR dry syr SATMOX tab SINMOX cap SINMOX dry syr SIOMOX cap SLOX-S cap STARCLOX cap SUNIMOX dispertab SUNIMOX KID-tab SWIMOX cap SWIMOX dispertab SWIMOX dry syr SWIMOX RM-syr SWIMOX-LB cap SYMCLOX cap SYMOXYL syr SYMOXYL-LB cap SYMOXYL-LB dispertab SYMOXYL-LB KID-tab TAURMOX cap TAURMOX dispertab TAURMOX dry syr TAURMOX KID-tab THREOMOX cap THREOMOX dry syr TIMOX PLUS cap TORMOXIN cap TORMOXIN dispertab TRAM cap TRAM dispertab TRESMOX-LB D cap TRIMOX cap TRIMOX drops TRIMOX KID-tab TRIMOX syr TWICYL cap TWICYL dispertab TWICYL tab ULTIMOX KID-tab ULTIMOX tab VALUCLOX cap VARMOX cap VARMOX-DT cap VARMOX-DT

tab VENMOXYN 250LB tab VENMOXYN 500LB tab VENMOXYN dispertab VISTACLOX cap WARCILIN cap WARCILIN dispertab WARCILIN dry syr WARCILIN KID-tab WIDESPAN cap WIDESPAN dispertab WYMOX cap WYMOX dry syr WYMOX P-tab XOC-500 cap XOX-D tab XYDIF cap XYTID cap XYTID dispertab XYTID P-tab ZAMOXY cap ZAMOXY dispertab ZAMOXY-D cap ZOMOX cap ZOMOX dry syr ZOMOX tab ZONEMOX cap ZOVAX syr ZOVAX tab ZOVAX-LB cap

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([all drugs])

amoxicillin + bromhexine

CIMS Class : (Penicillins)

amoxicillin + bromhexine

P - Caution when used during pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related amoxicillin + bromhexine information

Indication & Dosage

Oral

Upper and lower respiratory tract infections

Adult: Each capsule contains amoxicillin 250 mg and bromhexine 8 mg: 1-2 capsules 8 hrly.
Child: 40mg/kg/day given in 3 divided doses.

Contraindications

Penicillin allergy, lactation.

Special Precautions

Pregnancy, renal and hepatic disease and history of peptic ulcer . Infectious mononucleosis.

Adverse Drug Reactions

Headache, nausea, dizziness, vomiting, diarrhoea, black hairy tongue, maculopapular rash, urticaria, eosinophilia, hemolytic anemia, thrombocytopenia.
Potentially Fatal: Anaphylaxis, pseudomembranous colitis, acute cytoloytic hepatitis and Stevens-Johnson syndrome.

Drug Interactions

Live oral typhoid vaccine should not be given 3 days before or 3 days after amoxicillin admin as immune response may be attenuated. Amoxicillin increases the anticoagulant response of coumarins. Amoxicillin may reduce OC pill absorption leading to breakthrough bleeding or pregnancy. Amoxicillin reduces the renal clearance of methotrexate and pemetrexate. Amoxicillin level significantly reduced when given with or 2 hr after acacia admin. Bromhexine enhances the penetration of amoxicillin into bronchial secretions.

Food Interaction

Tannins in catha reduced amoxicillin absorption if amoxicillin is admin <2 hr after chewing catha.

Lab Interference

Possible interference with urinary glucose tests using cupric sulfate. May increase degradation of aminoglycosides in vitro. Increase in ALT and AST.

Mechanism of Action

Amoxicillin inhibits the final transpeptidation of peptidoglycan synthesis in bacterial cell walls. Hence, cell wall synthesis is inhibited and results in bacterial lysis. Bromhexine is a mucolytic. It thins and liquifies the mucus and helps increased penetration of the antibiotic. The less viscous mucus is easily removed by ciliary movement and expectoration.

Absorption: Amoxicillin: Rapidly and almost completely absorbed from the GI tract; peak plasma concentration (oral): 1-2 hr. Bromhexine: Bioavailability: 20% (oral); peak plasma concentration: 1 hr.

Distribution: Amoxicillin: Protein binding: 17-20 %; Widely distributed to body fluid and bone, CSF (small concentrations except when meninges are inflamed). Bromhexine: Highly protein-bound; Widely distributed.

Metabolism: Amoxicillin: Partially metabolised to penicilloic acid. Bromhexine: Extensively hepatically metabolized to ambroxol.

Excretion: Amoxicillin: Via urine: 60% as unchanged drug. Elimination half-life: Adults: 0.7-1.4hr, CrCl:<10 ml/min: 7-21 hr; infants & children: 1-2 hr.Bromhexine: Via urine: As mainly metabolites; elimination half-life (terminal): 13-40 hr.

CIMS Class

Penicillins

ATC Classification

J01CA04 - amoxicillin; Belongs to the class of penicillins with extended spectrum. Used in the treatment of systemic infections.
R05CB02 - bromhexine; Belongs to the class of mucolytics. Used in the treatment of wet cough.

*amoxicillin + bromhexine information:
Note that there are some more drugs interacting with amoxicillin + bromhexine
amoxicillin + bromhexine
amoxicillin + bromhexine brands available in India
Always prescribe with Generic Name : amoxicillin + bromhexine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : AEROMOX cap AMEXINE cap BROMOLIN cap BROMOLIN dispertab BROMOLIN dry syr BROMOLIN RU-syr EDOMOX-B cap HEXIMOX cap HIMOX-B tab LAMOXY BX cap MONAMOX-250 BR cap MONAMOX-BR cap MONAMOX-BR SYP dry syr MOXBRO cap MOXBRO dispertab MOXBRO KID-

tab MOXBRO syr MOXIND BR cap MYCOCIN cap MYCOCIN dry syr OTYMOX tab OXYBRO tab PD-MOX 250/500 PLUS cap RESPIMOX cap RESPIMOX dry syr RTMOX cap RTMOX KID-tab SYMOXYL-BR cap SYMOXYL-BR susp TRIMOX-BX cap

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([all drugs])

amoxicillin + carbocisteine

CIMS Class : (Penicillins)

amoxicillin + carbocisteine

P - Contraindicated in pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related amoxicillin + carbocisteine information

Indication & Dosage

Oral

Respiratory tract infections associated with excessive and/or viscous mucus

Adult: Each capsule contains amoxicillin 250/500 mg and carbocisteine 150 mg: 1 or 2 cap tid.

Contraindications

Allergy to penicillins, pregnancy.

Special Precautions

History of peptic ulcer, severe renal impairment. Infectious mononucleosis and lactation.

Adverse Drug Reactions

Headache, nausea, dizziness, vomiting, diarrhoea, GI discomfort/ bleeding, black hairy tongue, maculopapular rash, urticaria, eosinophilia, hemolytic anemia, thrombocytopenia.
Potentially Fatal: Anaphylaxis, pseudomembranous colitis, acute cytoloytic hepatitis and Stevens-Johnson syndrome.

Drug Interactions

Live oral typhoid vaccine should not be given 3 days before or 3 days after amoxicillin admin as immune response may be attenuated. Amoxicillin increases the anticoagulant response of coumarins. Amoxicillin may reduce OC pill absorption leading to

breakthrough bleeding or pregnancy. Amoxicillin reduces the renal clearance of methotrexate and pemetrexate. Amoxicillin level significantly reduced when given with or 2 hr after acacia admin.

Food Interaction

Tannins in catha reduced amoxicillin absorption if amoxicillin is admin <2 hr after chewing catha.

Lab Interference

Possible interference with urinary glucose tests using cupric sulfate. May increase degradation of aminoglycosides in vitro. Increase in ALT and AST.

Mechanism of Action

Amoxicillin inhibits the final transpeptidation of peptidoglycan synthesis in bacterial cell walls. Hence, cell wall synthesis is inhibited and results in bacterial lysis. Carbocisteine is a mucolytic. It penetrates into lung tissue and respiratory mucus. Reduces viscosity of bronchial secretions and allows greater penetration of antibacterial drug. Expectoration of the mucus is facilitated.

Absorption: Amoxicillin: Rapidly and almost completely absorbed from the GI tract; peak plasma concentration (oral): 1-2 hr. Carbocisteine: Rapidly and well absorbed from GI tract; peak plasma concentration (oral): 2 hr.

Distribution: Amoxicillin: Protein binding: 17-20 %; Widely distributed to body fluid and bone, CSF (small concentrations except when meninges are inflamed). Carbocisteine: Lungs.

Metabolism: Amoxicillin: Partially metabolised to penicilloic acid. Carbocisteine: Metabolised via acetylation, decarboxylation and sulfoxidation.

Excretion: Amoxicillin: Via urine: 60% as unchanged drug. Elimination half-life: Adults: 0.7-1.4hr, CrCl<10 ml/min: 7-21 hr; infants & children: 1-2 hr. Carbocisteine: Via urine: Unchanged and as metabolites.

CIMS Class

Penicillins

ATC Classification

J01CA04 - amoxicillin; Belongs to the class of penicillins with extended spectrum. Used in the treatment of systemic infections.

R05CB03 - carbocisteine; Belongs to the class of mucolytics. Used in the treatment of wet cough.

*amoxicillin + carbocisteine information:

Note that there are some more drugs interacting with amoxicillin + carbocisteine

amoxicillin + carbocisteine

amoxicillin + carbocisteine brands available in India

Always prescribe with Generic Name : amoxicillin + carbocisteine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CARBOMOX cap CARBOMOX dispertab CARLYMOX cap CARMOX cap CIDORESP cap CISMOX cap CISMOX KID-tab CYSTAMOX cap MOXYCARB cap MOXYCARB dispertab MUCOBRON cap MUCONAL cap MUCONAL-250 cap

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([all drugs])

amoxicillin + clavulanic acid

CIMS Class : (Penicillins)

amoxicillin + clavulanic acid

Food ¤ - Food interaction

related amoxicillin + clavulanic acid information

Indication & Dosage

Oral

Susceptible infections

Adult: Based on amoxicillin dose, 250-500 mg every 8 hr or 500-750 mg every 12 hr.

Child: Based on amoxicillin dose: 125-250 mg every 8 hr. Children weighing <40 kg: 20-40 mg/kg/day in divided doses every 8 hr. Infants <3 mth: up to 30 mg/kg/day in divided doses every 12 hr.

Oral

Upper and lower respiratory tract infections

Adult: Based on amoxicillin dose, 250-500 mg every 8 hr or 500-750 mg every 12 hr.

Child: Based on amoxicillin dose: 125-250 mg every 8 hr. Children weighing <40 kg: 20-40 mg/kg/day in divided doses every 8 hr. Infants <3 mth: up to 30 mg/kg/day in divided doses every 12 hr.

Oral

Otitis media

Adult: Based on amoxicillin dose, 250-500 mg every 8 hr or 500-750 mg every 12 hr.

Child: Based on amoxicillin dose: 125-250 mg every 8 hr. Children weighing <40 kg: 20-40 mg/kg/day in divided doses every 8 hr. Infants <3 mth: up to 30 mg/kg/day in divided doses every 12 hr.

Oral

Sinusitis

Adult: Based on amoxicillin dose, 250-500 mg every 8 hr or 500-750 mg every 12 hr.

Child: Based on amoxicillin dose: 125-250 mg every 8 hr. Children weighing <40 kg: 20-40 mg/kg/day in divided doses every 8 hr. Infants <3 mth: up to 30 mg/kg/day in divided doses every 12 hr.

Oral

Skin and soft tissue infections

Adult: Based on amoxicillin dose, 250-500 mg every 8 hr or 500-750 mg every 12 hr.

Child: Based on amoxicillin dose: 125-250 mg every 8 hr. Children weighing <40 kg: 20-40 mg/kg/day in divided doses every 8 hr. Infants <3 mth: up to 30 mg/kg/day in divided doses every 12 hr.

Oral

Dental abscesses

Adult: Based on amoxicillin dose: 3 g as a single dose, followed by another dose 8 hr later.

Oral

Acute uncomplicated urinary tract infections

Adult: Based on amoxicillin dose: 3 g as a single dose, followed by another dose 10-12 hr later.

Oral

Severe or recurrent respiratory tract infections

Adult: Based on amoxicillin dose: 3 g bid.

Oral

Uncomplicated gonorrhoea

Adult: Based on amoxicillin dose: 3 g as a single dose with 1 g of oral probenecid.

Oral

Prophylaxis of endocarditis

Adult: Based on amoxicillin dose: 2 or 3 g as a single dose. To be taken 1 hr before the dental procedure.

Oral

H.pylori infection

Adult: Based on amoxicillin dose: 0.75-1 g bid or 500 mg tid. To be taken with metronidazole or claithromycin and a PPI or ranitidine bismuth citrate.

Parenteral

Susceptible infections

Adult: Based on amoxicillin dose: 500 mg every 8 hr. In severe infections, may increase to 1 g every 6 hr. Can be given via IM inj or slow IV inj over 3-4 minutes or IV infusion over 30-60 minutes.

Child: <10 yr: 50-100 mg/kg/day in divided doses.

Reconstitution: Powder for oral suspension: Reconstitute with appropriate amount of water as specified on the bottle. Shake vigorously until suspended.

Contraindications

Penicillin allergy.

Special Precautions

History of allergy especially to cephalosporins, infectious mononucleosis, severe renal impairment.

Adverse Drug Reactions

Nausea, vomiting, diarrhoea, indigestion, rash and urticaria, candida superinfection.
Potentially Fatal: Anaphylactic reaction with CV collapse esp with parenteral use.

Drug Interactions

Allopurinol may reduce renal tubular secretion of amoxicillin thus increasing the serum levels of amoxicillin. Concurrent use may reduce the efficacy of oral contraceptives.

Food Interaction

None on absorption. But incidence and severity of GI effects may be reduced.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store below 25°C. Parenteral: Store below 25°C.

Mechanism of Action

Clavulanic acid has a high affinity for and binds to certain ß-lactamases that generally inactivate amoxicillin by hydrolyzing its ß-lactam ring. Combining clavulanate potassium with amoxicillin extends the antibacterial spectrum of amoxicillin to include many bacteria normally resistant to amoxicillin and other penicillins and cephalosporins.

Distribution: Protein binding: About 25% (Clavulanic acid); about 18% (Amoxicillin). Amoxicillin distributes readily into most body tissues and fluids except the brain and spinal fluid.

Excretion: Half-life after oral admin: 1.3 hr (Amoxicillin); 1 hr (Clavulanic acid). About 50-70% of amoxicillin and 25-40% of clavulanic acid are excreted unchanged in urine during the 1st 6 hr after admin.

CIMS Class

Penicillins

ATC Classification

J01CA04 - amoxicillin; Belongs to the class of penicillins with extended spectrum. Used in the treatment of systemic infections.

*amoxicillin + clavulanic acid information:

Note that there are some more drugs interacting with amoxicillin + clavulanic acid

amoxicillin + clavulanic acid

amoxicillin + clavulanic acid brands available in India

Always prescribe with Generic Name : amoxicillin + clavulanic acid, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AC-2 dry syr AC-2 tab ACECLAVE inj ACECLAVE tab A-CLAS dry syr ACLAV dry syr ACLAV tab ACTICLAV dry syr ACTICLAV tab ADCLAV dry syr ADCLAV vial ADPAX tab ADPAX vial ADVENT drops ADVENT dry syr ADVENT tab ADVENT vial AFYMOX-CLAV dry syr AFYMOX-CLAV tab AFYMOX-CLAV vial ALEPAM dispertab ALEPAM dry syr ALEPAM tab ALEPAM vial ALNOS-CV dry syr ALNOS-CV tab AMCLAID tab AMENT tab AMO-C PLUS dry syr AMOCLAVS vial AMOCLAVS-LB syr AMO-NATE tab AMO-NATE vial AMONIT PLUS vial AMOXYTEK tab AMSTAR-CLAV dry syr AMSTAR-CLAV tab AMSTAR-CLAV vial ARCLAV KID-tab ARCLAV susp ARCLAV tab ARICLAV dry syr ARICLAV tab ARICLAV vial ATMOX-CL dry syr ATMOX-CL tab AUGCLAV tab AUGMENTIN dry syr AUGMENTIN DUO syr AUGMENTIN

DUO tab AUGMENTIN TAB tab AUGMENTIN vial AUGMEXX vial AUGNIC dispertab AUGNIC INJ vial AUGNIC susp AUGNIC tab AUGPEN SUSP DS-susp AUGPEN SUSP HS-susp AUGPEN tab AUGPEN vial AUGPEN-HS susp AUGPEN-LB 375 tab AUGPEN-LB 625 tab AUGPEN-LB tab AULANIC tab AVCLAV inj AVCLAV tab BACTOCLAV dry syr BACTOCLAV tab BACTOCLAV-625 film-coated tab BENZOCLAV drops BENZOCLAV DRY SYR dry syr BENZOCLAV tab BESTOMAX 375 tab BESTOMAX dispertab BESTOMAX dry syr BESTOMAX inj BESTOMAX sachet BESTOMAX tab BETHACLOX-CV tab BETMOX-CV dry syr BILACT-CV tab BILCLAV dispertab BILCLAV dry syr BILCLAV INJ vial BILCLAV tab BILCLAV-DUO susp BILIN PLUS dry syr BLUMOX-CA 375 film-coated tab BLUMOX-CA 625 film-coated tab BLUMOX-CA dry syr BODIMOX-CV dry syr BODIMOX-CV film-coated tab BOOSTIM inj BOOSTIM-BD susp BOOSTIM-LB 1000 film-coated tab BOOSTIM-LB 375 film-coated tab BOOSTIM-LB 625 film-coated tab C MOX dry syr C MOX tab CADMENTIN dry syr CADMENTIN tab CADMENTIN vial CALOXYY-CV tab CANETAX-CV INJ vial CANETAX-CV susp CANETAX-CV tab CANMOX tab CANMOX-CL dry syr CANMOX-CL vial CAPICLAV tab CGV-DS dry syr CINCLAV syr CINCLAV tab CLAFEL tab CLAFEL vial CLAFEL-D syr CLAMCHEK DS

susp CLAMCHEK DT dispertab CLAMCHEK tab CLAMCHEK-BD syr CLAMOX BID syr CLAMOX tab CLAMOX vial CLAMOXY 1200 INJ vial CLAMOXY 300 INJ vial CLAMOXY A DRY SYRUP dry syr CLAMOXY A DRY SYRUP tab CLAMP dry syr CLAMP inj CLAMP KID FORTE dry syr CLAMP KID FORTE tab CLAMP KID tab CLAMP tab CLANEX dry syr CLANEX tab CLANIC syr CLANOXY film-coated tab CLANOXY syr CLANOXY vial CLAPEX dispertab CLATIMOX SYR dry syr CLATIMOX SYR inj CLATIMOX SYR Kid-inj CLATIMOX tab CLAUVMENTIN tab CLAUVMENTIN vial CLAVACTUM dispertab CLAVACTUM dry syr CLAVACTUM tab CLAVACTUM vial CLAVAGE inj CLAVAGE susp CLAVAGE TAB tab CLAVAM BID-dry syr CLAVAM dispertab CLAVAM dry syr CLAVAM tab CLAVAM vial CLAVBEL dry syr CLAVBEL tab CLAVBEL vial CLAVER dry syr CLAVER KID-tab CLAVER tab CLAVID-A 625 tab CLAVID-A dry syr CLAVID-A tab CLAV-II tab CLAV-II-DUO dry syr CLAVIMOX cap CLAVIMOX dry syr CLAVIPEN dry syr CLAVIPEN tab CLAVIPEN vial CLAVITRAX INJ inj CLAVITRAX SYR dry syr CLAVITRAX tab CLAVNIC dry syr CLAVNIC tab CLAVNIC vial CLAVOGARD dry syr CLAVOGARD inj CLAVOGARD tab CLAVOGARD-KID tab CLAVOTROL BD tab CLAVOTROL dry syr CLAVOTROL tab CLAVOX tab CLAVOX vial CLAVTER-LB 375 tab CLAVTER-

LB 625 tab CLAVTER-LB dry syr CLAVTER-LB FORTE syr CLAVU-M tab CLAVUNATE syr CLAVUNATE tab CLEBLO-CL dry syr CLEBLO-CL TAB tab CLIVER-A liqd C-MOXY 375 tab C-MOXY SYR dry syr C-MOXY tab COAX INJ vial COAX SYP dry syr COAX tab COBEX-CL dry syr COBEX-CL tab COMENTIN tab COSMOXYL susp COSMOXYL tab COSMOXYL vial CO-SYMOXYL tab CUCLAV vial CURAM susp CURAM tab DEMOXIN-CB tab DEWMOX-CV dispertab DEWMOX-CV dry syr DEWMOX-CV tab DEWMOX-CV vial DUCLAV inj E-AMOX CL tab E-AMOX CL-375 tab ELCLAV dry syr ELCLAV tab ELCLAV vial EMCLAV dispertab EMCLAV dry syr EMCLAV film-coated tab ENHANCIN DPS drops ENHANCIN DSsusp ENHANCIN tab ENHANCIN vial ENHANCIN-BD dispertab ENHANCIN-BD susp ENHANCIN-BD tab ESCLOX-CL tab ETOCLAV inj ETOCLAV tab EVERCLAV dry syr EVERCLAV inj EVERCLAV tab EXARIO SYR dry syr EXARIO tab EXCLAV dry syr EXCLAV tab EXCLAV vial FIGHTOX DRY SYR dry syr FIGHTOX INJ vial FIGHTOX KID dispertab FIGHTOX TAB tab FLAMCLOV dispertab FLAMCLOV dry syr FLAMCLOV tab FLAMCLOV vial FLEMICLAV FORTE dry syr FLEMICLAV tab FLEMICLAV vial FLEMICLAV-LB dry syr FLEMICLAV-LB KID-dispertab FLEMICLAV-LB tab FORTICLAV dry syr FORTICLAV film-coated tab FORTICLAV vial GECLAVE tab GLOMOX C vial GLYPH-C syr GLYPH-C

tab GOCLAV vial GRAMCLAV tab GRAMCLAV vial GSCLAV tab GSCLAV-DS susp HIBRID 375 tab HIBRID 625 tab HIBRID DRY SYRUP dry syr HIBRID KID tab HOSICLAV inj HOSICLAV tab I.V. AUGCLAV vial INDCEL 375 susp INDCLAV 1000 tab INDCLAV 375 tab INDCLAV 625 tab INDCLAV INJ inj INMOX CLAV 375 tab INMOX CLAV dispertab INMOX CLAV dry syr INMOX CLAV tab INMOX CLAV vial JOYCLAV dispertab JOYCLAV susp JOYCLAV tab JOYCLAV vial KALMOX tab KINDCLAV inj KISTAN PLUS SYR dry syr KISTAN SYR dry syr KISTAN tab KLAMORIC dry syr KLAMORIC tab KLAVOCLAV inj KRUSADE dry syr LABZONE tab LACICLAV dispertab LACICLAV dry syr LACOM-CV 625 tab LACOM-CV tab LACOM-CV vial LACTOCLAAV dry syr LACTOCLAAV tab LACTOCLAV TAB DS-susp LACTOCLAV TAB tab LACTOCLAV vial LAKMOX-CL dry syr LAKMOX-CL tab LAKMOX-CL vial LAMNA-C inj LAMNA-C tab LAXCLAV dispertab LAXCLAV-LB susp LEBZONE dry syr LEBZONE vial LECLAV dry syr LECLAV tab LEMNA-C syr LMX FORTE 375 tab LMX FORTE 625 tab MAXCLAV dry syr MAXCLAV tab MAXIMIZIN dry syr MAXIMIZIN FC-tab M-CLAV syr M-CLAV tab MEDICLAV tab MEDICLAV vial MEGACLAV D-syr MEGACLAV tab MEGA-CV dispertab MEGA-CV drops MEGA-CV dry syr MEGA-CV DUO film-coated tab MEGA-CV film-coated tab MEGA-CV FORTE

dispertab MEGA-CV FORTE dry syr MEGA-CV INJ vial MEGAMENTIN dry syr MEGAMENTIN INJ inj MEGAMENTIN tab MEGOX vial MIKCLAV syr MINOCLAV dispertab MINOCLAV dry syr MINOCLAV tab MINTCLAV dry syr MINTCLAV tab M-KLAV dry syr M-KLAV inj M-KLAV tab MONAMOX-CL dry syr MORDICA 1.2 IV vial MORDICA 375 film-coated tab MORDICA 625 film-coated tab MORDICA DRY SYRUP susp MOXCLAV dispertab MOXCLAV film-coated tab MOXCLAV inj MOXCLAV KID-tab MOXCLAV syr MOXCLAV tab MOXCLAV vial MOXCLAV-BD dispertab MOXCLAV-BD dry syr MOXCLAV-BD film-coated tab MOXIFAST-CV inj MOXIFAST-CV syr MOXIGEM tab MOXIKARE syr MOXIKARE tab MOXIKIND CV 300 vial MOXIKIND-CV 375 film-coated tab MOXIKIND-CV DRY SYRUP dry syr MOXIKIND-CV film-coated tab MOXIKIND-CV KID dispertab MOXIKIND-CV vial MOXINOVA CV inj MOXINOVA CV syr MOXINOVA CV tab MOXIPHAR-CV tab MOXIPLUS-CV tab MOXIZ CV dry syr MOXIZ CV tab MOXIZ CV vial MOXNIC susp MOXNIC tab MOXNIC vial MOXNIC-CL tab MOXNIC-DUO susp MOXSAV dry syr MOXSAV tab MOXSPEN-CL dry syr MOXSPEN-CL film-coated tab MOXSPEN-CL susp MOXSPEN-CL vial MOXTIVE-CLAV tab MOXTIVE-CLAV vial MOXXIL-DUO dry syr MOXXIL-DUO INJ vial MOXXIL-DUO P-tab MOXXIL-DUO tab MOXY PLUS-CV dry syr MOXY PLUS-CV tab MOXY PLUS-CV

vial MOXYCARE dry syr MOXYCARE tab MOXYCLAV tab MOXYNIC IM/IVvial MPOX-CV 375 film-coated tab MPOX-CV 625 film-coated tab MPOX-CV KT dispertab MPOX-CV SYR dry syr MPOX-CV vial MUCOCLAV dry syr MYCLAV tab NAYACLAV dry syr NAYACLAV tab NECLAV vial NETCLAV dry syr NEUCOMOX vial NIKOMOX-CV tab NISMENTIN SYP dry syr NISMENTIN vial NISMENTIN-625 tab NIZOCLAV tab NOIR inj NOIR-625 tab NOVACLAV 375 tab NOVACLAV 625 tab NOVACLAV DRY SYRUP dry syr NOVACLAV INJ vial NOVAMOX-CV dry syr NOVAMOX-CV tab NUCLAV DUO dry syr NUCLAV DUO film-coated tab NUCLAV DUO vial NUCLAV tab OCLAM dry syr OCLAM tab OGMEN dry syr OGMEN tab O-MOXY-CL dry syr O-MOXY-CL tab ONAMOX-CL 375 dry syr ONAMOX-CL 375 tab ONAMOX-CL 625 tab ONE CLAV 375 tab ONE CLAV 625 tab ONE CLAV DRY dry syr ORGAMOX-CL B.D. syr ORGAMOX-CL tab OSCLAV dry syr OSCLAV inj OSCLAV TAB tab PENHANCE dispertab PENHANCE INJ inj PENHANCE SYR syr PENHANCE tab PREMENTIN vial PROCLAV 1.2GM inj PURECLAV dry syr PURECLAV tab RADIMOX-CV dry syr RADIMOX-CV film-coated tab RADIMOX-CV vial RASMOX-CL dry syr RASMOX-CL vial R-CLAV dry syr R-CLAV tab RECLAV dry syr RECLAV inj RECLAV tab SANCLAV vial SATCLAV 625 film-coated tab SATCLAV SYR dry syr SATCLAV tab SATCLAV

vial SLOX susp SOZICLAV tab SP-CLAV dispertab SP-CLAV inj SP-CLAV sachet SP-CLAV TAB tab SUPERMOX BID dry syr SWEMOX-CL dry syr SWEMOX-CL tab SWEMOX-CL vial SYMBIOTIK-XL film-coated tab SYMBIOTIK-XL IV inj SYMBIOTIK-XL susp SYNORIDE-625 TAB tab SYSTACLAV inj TOPCLAV dry syr TOPCLAV tab TRUCLAVE vial TWOSUM tab ULTRACLAV inj ULTRACLAV tab UNICLAV 625 tab UNICLAV DT tab UNICLAV SYP syr UNICLAV vial UNICLAVE inj VARMOX-CL dry syr VARMOX-CL tab VERCLAV dry syr VERCLAV vial VERCLAV-375 tab VERCLAV-625 tab VULOX syr WARCLAV DUO dry syr WARCLAV DUO tab WARCLAV tab WIDECLAV inj WIDECLAV syr WIDECLAV tab XOCLAVE dispertab XOCLAVE SYR dry syr XOCLAVE tab XYCLAV dry syr XYCLAV inj XYCLAV tab XYCLAV-KID dispertab ZEMOX CL vial ZOMOX-CL dry syr ZOMOX-CL tab ZOXIL-CV INJ vial ZOXIL-CV SUSP susp ZOXIL-CV tab ZYCLAV dry syr ZYCLAV tab ZYCLAV vial ZYLOPRIM 625 tab ZYLOPRIM dry syr ZYLOPRIM DT tab

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([all drugs])

amoxicillin + cloxacillin

CIMS Class : (Penicillins)

amoxicillin + cloxacillin

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related amoxicillin + cloxacillin information

Indication & Dosage

Oral

Susceptible infections

Adult: Per capsule contains amoxicillin 250 mg and cloxacillin 250 mg: 2-4 caps tid.

Parenteral

Susceptible infections

Adult: Per vial contains amoxicillin 250 mg and cloxacillin 250 mg: 1-2 vials every 6-8 hr. Dose may be given via IM/IV.

Child: Per vial contains amoxicillin 250 mg and cloxacillin 250 mg: 1 mth-2 yr: 0.25-0.5 vial every 6-8 hr; 2-10 yr: 0.5-1 vial every 6-8 hr. Dose may be given via IM/IV.

Contraindications

Hypersensitivity to penicillins.

Special Precautions

Allergy to cephalosporins, infectious mononucleosis, neonates with jaundice, H/o convulsions, lactation.

Adverse Drug Reactions

GI upsets, rash, urticaria, neutropenia, neurotoxicity, agranulocytosis (rarely), increased incidence of phlebitis with IV use.
Potentially Fatal: Rarely anaphylactic shock; pseudomembranous colitis.

Drug Interactions

Failure of OC may occur, loss of potency of cloxacillin in soln. reported with erythromycin, gentamicin, kanamycin, colistin, oxytetracycline, chlorpromazine, Vit.C, & polymyxin B sulphate. Products containing cloxacillin should not be added to IV lipids, blood products, protein hydrolysates or other proteinaceous fluids. Chloramphenicol & tetracycline antagonise bactericidal effect of penicillins. Probenecid prolongs serum drug

concentration; Sulfonamides & aspirin inhibit serum protein binding of cloxacillin, thereby increasing serum-free drug levels.
Potentially Fatal: None reported.

Food Interaction

Food may delay cloxacillin absorption.

Lab Interference

Interferes with urinary test for Bence-Jones protein. Cloxacillin also interferes with urinary 17-oxosteroids measurements.

Mechanism of Action

Amoxicillin is bactericidal against non ß-lactamase producing gm+ve organisms and selected gm-ve pathogens. Cloxacillin is a ß-lactamase resistant penicillin active against gm+ve organisms including ß-lactamase (penicillinase) producing strains of Staphylococci. It is highly active against Staph aureus, Strep pyogenes, Strep viridans and Strep pneumoniae. Also effective against penicillinase producing gonococci and against N meningitidis and H influenzae.

CIMS Class

Penicillins

ATC Classification

J01CA04 - amoxicillin; Belongs to the class of penicillins with extended spectrum. Used in the treatment of systemic infections.
J01CF02 - cloxacillin; Belongs to the class of beta-lactamase resistant penicillins. Used in the treatment of systemic infections.

*amoxicillin + cloxacillin information:
Note that there are some more drugs interacting with amoxicillin + cloxacillin
amoxicillin + cloxacillin
amoxicillin + cloxacillin brands available in India
Always prescribe with Generic Name : amoxicillin + cloxacillin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ABCLOX cap AFYMOX-CL DS-tab AFYMOX-CL tab ALCLOX cap AMCLO cap AMCLOXIN cap AMCLOX-LB

cap AMCLOX-LB P-tab AMCLOX-LBS cap AMOLAC PLUS cap AMOLAC PLUS DT tab AMPHY cap AMPHY-KID KID-tab AMPIFORT cap AMYCLOX cap AMYCLOX-LB cap AXCEL-L cap AXCEL-LS cap BACIMOX cap BCLOMOX cap BETACLOX cap BICIDAL PLUS cap BICIL-P SYR dry syr BILIN-CS cap BIPLOX-SL cap BLUCLOX-XL vial BLUMOX-XL cap BLUMOX-XL KID-tab BROADCURE inj CADMOXIN-CS tab CAPILAC cap CAPILAC XP cap C-CLOX cap CLIMOX cap CLODAX-L cap CLODAX-L dispertab CLOXAM PLUS cap CLUSTER-500 cap COBACTA-S cap CYNOX cap DAZE-MX cap DUALCILLIN cap DUPEN PED tab DYNACLOX cap DYNACLOX P-tab EDOMOX-C cap EDOMOX-C dispertab EUDASE-MX cap FAMCLOX cap FLEMIKLOX-LBX cap FLEMIKLOX-LBX P-tab GENICLOX tab GLYMOX DRY SYR dry syr GLYMOX-PLUS CAP cap GLYMOX-PLUS inj HIMOX PLUS tab HIMOX-LS cap HIPENOX cap HIPENOX inj HIPENOX LB cap IMOX-CLO cap IMOX-CLO dispertab INLOXY cap INLOXY-LB KID dispertab INLOXY-SLB tab KLOMOX inj LACLOMOX cap LACOM cap LC-MOX cap LEEMOXIN-CS tab MAGCLOX-LB cap MEGAMOX cap MEGAMOX dispertab MIKILAC KIDTAB tab MIKILAC PLUS tab MOCLOX cap MOCLOX-DT dispertab MOKCAN-C cap MOKCAN-C LB cap MOXICLOX INJ inj MOXLOX cap MOXLOX-L cap MOXTID-CS tab MOXYPLUS-SL

cap MYTIMOX cap MYTIMOX inj NATACLOX cap NATACLOX P-tab NODIMOX PLUS cap NODIMOX PLUS tab NODIMOX PLUS-LB cap NOVACLOX-LB cap NUCLOX cap NUMOX cap NUMOX inj NUMOX P-tab NUMOX-LB cap OLECLOX cap OSOCLOX inj OXYLAC cap P-MOX cap P-MOX dry syr P-MOX PLUS cap P-MOX P-tab PULMOCLOX-DT dispertab R-CLOX P-tab R-CLOX tab REDCLOX cap REDCLOX tab REDCLOX-LB cap RUCLOX-LB cap SATCLOX-S cap SERACLOX cap SICLOMOX-S cap SIOMOX-C cap STAMOX cap STAPH-AC cap STAPHYMOX cap STAPHYMOX P-tab STAPHYMOX-LB cap SUPRIBACT LB cap SUPRICLOX cap SUPRIMOX cap SUPRIMOX inj SUPRIMOX P-tab SUPRIMOX-P cap SYMBIOTIK cap SYMBIOTIK INJ vial SYMBIOTIK-P tab SYNERTIC cap TORMOXIN PLUS cap TRESMOX cap TRESMOX P-tab TRESMOX-LB cap TRESMOX-LB P-tab TWICICLOX cap TWICICLOX dispertab VEMOXINE-S cap WARCLOX cap Z PLUS cap Z PLUS dispertab Z PLUS L cap ZECLOX-L cap ZONEMOX-CLS cap ZYNACLOX SD cap

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([all drugs])

amphotericin b

CIMS Class : (Antifungals)

amphotericin b

P - Caution when used during pregnancy

L - Contraindicated in lactation

related amphotericin b information

Indication & Dosage

Oral

Oral candidiasis

Adult: Using conventional amphotericin B: 1 ml of a 100 mg/ml oral suspension 4 times daily retained in the mouth for a few minutes before swallowing or 10 mg loz dissolved in the mouth 4 times daily, increased to 8 loz daily if necessary or 100-200 mg tab/suspension 4 times daily. Continue for 48 hr after lesions have cleared.

Intravenous

Severe systemic fungal infections

Adult: Using conventional amphotericin B: If needed, test dose of 1 mg infused over 20-30 minutes. Initial dose: 250 mcg/kg daily, increased gradually to a max of 1 mg/kg/day. For seriously ill patients, up to 1.5 mg/kg may be given daily or on alternate days may be needed. Daily dose is infused over 2-4 hr at a concentration of 100 mcg/ml in glucose 5%. If treatment is interrupted for more than 7 days, then restart at 250 mcg/kg daily and increase slowly.

Intrathecal

Severe meningitis

Adult: Using conventional amphotericin B: If needed, test dose of 1 mg infused over 20-30 minutes. Initially, 25 mcg increased gradually to the max that can be tolerated without excessive discomfort. Usual dose: 0.25-1 mg 2-4 times a wk.

Intravenous

Aspergillosis, disseminated

Adult: Using conventional amphotericin B: If needed, test dose of 1 mg infused over 20-30 minutes. 0.6-0.7 mg/kg daily for 3-6 mth.

Intravenous

Endocarditis

Adult: Using conventional amphotericin B: If needed, test dose of 1 mg infused over 20-30 minutes. 0.6-1 mg/kg/day for 1 wk, then 0.8 mg/kg/day every other day for 6-8 wk post-operatively.

Irrigation

Candiduria

Adult: Using conventional amphotericin B: 50 mg daily in 1000 ml of sterile water by continuous bladder irrigation for 5-10 days or until cultures are clear.

Reconstitution: For conventional amphotericin B: Reconstitute with sterile water for inj (without preservatives), then further dilute with glucose inj 5% (with a pH>4.2) to a final concentration not

exceeding 0.1 mg/ml for peripheral infusion or 0.25 mg/ml for central infusion.
Incompatibility: Precipitation may occur if added to normal saline or electrolyte solutions.

Overdosage

May result in cardiac arrest.

Contraindications

Hypersensitivity; lactation; do not give to patients receiving antineoplastics.

Special Precautions

Renal and hepatic impairment; pregnancy; monitor renal and liver function changes.

Adverse Drug Reactions

Topical: Local irritation, pruritus and skin rash. IV infusion: Fever, chills, convulsions, malaise; nausea, vomiting, diarrhoea, anorexia;

tinnitus, vertigo, hearing loss; hypotension, hypertension, cardiac arrhythmias; peripheral neuropathy; phloebitis, pain at Inj site, disturbances in renal function and renal toxicity.
Potentially Fatal: Anaphylactic reaction; leucoencephalopathy. Overdosage can result in cardio-respiratory arrest.

Drug Interactions

Increased toxicity with flucytosine. Drug induced renal toxicity enhanced in presence of other nephrotoxic medications. Antagonises effects of azole antifungals.
Potentially Fatal: Potentiates K loss by corticosteroids. Avoid diuretics. Enhances digitalis toxicity and neuromuscular blocker effects.

Pregnancy Category (US FDA)
Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).
Storage

Intrathecal: Store at 2-8°C. Intravenous: Intact vials: Store at 2-8°C. Reconstituted vials: If protected from light, stable for 24 hr at room temperature and 1 wk if refrigerated. Parenteral admixtures: If protected from light, stable for 24 hr at room temperature and 2 days if refrigerated. Irrigation: Store at 2-8°C. Oral: Store at 2-8°C.

Mechanism of Action

Amphotericin B is a polyene antifungal antibiotic which alters cell membrane permeability by binding to ergosterol, thus causing leakage of cell components and subsequent cell death. It is active against Absidia spp, Aspergillus spp, Basidiobolus spp, B. dermatitidis, Candida spp, C. immitis, Conidobolus spp, C. neoformans, H. capsulatum, Mucor spp, P. brasiliensis, Rhizopus spp, Rodotorula spp. and S. schenckii.
Absorption: Little or no absorption from the GI tract (oral).
Distribution: Distributed widely, CSF (small quantities).
Excretion: Via urine (small amounts); not removed by dialysis; 24 hr (elimination half-life); may be increased to 15 days in long-term treatment.

CIMS Class

Antifungals

ATC Classification

A01AB04 - amphotericin B; Belongs to the class of local antiinfective and antiseptic preparations. Used in the treatment of diseases of the mouth.
A07AA07 - amphotericin B; Belongs to the class of antibiotics. Used for the treatment of intestinal infections.
G01AA03 - amphotericin B; Belongs to the class of antibiotics. Used in the treatment of gynecological infections.
J02AA01 - amphotericin B; Belongs to the class of systemic antibiotics. Used in the treatment of mycotic infections.

*amphotericin b information:
amphotericin b further details are available in official CIMS India
amphotericin b
amphotericin b brands available in India
Always prescribe with Generic Name : amphotericin b, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : AMBILIP vial AMBISOME infusion AMFOCAN vial AMFOCARE inj AMFOTEX vial AMPHOLIP infusion AMPHOTIN vial AMPHOTIN-LIP vial AMPHOTRET vial FUNGISOME infusion FUNGIZONE I.V. vial MYCOL vial PHORICIN vial

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([all drugs])

ampicillin

CIMS Class : (Penicillins)

ampicillin

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related ampicillin information

Indication & Dosage

Oral

Otitis media

Adult: 250-500 mg every 6 hr.

Child: 50-100 mg/kg daily, given in equally divided doses every 6 hr. Max: 2-4 g/day.

Renal impairment: Patients undergoing haemodialysis should receive an additional dose after the session.

CrCl (ml/min)

Dosage Recommendation

<10

Dose reduction or increase in dose interval.

Oral

Peritonitis

Adult: 250-500 mg every 6 hr.

Child: 50-100 mg/kg daily, given in equally divided doses every 6 hr. Max: 2-4 g/day.

Renal impairment: Patients undergoing haemodialysis should receive an additional dose after the session.

CrCl (ml/min)

Dosage Recommendation

<10

Dose reduction or increase in dose interval.

Oral

Endocarditis

Adult: 250-500 mg every 6 hr.

Child: 50-100 mg/kg daily, given in equally divided doses every 6 hr. Max: 2-4 g/day.

Renal impairment: Patients undergoing haemodialysis should receive an additional dose after the session.

CrCl (ml/min)

Dosage Recommendation

<10

Dose reduction or increase in dose interval.

Oral

Biliary tract infections

Adult: 250-500 mg every 6 hr.

Child: 50-100 mg/kg daily, given in equally divided doses every 6 hr. Max: 2-4 g/day.

Renal impairment: Patients undergoing haemodialysis should receive an additional dose after the session.

CrCl (ml/min)

Dosage Recommendation

<10

Dose reduction or increase in dose interval.

Oral

Bronchitis

Adult: 250-500 mg every 6 hr.

Child: 50-100 mg/kg daily, given in equally divided doses every 6 hr. Max: 2-4 g/day.

Renal impairment: Patients undergoing haemodialysis should receive an additional dose after the session.

CrCl (ml/min)

Dosage Recommendation

<10

Dose reduction or increase in dose interval.

Oral

Gastroenteritis

Adult: 250-500 mg every 6 hr.

Child: 50-100 mg/kg daily, given in equally divided doses every 6 hr. Max: 2-4 g/day.

Renal impairment: Patients undergoing haemodialysis should receive an additional dose after the session.

CrCl (ml/min)

Dosage Recommendation

<10

Dose reduction or increase in dose interval.

Oral

Listeriosis

Adult: 250-500 mg every 6 hr.

Child: 50-100 mg/kg daily, given in equally divided doses every 6 hr. Max: 2-4 g/day.

Renal impairment: Patients undergoing haemodialysis should receive an additional dose after the session.

CrCl (ml/min)

Dosage Recommendation

<10

Dose reduction or increase in dose interval.

Oral

Perinatal streptococcal infections

Adult: 250-500 mg every 6 hr.

Child: 50-100 mg/kg daily, given in equally divided doses every 6 hr. Max: 2-4 g/day.

Renal impairment: Patients undergoing haemodialysis should receive an additional dose after the session.

CrCl (ml/min)

Dosage Recommendation

<10

Dose reduction or increase in dose interval.

Oral

Susceptible infections

Adult: 250-500 mg every 6 hr.

Child: 50-100 mg/kg daily, given in equally divided doses every 6 hr. Max: 2-4 g/day.

Renal impairment: Patients undergoing haemodialysis should receive an additional dose after the session.

CrCl (ml/min)

Dosage Recommendation

<10

Dose reduction or increase in dose interval.

Oral

Typhoid and paratyphoid fever

Adult: 1-2 g every 6 hr for 2 wk in acute infections and 4-12 wk in carriers.

Renal impairment: Patients undergoing haemodialysis should receive an additional dose after the session.

Oral

Uncomplicated gonorrhoea

Adult: 2 g with 1 g of probenecid as a single dose, recommended to be repeated in female patients.

Renal impairment: Patients undergoing haemodialysis should receive an additional dose after the session.

CrCl (ml/min)

Dosage Recommendation

<10

Dose reduction or increase in dose interval.

Intravenous

Intrapartum prophylaxis against group B Streptoccocal infection in neonates

Adult: Initially, 2 g via inj followed by 1 g every 4 hr until delivery.

Renal impairment: Patients undergoing haemodialysis should receive an additional dose after the session.

CrCl (ml/min)

Dosage Recommendation

<10

Dose reduction or increase in dose interval.

Injection

As supplement in systemic therapy for treatment of susceptible infections

Adult: For intrapleural or intraperitoneal injections: 500 mg daily, dissolved in 5-10 ml of water. For intra-articular inj: 500 mg daily, dissolved in up to 5 ml of water or a solution of 0.5% procaine HCl.
Child: ½ the adult dose.
Renal impairment: Patients undergoing haemodialysis should receive an additional dose after the session.

CrCl (ml/min)
Dosage Recommendation
<10
Dose reduction or increase in dose interval.
Parenteral
Meningitis
Adult: 150-200 mg/kg daily in equally divided doses every 3-4 hr. May initiate with IV admin followed by IM injections.
Child: and infants: 150 mg/kg daily in divided doses. Neonates: <1 wk: 50 mg/kg every 12 hr; older neonates: 50 mg/kg every 8 hr. Max: 3 g/day. May initiate with IV admin followed by IM injections.
Renal impairment: Patients undergoing haemodialysis should receive an additional dose after the session.

CrCl (ml/min)
Dosage Recommendation

<10

Dose reduction or increase in dose interval.

Intravenous

Septicaemia

Adult: 150-200 mg/kg daily. Initiate with IV admin for at least 3 days, then continue with IM inj every 3-4 hr. Continue treatment for at least 48-72 hr after the patient has become asymptomatic or when there is evidence of bacterial eradication. Recommended treatment duration for infections caused by group-A ß-haemolytic streptococci: At least 10-days to prevent occurrence of acute rheumatic fever or acute glomerulonephritis.

Renal impairment: Patients undergoing haemodialysis should receive an additional dose after the session.

CrCl (ml/min)

Dosage Recommendation

<10

Dose reduction or increase in dose interval.

Parenteral

Susceptible infections

Adult: 250-500 mg every 6 hr, can be given via IM or slow IV inj over 3-5 minutes or infusion.

Child: 100-400 mg/kg daily in divided doses every 6 hr. Max: 12 g daily. Dose can be given via IM or slow IV inj over 3-5 minutes or infusion.

Renal impairment: Patients undergoing haemodialysis should receive an additional dose after the session.

CrCl (ml/min)

Dosage Recommendation

<10

Dose reduction or increase in dose interval.

Reconstitution: Reconstitute according to manufacturer's instructions.

Incompatibility: Y-site incompatibility: Amphotericin B cholesteryl sulfate complex, ondansetron, sargramostim, verapamil, vinorelbine epinephrine, fluconazole, hydralazine, midazolam. Syringe incompatibility: Erythromycin lactobionate, gentamicin, lincomycin, metoclopramide, hydromorphone, kanamycin. Admixture incompatibility: Amikacin, hydralazine, prochlorperazine, chlorpromazine, dopamine, gentamicin.

Administration

Should be taken on an empty stomach. (Take on an empty stomach 1 hr before or 2 hr after meals.)

Overdosage

Discontinue medication, treat symptomatically, and institute supportive measures as required.

Contraindications

Hypersensitivity; infectious mononucleosis.

Special Precautions

Renal failure; patients with lymphatic leukaemia or HIV infections; pregnancy and lactation.

Adverse Drug Reactions

GI upset, nausea, vomiting, diarrhoea; blood dyscrasias; urticaria, exfoliative dermatitis, rash; fever, seizures; interstitial nephritis. Potentially Fatal: Anaphylactic shock; pseudomembranous colitis; neuromuscular hypersensitivity; electrolyte imbalance.

Drug Interactions

Simultaneous use with oral contraceptives may lead to increased risk of breakthrough bleeding and reduced efficacy of the contraceptive. Skin rash increased with allopurinol. Probenecid increases blood levels. Synergism with ß-lactamase inhibitors, clavulanic acid or sulbactam, penicillinase-stable drugs eg, cloxacillin or flucloxacillin and aminoglycosides.
Potentially Fatal: Increases disulfiram and anticoagulant effects.

Food Interaction

Reduced absorption with food.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Injection: Store at 20-25°C. For admin: Use freshly prepared solutions. IV and IM solutions should be used within 1 hr after preparation.Intravenous: Store at 20-25°C. For admin: Use freshly prepared solutions. IV and IM solutions should be used within 1 hr after preparation.Oral: Store at 20-25°C. Parenteral: Store at 20-25°C. For admin: Use freshly prepared solutions. IV and IM solutions should be used within 1 hr after preparation.

Mechanism of Action

Ampicillin exerts bactericidal action on both gm+ve and gm-ve organisms. Its spectrum includes gm+ve organisms eg, S pneumoniae and other Streptococci, L monocytogenes and gm-ve bacteria eg, M catarrhalis, N gonorrhoea, N meningitidis, E coli, P mirabilis, Salmonella,Shigella, and H influenzae. Ampicillin exerts its action by inhibiting the synthesis of bacterial cell wall.

Absorption: Relatively well absorbed from the GI tract with peak plasma concentrations after 1-2 hr (oral); may be altered in the presence of food.

Distribution: Widely distributed into the ascitic, pleural and joint fluids (therapeutic concentrations), CSF (small amounts except when the meninges are inflamed), bile (high concentrations);

crosses the placenta and enters the breast milk (small amounts). Protein-binding: 20%.
Metabolism: Converted to some extent to penicilloic acid; undergoes enterohepatic recycling.
Excretion: Via the urine by glomerular filtration and tubular secretion; via the faeces. May be removed by haemodialysis.

CIMS Class

Penicillins

ATC Classification

J01CA01 - ampicillin; Belongs to the class of penicillins with extended spectrum. Used in the treatment of systemic infections.
S01AA19 - ampicillin; Belongs to the class of antibiotics. Used in the treatment of eye infections.

*ampicillin information:
Note that there are some more drugs interacting with ampicillin
ampicillin further details are available in official CIMS India
ampicillin
ampicillin brands available in India

Always prescribe with Generic Name : ampicillin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ADC cap ALBERCILIN cap ALBERCILIN drops ALBERCILIN syr ALBERCILIN vial ALCILOX cap ALFACILLIN inj AMKLOK cap AMPICILLIN inj AMPICILLIN INJ vial AMPIJET vial AMPILIN cap AMPILIN dispertab AMPILIN KID-tab AMPILIN syr AMPILIN vial AMPIMAX cap AMPIPEN cap AMPIPEN dry syr AMPISYN cap AMPISYN dispertab AMPISYN inj AMPY vial AMSAT cap ARISTOCILLIN cap ARISTOCILLIN dispertab ARISTOCILLIN drops ARISTOCILLIN syr ARISTOCILLIN vial BACIPEN cap BACIPEN vial BAXIN-D cap BAXIN-D-LB cap BIOCILIN cap BIOCILIN drops BIOCILIN inj BIOCILIN syr BROACIL cap BROACIL inj BROACIL syr BROADICILIN cap BROADICILIN drops BROADICILIN dry syr BROADICILIN inj CAMPICILIN cap CAMPICILIN drops CAMPICILIN inj CAMPICILIN PLUS cap CAMPICILIN syr CINCILLIN inj DABCILIN cap DABCILIN dispertab DABCILIN syr D-CLOX cap DYNACIL vial ESKAYCILLIN cap ESKAYCILLIN syr ESKAYCILLIN vial HCLOX cap INGACILLIN cap INGACILLIN drops INGACILLIN inj INTACLOX-D cap INTACLOX-D tab JP-

CILIN cap MAXAMP inj MEGASYN cap MONOCILIN inj NAPI-D tab NATCOCILLIN cap NATCOCILLIN P-tab NEOCILLIN vial NEPOCIL cap NEPOCIL dry syr NEPOCIL vial OSOCILLIN inj PREMICILLIN inj RAMPICLIX cap ROSCILLIN cap ROSCILLIN dispertab ROSCILLIN dry syr ROSCILLIN P-drops ROSCILLIN vial STARCLOX-MP cap SYNTHOCILIN cap SYNTHOCILIN drops SYNTHOCILIN inj SYNTHOCILIN syr ZCIL cap ZCIL inj ZCIL P-tab ZYCILIN cap ZYCILIN vial

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([all drugs])

ampicillin + cloxacillin

CIMS Class : (Penicillins)

ampicillin + cloxacillin

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related ampicillin + cloxacillin information

Indication & Dosage

Oral

Susceptible infections

Adult: Per capsule contains ampicillin 250 mg and cloxacillin 250 mg: 1 capsule 4 times daily. In severe infections, the dose can be increased up to 12 capsules daily.

Child: Per dose contains ampicillin 125 mg and cloxacillin 125 mg: 1 dose 4 times daily.

Intramuscular

Moderate to severe infections

Adult: 250 mg (ampicillin 125 mg + cloxacillin 125 mg) every 6 hr.

Intramuscular

Moderate to severe infections

Adult: 500 mg (ampicillin 250 mg and cloxacillin 250 mg) or 1 g (ampicillin 500 mg and cloxacillin 500 mg) every 6 hr. Doses higher than 500 mg should be given in two different sites of not more than 500 mg in 3ml.

Intramuscular

Severe infections

Adult: 500 mg (ampicillin 250 mg and cloxacillin 250 mg) or 1 g (ampicillin 500 mg and cloxacillin 500 mg) every 6 hr. Doses higher than 500 mg should be given in two different sites of not more than 500 mg in 3ml.

Intravenous

Severe infections

Adult: 500 mg (ampicillin 250 mg and cloxacillin 250 mg) in 10 ml or 1 g (ampicillin 500 mg and cloxacillin 500 mg) in 20 ml of water for inj. Given slowly over 3-4 minutes, repeated every 6 hr.
Child: 2-10 yr: Half the adult dose. < 2 yr: Quarter of adult dose.

Contraindications

Penicillin allergy.

Special Precautions

Allergy to cephalosporins, infectious mononucleosis, neonates with jaundice, history of convulsions, lactation.

Adverse Drug Reactions

G.I.disturbances, pruritus, urticaria, erythema, exfoliative dermatitis, rashes, fever, joint pain, eosinophilia, bronchial asthma, angioneuratic oedema, hemolytic anaemia, serum sickness, CNS effects like hyperactivity, agitation, insomnia, anxiety, behavioural changes, confusion, dizziness and convulsions.
Potentially Fatal: Anaphylactic reaction.

Drug Interactions

Failure of oral contraceptives, increased rash with allopurinol, reduced bactericidal activity with chloramphenicol, erythromycin and tetracyclines.
Potentially Fatal: NA.

Food Interaction

Reduced absorption for ampicillin & delayed obsorption for cloxacillin.

Lab Interference

Ampicillin interferes with serum albumin, urinary aminoacid electrophoresis and urine sugar estimations. Cloxacillan interfers with Bradshows's test for Bence-Jones protein in urine and measurement of urinary 17-oxosteroids or 17-oxogenic steroids.

Mechanism of Action

Ampicillin exerts bactericidal action on both gm+ve and gm-ve organisms. Its spectrum includes gm+ve organisms eg, S

pneumoniae and other Streptococci, L monocytogenes and gm-ve bacteria eg, M catarrhalis, N gonorrhoea, N meningitidis, E coli, P mirabilis, Salmonella,Shigella, and H influenzae. Ampicillin exerts its action by inhibiting the synthesis of bacterial cell wall. Cloxacillin is a penicillinase-resistant penicillin. It is active against gm+ve organisms including penicillinase-producing strains of Staphylococci. Cloxacillin is highly active againstStaph aureus, Strep pyogenes, Strep viridans and Strep pneumoniae. It is also active against penicillinase-producing gonococci and against N meningitidis and H influenzae. Other gm-ve organisms are resistant to cloxacillin as are also methicillin-resistant strains of Staphylococci.

CIMS Class

Penicillins

ATC Classification

J01CA01 - ampicillin; Belongs to the class of penicillins with extended spectrum. Used in the treatment of systemic infections.
J01CF02 - cloxacillin; Belongs to the class of beta-lactamase resistant penicillins. Used in the treatment of systemic infections.

S01AA19 - ampicillin; Belongs to the class of antibiotics. Used in the treatment of eye infections.

*ampicillin + cloxacillin information:

Note that there are some more drugs interacting with ampicillin + cloxacillin

ampicillin + cloxacillin

ampicillin + cloxacillin brands available in India

Always prescribe with Generic Name : ampicillin + cloxacillin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : 2-PEN dry syr 2-PEN LB cap 2-PEN LB dispertab 2-PEN vial ADILOX cap AK-60 cap AK-60 dry syr AK-60 P-dispertab AMCI-CLOX cap AMCI-CLOX dry syr AMCLOMINUS cap AMCLOMINUS P-tab AMCLOX cap AMCLOX inj AMICLOX PLUS cap AMPICLOXA inj AMPILOX cap AMPILOX captab AMPILOX drops AMPILOX dry syr AMPILOX P-tab AMPILOX vial AMPILOX-LB cap AMPLUS cap AMPLUS INJ vial AMPLUS P-tab AMPOXIN cap AMPOXIN neonatevial AMPOXIN p-dry syr AMPOXIN P-tab AMPOXIN vial AMPOXIN-LB cap AMPY C 1000 vial AMPYLOX vial BACICLOX cap BACICLOX vial BACTIMOX PLUS

cap BACTIMOX PLUS dispertab BACTIMOX PLUS vial BACTIMOX vial BAXIN cap BAXIN dispertab BAXIN dry syr BAXIN inj BAXIN-LB cap BICILLIN cap BICLOPEN cap BICLOPEN inj BILACTAM dry syr BILACTAM FORTE cap BILACTAM vial BROADICLOX cap BROADICLOX vial BROADICLOX-LB cap CAMPILOX cap CAMPILOX-LB cap CILCLOX cap CILCLOX dispertab CILCLOX vial CLACIN cap CLAX cap CLIMPEN cap CLIMPEN vial CLOMENTIN cap CLOMENTIN vial CLOMPIC cap CLOMPIC NEONATE vial CLOMPIC P-tab CLOMPIC vial CLOTROP vial CLOXAPENE cap CLOXAPENE dry syr CLOXAPENE vial CLOXCIN vial COMBILOX cap COMBILOX inj COMBILOX KID-tab COMBILOX vial COMBILOX-LB cap COMBIPEN vial COMBIPEN-DS vial COMBIPEN-P vial COMBIPEN-SS cap DABCILOX cap DABCILOX dispertab DABCILOX dry syr DABCILOX vial DC F-vial DC P-vial DC vial DC-FORTE vial DC-PED vial DUOCLOX cap DUOCLOX dry syr DUOCLOX P-tab DUOCLOX vial ELCLOX PLUS cap ELCLOX vial EMULOX FORTE cap ERADICLOX cap ERADICLOX dispertab ERADICLOX vial EUPHOCLOX cap EUPHOCLOX inj EUPHOCLOX P-tab G-CLOX cap G-CLOX tab KLOXAMP cap KLOXAMP vial MAGNACILLIN cap MAGNACILLIN dry syr MAGNACILLIN vial MEGACLOX cap MEGACLOX dispertab MEGACLOX inj MEGACLOX LB

cap MEGACLOX LB dispertab MEGAPEN cap MEGAPEN KID-tab MEGAPEN vial NEPOCLOX cap NEPOCLOX vial OMNIPEN cap OMNIPEN P-tab POTAMP PLUS cap POTAMP vial PREMOCLOX cap PREMOCLOX vial RACLOX cap RELICLOX cap RELICLOX CAP cap ROSCILOX cap ROSCILOX dispertab ROSCILOX dry syr ROSCILOX vial SANCLOX vial SWICLOX cap SWICLOX vial SWICLOX-LB cap SYNCOCIN cap SYNCOCIN inj SYNERPEN cap SYNERPEN dry syr SYNERPEN INJ vial TOBIOTIC P-tab TOBIOTIC tab TOBIOTIC vial UNICLOX inj ZYCLO vial

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([all drugs])

ampicillin + sulbactam

CIMS Class : (Penicillins)

ampicillin + sulbactam

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related ampicillin + sulbactam information

Indication & Dosage

Parenteral

Susceptible infections

Adult: 1.5-3 g (ampicillin 1-2 g and sulbactam 0.5-1 g) every 6 hr. Dose may be given via deep IM inj or slow IV inj. Max: 12 g (ampicillin 8 g and sulbactam 4 g) daily.

Child: =1 yr: Usual dose: 300 mg (ampicillin 200 mg and sulbactam 100 mg)/kg/day, to be given in 4 equally divided doses. Up to 200-300 mg/kg/day of ampicillin, given in 4 equally divided doses may be used in infants =1 mth of age. Recommended duration: Not exceeding 14 days.

Renal impairment: Modifications in dose or dosing interval may be necessary.

CrCl (ml/min)

Dosage Recommendation

15-29

Recommended dosing interval: Every 12 hr.

5-14 and haemodialysis

Recommended dosing interval: Every 24 hr; dose to be given after dialysis.

Parenteral

Uncomplicated gonorrhoea

Adult: 1.5-3 g (ampicillin 1-2 g and sulbactam 0.5-1 g) as a single IV/IM inj. May be used in combination with oral probenecid 1 g.

Renal impairment: Modifications in dose or dosing interval may be necessary.

Parenteral

Pelvic inflammatory disease

Adult: 3 g (ampicillin 2 g and sulbactam 1 g) every 6 hr, to be used with doxycycline (100 mg orally or IV 12 hrly). Parenteral treatment may be discontinued 24 hr after clinical improvement; oral doxycycline at 100 mg bid should be continued to complete 14 days of treatment.

Renal impairment: Modifications in dose or dosing interval may be necessary.

CrCl (ml/min)

Dosage Recommendation

15-29

Recommended dosing interval: Every 12 hr.

5-14 and haemodialysis

Recommended dosing interval: Every 24 hr; dose to be given after dialysis.

Intravenous

Endocarditis

Adult: 3 g (ampicillin 2 g and sulbactam 1 g) every 6 hr for 4-6 wk, to be used with gentamicin or vancomycin.

Renal impairment: Modifications in dose or dosing interval may be necessary.

CrCl (ml/min)

Dosage Recommendation

15-29

Recommended dosing interval: Every 12 hr.

5-14 and haemodialysis

Recommended dosing interval: Every 24 hr; dose to be given after dialysis.

Intravenous

Community-acquired pneumonia

Adult: For aspiration, community-acquired pneumonia: 1.5-3 g (ampicillin 1-2 g and sulbactam 0.5-1 g) every 6 hr. For hospital-acquired pneumonia: 3 g (ampicillin 2 g and sulbactam 1 g) every 6 hr.

Renal impairment: Modifications in dose or dosing interval may be necessary.

CrCl (ml/min)

Dosage Recommendation

15-29

Recommended dosing interval: Every 12 hr.

5-14 and haemodialysis

Recommended dosing interval: Every 24 hr; dose to be given after dialysis.

Intravenous

Hospital-acquired pneumonia

Adult: For aspiration, community-acquired pneumonia: 1.5-3 g (ampicillin 1-2 g and sulbactam 0.5-1 g) every 6 hr. For hospital-acquired pneumonia: 3 g (ampicillin 2 g and sulbactam 1 g) every 6 hr.

Renal impairment: Modifications in dose or dosing interval may be necessary.

CrCl (ml/min)

Dosage Recommendation

15-29

Recommended dosing interval: Every 12 hr.

5-14 and haemodialysis

Recommended dosing interval: Every 24 hr; dose to be given after dialysis.

Reconstitution: For IM or IV admin: Reconstitute with sterile water for inj or 0.5-2% lidocaine hydrochloride injection (IM). Sodium chloride 0.9% is the diluent of choice for IV piggyback use. Solution to be used within 1 hour after preparation. Allow solutions to stand

after dissolution to permit visual inspection for complete solubilisation.

Incompatibility: For Y-site admin: Incompatible with aminoglycosides (gentamicin, tobramycin), amphotericin B cholesteryl sulfate complex, ciprofloxacin, idarubicin, ondansetron and sargramostim. For admixture compatibility: Incompatible with aminoglycosides; compatible with aztreonam.

Overdosage

Symptoms include neurological effects, including convulsions may occur. Ampicillin may be removed from circulation by haemodialysis.

Contraindications

Allergy to penicillins, infectious mononucleosis.

Special Precautions

Monitor for signs of anaphylaxis during 1st dose. Monitor haematologic, renal and hepatic function during prolonged treatment. Monitor for signs of superinfections with mycotic or

bacterial pathogens during treatment. Prolonged use may increase the risk of oral candidiasis. Pregnancy and lactation.

Adverse Drug Reactions

Pain at Inj site, thrombophlebitis, diarrhoea, itching, nausea, vomiting, flatulence, candidiasis, fatigue, malaise, headache, chest pain, glossitis, abdominal distention, dysuria, urinary retention, oedema, erythema, epistaxis, mucosal bleeding.
Potentially Fatal: Fatal anaphylaxis.

Drug Interactions

Increased risk of rash with allopurinol. Concurrent use with probenecid may delay renal tubular secretion of ampicillin and sulbactam. If used with aminoglycosides - the two solutions should not be mixed and must be administered at different sites. Concurrent use with fusidic acid may decrease the efficacy of penicillins; penicillins should be given at least 2 hr before fusidic acid admin. May increase effects of warfarin.

Lab Interference

False-positive glycosuria in urinalysis using Benedict's Solution, Fehling's Reagent and Clinitest. Transient decrease in plasma concentrations of total conjugated oestriol, oestriol-glucuronide, conjugated oestrione and oestradiol in pregnant women.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Intravenous: Store dry powder at 20-25°C. Parenteral: Store dry powder at 20-25°C.

Mechanism of Action

Ampicillin exerts bactericidal action on both gram-positive and gram-negative organisms. Its spectrum includes gram-positive organisms e.g. S pneumoniae and other Streptococci, L monocytogenes and gram-negative bacteria e.g. M catarrhalis, N

gonorrhoea, N meningitidis, E coli, P mirabilis, Salmonella, Shigella, and H influenzae. Ampicillin exerts its action by inhibiting the synthesis of bacterial cell wall. Sulbactam inhibits ß-lactamases and extends the spectrum of ampicillin to include ß-lactamase producing pathogens.

Distribution: Protein binding: About 28% (ampicillin); about 38%(sulbactam).

Excretion: Ampicillin and sulbactam: Approximately 75-85% of both drugs are excreted unchanged in the urine.

CIMS Class

Penicillins

ATC Classification

J01CA01 - ampicillin; Belongs to the class of penicillins with extended spectrum. Used in the treatment of systemic infections.

J01CG01 - sulbactam; Belongs to the class of beta-lactamase inhibitors. Used in the treatment of systemic infections.

S01AA19 - ampicillin; Belongs to the class of antibiotics. Used in the treatment of eye infections.

*ampicillin + sulbactam information:

Note that there are some more drugs interacting with ampicillin + sulbactam

ampicillin + sulbactam

ampicillin + sulbactam brands available in India

Always prescribe with Generic Name : ampicillin + sulbactam, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AMISUL vial AMPITUM vial AMPY S INJ vial AMPYSUL vial BETAMP vial CINCLOX-S vial OSOCILLIN-S inj REOPIN-SB inj SALTUM INJ vial SULBACIN tab SULBACIN vial

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([all drugs])

amrinone

CIMS Class : (Cardiac Drugs)

amrinone

P - Caution when used during pregnancy

L - Caution when used during lactation

related amrinone information

Indication & Dosage

Intravenous

Heart failure

Adult: Loading dose: 750 mcg/kg by slow inj over 2-3 min (may be repeated after 30 minutes if necessary). Maintenance: 5-10 mcg/kg/min by infusion. Max cumulative dose: 10 mg/kg in 24 hr.

Incompatibility: Incompatible with glucose-containing solutions and furosemide.

Overdosage

May result in severe hypotension. General supportive and symptomatic treatment, including circulatory support, should also be initiated as necessary.

Contraindications

Hypersensitivity.

Special Precautions

Obstructive pulmonary or aortic disease, hypertrophic cardiomyopathy; BP and heart rate monitored during drug

administration; fluid and electrolyte balance should be maintained; platelet counts and liver function should be monitored; protect amp from light. Pregnancy and lactation.

Adverse Drug Reactions

GI disturbances, nausea, vomiting, thrombocytopaenia, hypotension, chest pain, hypersensitivity, myositis, vasculitis, nail discoloration, Inj site pain, decreased tear production.
Potentially Fatal: Cardiac arrhythmia, hepatotoxicity.

Drug Interactions

Chemical interaction with precipitation occurs with amrinone and dextrose or furosemide. Thus drug mixing should be avoided.
Potentially Fatal: Concurrent usage with disopyramide may lead to severe hypotension.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals

are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intravenous: Store at 15-30°C.

Mechanism of Action

Amrinone is a phosphodiesterase inhibitor which has vasodilating and positive inotropic properties. It causes an increase in cyclic adenosine monophosphate conc leading to greater contractile force in cardiac muscle.

Distribution: 10-22% bound to plasma proteins. Half-life after IV admin: 4-6 hr.

Metabolism: Partially metabolised in liver.

Excretion: 40% excreted unchanged.

CIMS Class

Cardiac Drugs

ATC Classification

C01CE01 - amrinone; Belongs to the class of phosphodiesterase inhibitors. Used in the treatment of heart failure.

*amrinone information:
Note that there are some more drugs interacting with amrinone
amrinone
amrinone brands available in India
Always prescribe with Generic Name : amrinone, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : AMICOR inj AMRISOL vial CARDIOTONE inj
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([all drugs])
anastrozole
CIMS Class : (Hormonal Chemotherapy)
anastrozole
P - Contraindicated in pregnancy
L - Caution when used during lactation
related anastrozole information
Indication & Dosage

Oral

Advanced or locally advanced breast cancer, Adjuvant treatment in early breast cancer

Adult: In postmenopausal women: 1 mg daily. Adjuvant treatment may be continued for up to 5 yr.

Administration

May be taken with or without food.

Overdosage

General supportive care, frequent monitoring of vital signs and close observation of the patient are recommended. Vomiting may be induced if patient is alert.

Contraindications

Pregnancy. Hypersensitivity, premenopausal women.

Special Precautions

Lactation. Moderate or severe hepatic impairment, hyperlipidaemias. Laboratory test for menopause if status is doubtful. Bone mass density test should be conducted at the start of the therapy and at regular intervals thereafter.

Adverse Drug Reactions

Hot flushes, vaginal dryness, vaginal bleeding, hair thinning, anorexia, nausea, vomiting, diarrhoea, headache, arthralgia, bone fractures, rash, oedema, myalgia, fever, weight gain, leucopenia, flu-like syndrome, asthenia, dizziness, drowsiness, abnormal liver enzyme values, thrombophloebitis, anaphylaxis.

Drug Interactions

Efficacy decreased by oestrogens. Plasma concentrations decreased by tamoxifen.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals

are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 20-25°C.

Mechanism of Action

Anastrozole prevents conversion of androstenedione to estrone and testosterone to oestradiol by inhibiting aromatase, thus leading to significantly reduced serum oestradiol concentrations.

Absorption: Rapidly and almost completely absorbed from the GI tract (oral); peak plasma concentrations after 2 hr. May decrease the rate of absorption with food.

Distribution: Protein-binding: 40%.

Metabolism: Hepatic.

Excretion: Via urine (as metabolites); 50 hr (elimination half-life).

CIMS Class

Hormonal Chemotherapy

ATC Classification

L02BG03 - anastrozole; Belongs to the class of enzyme inhibitors. Used in endocrine therapy.

*anastrozole information:

Note that there are some more drugs interacting with anastrozole

anastrozole

anastrozole brands available in India

Always prescribe with Generic Name : anastrozole, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ALTRAZ tab ALTROL tab ANABREZ tab ANAZOL tab ARIMIDEX tab ARMOTRAZ tab REDEST tab STAZONEX tab

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([all drugs])

aprotinin

CIMS Class : (Haemostatics)

aprotinin

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related aprotinin information

Indication & Dosage

Intravenous

Haemorrhage

Adult: Admin a test dose of 10,000 KIU at least 10 minutes before starting treatment. Loading dose: 500,000-1,000,000 KIU, given by slow inj or infusion (max rate: 100,000 KIU/minute) with the patient in supine position, may continue with 200,000 KIU/hr until the haemorrhage is controlled. Doses to be given via central venous line.

Child: 1 mth-18 yr: Test dose of 200 KIU/kg, followed after 10 minutes by a dose of 10,000 KIU/kg given over 20 minutes, then continuous infusion of 3,000 KIU/kg/hr until bleeding is controlled.

Intravenous

Open heart surgery

Adult: Admin a test dose of 10,000 KIU at least 10 minutes before starting treatment. Loading dose: 2,000,000 KIU over 20-30 minutes after induction of anaesthesia but before incision or reopening of wound, followed by continuous infusion of 500,000 KIU/hr until the end of the surgery. Add an additional dose of

2,000,000 KIU into the prime volume of the extracorporeal circuit. Doses to be given via central venous line. For patients with septic endocarditis, add a dose of 3 000 000 KIU into the prime volume of the circuit; may continue infusion into the early postoperative period. Usual total amount =7 000 000 KIU.

Incompatibility: Incompatible with corticosteroids, heparin, tetracyclines, and nutrient solutions containing amino acids or fat emulsions.

Contraindications

Hypersensitivity.

Special Precautions

Test dose should be administered to all patients at least 10 minutes before loading dose to assess for risk of hypersensitvity. Neonates and children. Greater risk of anaphylactic reactions upon re-exposure within 12 mth of previous use. Renal impairment. Pregnancy, lactation. Activated clotting time may not be a reliable method to monitor heparin therapy when on aprotinin treatment.

Adverse Drug Reactions

Fever and nausea. GI disturbances. Hypersensitivity or pseudo-allergic reactions may occur after 1st dose or thereafter e.g. skin rashes and eruptions, tachycardia, pallor or cyanosis, dyspnoea and anaphylactic shock.
Potentially Fatal: Fatal anaphylactic reactions.

Drug Interactions

May reduce hypotensive action of captopril and enalapril. Risk of apnoea when used with neuromuscular blockers. Risk of fatal thrombotic complications when used with tretinoin.

Lab Interference

Prolongs clotting time of heparinised blood.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not

confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Intravenous: Store at 2-25°C.

Mechanism of Action

Aprotinin is a polypeptide and inhibits proteolytic enzymes including trypsin, chymotrypsin, kallikrein and plasmin. Inhibition of plasmin inhibits fibrinolysis and reduces operative blood loss.

Metabolism: Inactivated in the GI tract.

Excretion: Via urine as inactive degradation products; 5-10 hr (elimination half-life).

CIMS Class

Haemostatics

ATC Classification

B02AB01 - aprotinin; Belongs to the class of proteinase inhibitor antifibrinolytics. Used in the treatment of hemorrhage.

*aprotinin information:

Note that there are some more drugs interacting with aprotinin

aprotinin

aprotinin brands available in India

Always prescribe with Generic Name : aprotinin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : APROGEN inj APRONIN vial APROSTAT vial APROTEC vial APROTIN vial HAEMAPROT inj HAEMOPROT vial KALLISTAT vial

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([all drugs])

aripiprazole

CIMS Class : (Antipsychotics)

aripiprazole

P - Caution when used during pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related aripiprazole information

Indication & Dosage

Oral

Schizophrenia

Adult: Initial dose: 10-15 mg once daily. Usual maintenance dose: 15 mg once daily. Adjust dose at intervals of at least 2 wk. Max dose: 30 mg once daily.

Oral

Acute manic episodes of bipolar disorder

Adult: 30 mg once daily, decreased to 15 mg once daily based on tolerability.

Administration

May be taken with or without food.

Overdosage

Symptoms include nausea, vomiting, asthenia, diarrhoea and somnolence.

Contraindications

Hypersensitivity. Lactation. Children <18 yr.

Special Precautions

Patients with known CV diseases (e.g. history of MI, IHD, CCF or conduction abnormalities), cerebrovascular diseases or conditions which would predispose patients to hypotension; Alzheimer's disease and dementia. Caution when operating hazardous machinery, including automobiles when taking aripiprazole. Pregnancy.

Adverse Drug Reactions

Headache, agitation, insomnia, somnolence; dyspepsia, constipation, pain, nausea, vomiting; asthaenia, dizziness, abdominal pain; dry mouth; anxiety, akathisia; orthostatic hypotension; hypertonia, tremor and blurred vision.

Drug Interactions

Drugs that induce CYP3A4 (e.g. carbamazepine) could cause an increase in aripiprazole clearance and lower blood levels. Inhibitors of CYP3A4 (e.g. ketoconazole) or CYP2D6 (e.g. quinidine, fluoxetine or paroxetine) can inhibit aripiprazole

elimination and cause increased blood levels. Increased CNS depression with ethanol.

Food Interaction

Ingestion with a high-fat meal delays time to peak plasma level.

Mechanism of Action

Aripiprazole acts as a partial agonist at D2 and 5-HT1A receptors and as an antagonist at 5-HT2A receptors.
Absorption: Well absorbed from the GI tract. Absolute bioavailability: about 87%.
Distribution: Protein binding: about 99%.
Metabolism: Mainly in the liver and the pathways involved include dehydrogenation and hydroxylation.
Excretion: About 55% excreted in faeces and 25% in urine, mainly in the form of metabolites.

CIMS Class

Antipsychotics

ATC Classification

N05AX12 - aripiprazole;

*aripiprazole information:
Note that there are some more drugs interacting with aripiprazole
aripiprazole
aripiprazole brands available in India
Always prescribe with Generic Name : aripiprazole, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ARENA tab ARIA tab ARIDUS tab ARILAN tab ARIPAT-MD tab ARIP-MT tab ARIPRA-MT tab ARIVE tab ARIZE tab ARPICIN tab ARPIT tab ARPIZOL tab ARZA tab ARZU tab ASPRITO tab ELRIP tab PIPRA-A tab REAL ONE tab SCHIZOPRA tab
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([all drugs])
arteether
CIMS Class : (Antimalarials)
arteether

related arteether information

Indication & Dosage

Intramuscular

Acute malaria

Adult: Due to Plasmodium falciparum: 150 mg once daily for 3 consecutive days

Adverse Drug Reactions

Headache, nausea, cough and dizziness. Body ache, general weakness, vomiting, pain at inj site, abdominal pain, leg pain, chills and rigors and watery diarrhoea.

Drug Interactions

Avoid using with drugs that prolong QT interval.

Mechanism of Action

Arteether is the ethyl ether derivative of artemisinin.

CIMS Class

Antimalarials

*arteether information:

arteether

arteether brands available in India

Always prescribe with Generic Name : arteether, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AARTEE inj ABA INJ inj AB-AT amp ABC-9 amp ABKWIK inj ABTER amp AB-THER amp ACTER inj ADTHEC inj AFM inj ALFABET amp ALFAMAL inj ALITHER inj ALNATHER inj ALPHABETAS amp ALPHA-LARI inj ALPHARID inj AMTHER inj ARH INJ inj ARH JR inj ARIAL inj ARITHER amp ARMER amp AROTHER inj ARSIS inj ARTEM-E amp ARTEMOTIAL amp ARTEMOTIAL inj ARTIMAL inj ARTIZ amp ATMAL inj BETA PLUS amp BETAMOTIL INJ inj CADITHER amp CHINGASU inj CRUSH inj CUMAL amp DMEL amp E MAL amp E-DALTHER inj ELTHER inj ENDOMAL amp ERALPHA inj EROD-M vial FALCICURE inj FALCIDE amp FALCIDIUM-AB amp FALCIFAST amp FALCITHER inj FALCY INJ amp FALCY INJ

JR-amp FALPAR INJ inj FALRAP INJ inj FOAL-BR inj FYDOMAL inj GEETHER amp GETHER amp GLEETHER inj HOSITHER inj KEETHER amp L.B.ETHER amp LABOETHER inj LEMAL amp LEOTHER inj LETHER inj L-THER inj MALEXIT inj MALIGON-ART amp MALIJET amp MALISOZ vial MALNATE-R inj MALTHER amp MATCH inj MAVER inj MDTHER inj MELAT inj MELBET-A inj MELOVAR amp MOSETHER amp M-QUIT vial MYQUINE amp NAYA-AB amp PALTHER inj PLAREETHER inj Q-M amp QVEN amp REETHER amp RT-QUIN inj SANTHER inj SINTHER amp TEEALBET inj THER-AB inj TPTHER inj TWAIN inj WINTHER amp XBETAR inj XEREMAL inj Z-MAL amp ZYLERIA inj

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([all drugs])

artemether

CIMS Class : (Antimalarials)

artemether

P - Caution when used during pregnancy

L - Caution when used during lactation

related artemether information

Indication & Dosage

Oral

Acute uncomplicated falciparum malaria

Adult: 80 mg daily, to be taken with lumefantrine 480 mg daily. Doses to be taken at diagnosis and repeated after 8, 24, 36, 48 and 60 hr. Total doses: 6.

Child: Daily doses based on body wt: 5-14 kg: 20 mg with lumefantrine 120 mg; 15-24 kg: 40 mg with lumefantrine 240 mg; 25-34 kg: 60 mg with lumefantrine 360 mg and >34 kg: 80 mg with lumefantrine 480 mg. Doses to be taken at diagnosis and repeated after 8, 24, 36, 48 and 60 hr. Total doses: 6.

Administration

Should be taken with food.

Contraindications

Hypersensitivity.

Special Precautions

Pregnancy and lactation. Avoid concomitant use of drugs known to prolong QT interval or monitor such patients.

Adverse Drug Reactions

Mild GI disturbance, dizziness, tinnitus, reduction in reticulocyte and leucocyte counts, nausea, vomiting, abdominal pain, bradycardia, 1st-degree heart block, transient increase in serum transaminases.

Drug Interactions

Artemether causes QT prolongation in some patients. Thus concomitant use of erythromycin, terfenadine, procainamide, quinidine, disopyramide, amiodarone, bretylium, bepridil, sotalol, astemizole, probucol, tricyclic antidepressants, phenothiazines may be avoided.

Storage

Oral: Store below 30°C.

Mechanism of Action

Artemether is a potent and rapidly acting blood schizontocide, which is highly efficacious in treating chloroquine-resistant falciparum malaria, and complicated falciparum malaria including cerebral malaria. Its quick onset of effect and high efficacy in bringing down the parasite load are the properties which make this drug a suitable therapeutic option against falciparum infection.
Metabolism: Rapidly hydrolysed to the active metabolite dihydroartemisinin.
Excretion: Elimination half-life: about 4-11 hr after IM or oral admin.

CIMS Class

Antimalarials

ATC Classification

P01BE02 - artemether; Belongs to the class of artemisinin and derivative antimalarials. Used in the management of malarial infections.

*artemether information:
Note that there are some more drugs interacting with artemether

artemether further details are available in official CIMS India

artemether

artemether brands available in India

Always prescribe with Generic Name : artemether, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ALITHER TAB tab ARH-L tab ARLUFE tab ARSUMET-L tab ARTE PLUS CD tab ARTE PLUS tab ARTIVIL PLUS tab COARTRIN tab COMBITHER FORTE tab COMBITHER tab DUTHER inj FALCYDOL amp FALCYDOL cap LARITHER cap LARITHER inj LUMERAX tab MALITHER amp MALITHER cap METHICAP cap PALUTHER amp RAPITHER amp REONATE-L tab RMTHER amp RMTHER HG-cap ZENSUMET-L tab

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([all drugs])

artesunate

CIMS Class : (Antimalarials)

artesunate

P - Caution when used during pregnancy

L - Caution when used during lactation

related artesunate information

Indication & Dosage

Parenteral

Falciparum malaria

Adult: 2.4 mg/kg via IM or IV admin. Repeat 12 hr and 24 hr later, then once daily thereafter.

Child: 2.4 mg/kg via IM or IV admin. Repeat 12 hr and 24 hr later, then once daily thereafter.

Contraindications

Hypersensitivity.

Special Precautions

Hepatic or renal insufficiency. Pregnancy and lactation.

Adverse Drug Reactions

Transient and reversible reticulocytopaenia, drug fever, rash, bradycardia, transient 1st-degree heart block and reversible elevation of serum transaminases.

Drug Interactions

Antimalarial potentiating action seen with mefloquine, primaquine and tetracycline. Additive effect with chloroquine. Antagonistic effect with pyrimethamine and sulphonamides.

Mechanism of Action

Artesunate is a potent and rapidly-acting blood schizontocide derived from the leaves of the chinese herb, Armesia annua. The exact mode of action is not clear but clinical studies have confirmed the effectiveness of artesunate in P. vivax and falciparum malaria.
Excretion: Elimination half-life: about 45 min after IV admin.

CIMS Class

Antimalarials

ATC Classification

P01BE03 - artesunate; Belongs to the class of artemisinin and derivative antimalarials. Used in the management of malarial infections.

*artesunate information:

Note that there are some more drugs interacting with artesunate

artesunate

artesunate brands available in India

Always prescribe with Generic Name : artesunate, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ABA-AT inj ABA-AT tab ALTINATE inj ALTINATE TAB tab ARH PLUS inj ARH TAB tab ARNET tab ARNET vial ARSUFACT tab ARTESA tab ARTESA vial ARTESTAR tab ARTESTAR vial ARTFIN tab ARTH vial ARTISIN tab ASUNATE vial AT tab ATE inj AVBET tab BIOART vial DUNATE tab DUNATE vial EMSUNATE tab ENDOMAL-AT inj ENDOMAL-O tab FALCIAT tab FALCICARE tab FALCICARE vial FALCIDIUM tab FALCIDIUM vial FALCIDIUM-60 inj FALCIGO PLUS kit FALCIGO tab FALCIGO vial FALCIMAX tab FALCIMAX-IV vial FALCINA tab FALCINEZ tab FALCINEZ vial FALCINIL tab FALCINIL vial FALCIQUIN tab FALCIZED

tab FALCYGUARD inj FALCYNATE inj FALCYNATE tab FALNO tab FALZ tab FALZ vial GATE TAB tab GOFALCY vial KARAT inj KARAT tab LARINATE 100 kit LARINATE 200 kit LARINATE 50 kit LARINATE vial MALATER inj MALNATE INJ pack MALNATE tab MARTIS tab MATE tab MAXINATE inj MAXINATE tab MONONATE inj MONONATE tab NISUNATE tab NISUNATE vial ORINATE tab ORINATE vial PYRALFIN-A inj PYRALFIN-A tab REONATE inj RT-60 combi-pack RTN inj RTSUN tab RTSUN vial RT-SYS inj SUNARTE tab TAB ATRENTA tab TESUBEL amp ULTERIA tab ULTERIA vial VERSAQUIN tab VERSAQUIN vial XEREMAL-R tab XEREMAL-R vial ZENTROM inj ZENTROM vial

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([all drugs])

ascorbic acid

CIMS Class : (Vitamin C)

ascorbic acid

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related ascorbic acid information

Indication & Dosage

Oral

Scurvy

Adult: Prevention: 25-75 mg daily. Treatment: =250 mg daily, given in divided doses. May also be given via IM/IV/SC admin.

Child: 1 mth?4 yr: 125?250 mg daily; 4?12 yr: 250?500 mg daily; 12?18 yr: 500 mg?1 g daily. Doses to be given in 1?2 divided doses.

Oral

Thalassaemia

Adult: 100-200 mg daily, to be given with desferrioxamine.

Child: 100?200 mg daily, to be given with desferrioxamine.

Oral

Metabolic disorders

Child: Neonate: 50?200 mg daily, adjust if needed; 1 mth?18 yr: 200?400 mg daily in 1?2 divided doses, up to 1 g daily may be needed.

Special Precautions

G6PD deficiency. Haemochromatosis; hyperoxaluria. Diabetics; patients prone to recurrent renal calculi. Neonates; pregnancy (Ingestion of large doses has resulted in scurvy in neonates); lactation.

Adverse Drug Reactions

Diarrhea, GI disturbances. May cause acidification of the urine; precipitation of urate, cystine or oxalate stones, or drugs in the urinary tract.

Drug Interactions

Deferroxamine, hormonal contraceptives, flufenazine, warfarin, elemental iron, salicylates, warfarin, fluphenazine, disulfiram, mexiletine, vitamin B12.

Lab Interference

Presence of ascorbic acid in urine results in false decreases in the glucose conc determined by the glucose oxidase method; while in glucose determinations measured by cupric sulfate reagent, false increases have resulted.

Mechanism of Action

Ascorbic acid is a functional and principal in vivo form of vitamin C, an essential water-soluble vitamin which is fundamental in the synthesis of collagen and intercellular materials.

CIMS Class

Vitamin C

ATC Classification

G01AD03 - ascorbic acid; Belongs to the class of organic acid antiinfectives. Used in the treatment of gynecological infections.
S01XA15 - ascorbic acid; Belongs to the class of other agents used as ophthalmologicals.

*ascorbic acid information:
Note that there are some more drugs interacting with ascorbic acid
ascorbic acid
ascorbic acid brands available in India
Always prescribe with Generic Name : ascorbic acid, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : ACICON drops AQUASOL-C drops BECOVIT FORTE cap BEX-C tab CECON DPS drops CELIN chewable tab CELIN TAB tab CELL-C tab CHEWCEE chewtab CITRAVITE tab C-VIT chewable tab FRUTCEE drops FRUTCEE tab LIMCEE chewtab REDOXON tab SUKCEE tab SWICEE tab TILDOXON inj TRENVIT CEE chewable tab VITAMIN C chewtab VITCEE chewable tab

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([all drugs])

asparaginase

CIMS Class : (Cytotoxic Chemotherapy)

asparaginase

P - Contraindicated in pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related asparaginase information

Indication & Dosage

Parenteral

Induction of remissions in acute lymphoblastic leukaemia

Adult: 1000 units/kg/day via IV inj for 10 days after treatment with vincristine and prednisone or prednisolone. Alternatively, 6000

units/m2 via IM inj, given every 3rd day for 9 doses during treatment with vincristine and prednisone or prednisolone. As monotherapy: 200 units/kg/day via IV inj for 28 days. IV inj to be given over at least 30 min in a running infusion of normal saline or glucose 5%. For IM admin, no more than 2 ml of a solution in normal saline should be injected at a single site.
Child: As monotherapy: 200 units/kg/day via IV inj for 28 days, to be given over at least 30 min in a running infusion of normal saline or glucose 5%.

Incompatibility: Incompatible with rubber and should not be mixed with other drugs.

Contraindications

Pancreatitis, hypersensitivity. Pregnancy.

Special Precautions

Should be used after skin testing, in hospital setting. Liver disease, frequently blood count monitoring. Lactation.

Adverse Drug Reactions

Chills, pyrexia, liver disorders. Hyperammonaemia, decrease of fibrinogen and clotting factors, alteration in blood lipids and cholesterol, hypoalbuminaemia, uraemia, renal failure (occasional). Hyperglycaemia. Nausea, vomiting, anorexia, weight loss. CNS disturbances including depression, coma, hallucinations, Parkinson-like syndrome. Marked leucopenia, transient bone-marrow depression.

Potentially Fatal: Acute anaphylaxis; fatal hyperthermia; pancreatitis; ketoacidosis.

Drug Interactions

Activity of methotrexate may be reduced if L-asparaginase is given before hand.

Potentially Fatal: IV admin of asparaginase may increase vincristine neurotoxicity.

Lab Interference

Interferes with thyroid function tests.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Parenteral: Refrigerate at 2-8°C.

Mechanism of Action

Asparaginase interferes with malignant cell growth by breaking down asparagine to aspartic acid and ammonia as leukemic cells are unable to synthesise asparagine and depends on exogenous source of asparagine for survival. It acts on the G1 phase of the cell cycle.

Distribution: Distributed at lymph; does not penetrate the CSF.

Excretion: Urine (small amounts). Elimination half-life: 8-30 hr (IV); 49 hr (IM).

CIMS Class

Cytotoxic Chemotherapy

ATC Classification

L01XX02 - asparaginase; Belongs to the class of other antineoplastic agents. Used in the treatment of cancer.

*asparaginase information:
Note that there are some more drugs interacting with asparaginase
asparaginase
asparaginase brands available in India
Always prescribe with Generic Name : asparaginase, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ASGINASE vial L-ASPASE vial LEUCOGINASE vial LEUNASE vial ONCOGINASE vial ONCONASE vial
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([all drugs])
aspirin
CIMS Class : (Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics)) , (Nonsteroidal Anti-inflammatory Drugs (NSAIDs))

aspirin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related aspirin information

Indication & Dosage

Oral

Prophylaxis of myocardial infarction

Adult: 75-325 mg once daily. Lower doses should be used in patients receiving ACE inhibitors.

Oral

Stent implantation

Adult: 325 mg 2 hr before procedure followed by 160-325 mg/day thereafter.

Oral

Juvenile rheumatoid arthritis

Child: 80-100 mg/kg daily in 5 or 6 divided doses. Up to 130 mg/kg daily in acute exacerbations if necessary.

Oral

Mild to moderate pain and fever

Adult: 325-650 mg repeated every 4-6 hr according to response. Max: 4 g/day. May also be given rectally.

Max Dosage:

Oral

Pain and inflammation associated with musculoskeletal and joint disorders

Adult: Initial: 2.4-3.6 g/day in divided doses. Usual maintenance: 3.6-5.4 g/day. Monitor serum concentrations.

Administration

Should be taken with food.

Overdosage

Symptoms may include hyperventilation, fever, restlessness, ketosis, and respiratory alkalosis and metabolic acidosis. CNS depression may lead to coma; CV collapse and respiratory failure. In children, drowsiness and metabolic acidosis commonly occur; hypoglycaemia may be severe.

Contraindications

Hypersensitivity (attacks of asthma, angioedema, urticaria or rhinitis), active peptic ulceration; pregnancy (3rd trimester), children <12 yr, patients with haemophilia or haemorrhagic disorders, gout, severe renal or hepatic impairment, lactation.

Special Precautions

History of peptic ulcer or those prone to dyspepsia and those with gastric mucosal lesion, asthma or allergic disorders, dehydrated patients, uncontrolled hypertension, impaired renal or hepatic function, elderly.

Adverse Drug Reactions

GI disturbances; prolonged bleeding time, rhinitis, urticaria and epigastric discomfort; angioedema, salicylism, tinnitus; bronchospasm.
Potentially Fatal: Gastric erosion, ulceration and bleeding; severe, occasionally fatal exacerbation of airway obstruction in asthma; Reye's syndrome (children <12 yr). Hepatotoxicity; CNS depression which may lead to coma; CV collapse and resp failure; paroxysmal bronchospasm and dyspnoea.

Drug Interactions

Alcohol,
corticosteroids, analgin, phenylbutazone and oxyphenbutazone ma y increase risk of GI ulceration. Aspirin increases phenytoin levels. May antagonize actions of uricosurics and spironolactone.
Potentially Fatal: May potentiate effects of anticoagulants, methotrexate and oral hypoglycaemics.

Food Interaction

Vitamin-rich foods increase urinary excretion.

Lab Interference

Interferes with thyroid function tests.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

if full-dose acetylsalicylic acid (aspirin) used in 3rd trimester.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Mechanism of Action

Aspirin is an analgesic, anti-inflammatory and antipyretic. It inhibits cyclooxygenase, which is responsible for the synthesis of prostaglandin and thromboxane. It also inhibits platelet aggregation.

Duration: 4-6 hr.

Absorption: Rapidly absorbed from the GI tract (oral); less reliable (rectal); absorbed through the skin (topical). Peak plasma concentrations after 1-2 hr.

Distribution: Widely distributed; crosses the placenta; enters breast milk. Protein-binding: 80-90%.

Metabolism: Hepatic; converted to metabolites.

Excretion: Via urine by glomerular filtration, active renal tubular secretion and passive tubular reabsorption (as unchanged drug);

via haemodialysis; 15-20 minutes (elimination half-life, parent drug).

CIMS Class

Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics) / Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

*aspirin information:
Note that there are some more drugs interacting with aspirin
aspirin further details are available in official CIMS India
aspirin
aspirin brands available in India
Always prescribe with Generic Name : aspirin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : A.S.A EC-tab ALPYRIN tab APIDIN tab ASA tab ASCAD tab ASICOM tab ASP-ATORVA cap ASPENT tab ASPIN 100 enteric-coated tab ASPISOL tab CODOPYRIN tab COLSPRIN 325 tab COLSPRIN 650 tab COLSPRIN tab COTASPRIN tab CV-SPRIN tab DELAYED RELEASE ASPIRIN tab DELISPRIN tab DISPERSIBLE ASPIRIN tab DISPRIN tab ECOSPRIN enteric-

coated tab E-PRIN tab EQUAGESIC tab GRA tab INSPRIN-ER tab LDA 75 tab LINZI inj LINZI TAB tab LOPRIN tab LOPRIN-DS tab LOW DOSE ASPIRIN tab MANOSPIRIN ER-tab MANOSPIRIN tab MAZORAL tab MICROPYRIN tab NUSPRIN tab OD-PRIN tab OPTAZ tab OTASPIRIN tab PRIN tab SPRIN tab TINYSPIRIN tab X-PRIN extentab ZOSPRIN enteric-coated tab

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([all drugs])

aspirin + clopidogrel

CIMS Class : (Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics))

aspirin + clopidogrel

P - Caution when used during pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related aspirin + clopidogrel information

Indication & Dosage

Oral

Prophylaxis of ischaemic events

Adult: Each tablet contains clopidogrel 75 mg and aspirin 75 mg: 1 tablet once daily.

CrCl (ml/min)
Dosage Recommendation
<10
Avoid use.

Hepatic impairment: Severe hepatic impairment: Avoid use.
Oral
Acute coronary syndrome
Adult: Each tablet contains clopidogrel 75 mg and aspirin 75 mg: Loading dose: 4 tablets; maintenance: 1 tablet daily.

CrCl (ml/min)
Dosage Recommendation
<10
Avoid use.

Hepatic impairment: Severe hepatic impairment: Avoid use.

Contraindications

Hypersensitivity to aspirin, NSAIDs or clopidogrel; active peptic ulceration; children <12 yr; patients with haemophilia or haemorrhagic disorders; gout; severe renal or hepatic impairment; lactation.

Special Precautions

History of peptic ulcer or those prone to dyspepsia and those with gastric mucosal lesion or heavy ethanol consumption; asthma or allergic disorders; tinnitus; dehydrated patients; uncontrolled hypertension; impaired renal or hepatic function; children and elderly; pregnancy. Patients at risk of increased bleeding from trauma, surgery, or other pathological conditions. Increased risk of Reye's syndrome when used in patients with chicken pox, influenza or flu symptoms. Caution when used in patients with nasal allergies or nasal polyps. For patients undergoing elective surgery and an antiplatelet effect is not needed, clopidogrel should be discontinued 7-10 days before surgery.

Adverse Drug Reactions

Aspirin: GI disturbances, epigastric discomfort, prolonged bleeding time, rhinitis, urticaria; angioedema, salicylism, tinnitus.

Clopidogrel: Dyspepsia, abdominal pain, nausea, vomiting, flatulence, constipation, gastritis, gastric and duodenal ulcers. Serious events include bleeding and GI haemorrhage. GI upset, diarrhoea, paraesthesia, vertigo, headache, dizziness, leucopaenia, eosinophilia, rash and pruritus.

Potentially Fatal: Aspirin: Gastric erosion, ulceration and bleeding; severe, occasionally fatal exacerbation of airway obstruction in asthma; Reye's syndrome (childn <12 yrs). Hepatotoxicity; CNS depression, which may lead to coma; CV collapse, resp failure; paroxysmal bronchospasm and dyspnoea. Clopidogrel: Bleeding disorders including GI intracranial haemorrhage and thrombotic thrombocytopenic purpura.

Drug Interactions

Aspirin:

Corticosteroids, phenylbutazone and oxyphenbutazone may increase risk of GI ulceration. Use with coumarins, anagrelide, agatroban, LMWH, bivalirudin, dasatinib, iloprost, lepirudin and tenecteplase may increase the risk of bleeding. Clopidogrel: Co-administration of clopidogrel with NSAIDs may increase the risk of stomach and intestinal bleeding. There is an increased risk of bleeding with coumarins, agatroban, dasatinib, heparin, LMWH,

gingko biloba and iloprost. Increased risk of bleeding if clopidogrel and drotrecogin alfa are given within 7 days. May increase bupropion level and side effects (lightheadedness , GI discomfort).
Potentially Fatal: Aspirin and clopidogrel: Increased risk of bleeding with dabigatran.

Lab Interference

Aspirin: Affects urinary glucose tests using cupric sulfate(false-positive) and glucose oxidase(false-negative). Interferes with thyroid function tests.

Mechanism of Action

Aspirin inhibits the formation of thromboxane A2 in the platelets. This inhibits platelet aggregation and coagulation. This action lasts until the enzyme cyclo-oxygenase is regenerated in the platelets. Clopidogrel is a prodrug and is metabolised an active thiol metabolite. The active metabolite selectively inhibits the binding of adenosine diphosphate (ADP) to its platelet receptor and the subsequent ADP-mediated activation of the glycoprotein GP IIb/IIIa complex, thereby inhibiting platelet aggregation.

Absorption: Aspirin: Rapid absorption (oral). Clopidogrel: Rapid, incomplete absorption.

Distribution: Aspirin: Widely distributed; Protein binding: 80-90%. Clopidogrel: Protein binding: 98% (parent drug).

Metabolism: Aspirin: Hydrolysed to salicylate in the gut wall; salicylate metabolised hepatically. Clopidogrel: Extensive hepatic metabolism; converted to inactive carboxylic acid derivative and thiol derivative(active).

Excretion: Aspirin: Via urine by glomerular filtration, active renal tubular secretion and passive tubular reabsorption; haemodialysis (as salicylate); 15-20 minutes (elimination half-life, parent drug). Clopidogrel: Via urine (50%) and faeces (46%) as unchanged drug and metabolites. Elimination half-life: Approx 6 hr.

CIMS Class

Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics)

ATC Classification

B01AC04 - clopidogrel; Belongs to the class of platelet aggregation inhibitors excluding heparin. Used in the treatment of thrombosis.

*aspirin + clopidogrel information:

Note that there are some more drugs interacting with aspirin + clopidogrel

aspirin + clopidogrel

aspirin + clopidogrel brands available in India

Always prescribe with Generic Name : aspirin + clopidogrel, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ANTIBAN-ASP cap ASICOM PLUS tab ASOGREL-A tab CAPLOR-AS tab CENOZA A cap CERUVIN-A tab C-GREL PLUS 75 tab C-GREL PLUS kit CIDOGREL-A tab CLASPRIN cap CLASS-A tab CLAVIX-AS tab CLODREL FORTE tab CLODREL PLUS tab CLOFRE AS tab CLOPID-AS tab CLOPIGREL-A cap CLOPIGREL-A tab CLOPIRAD-A tab CLOPISA cap CLOPITAB-A cap CLOPIVAS AP 150 tab CLOPIVAS AP 75 tab CLOPIZIDE-A tab CLOPOD A tab CLOPREZ-A tab CLOUDS 150 tab CLOUDS 75 tab COMPLATT FORTE tab COMPLATT tab DEPLATT-A tab DEPLATT-CV cap DOSPIN tab ECOSPRIN GOLD cap GRELET-A tab KABITROL tab MYOGREL-AP cap NOKLOT PLUS tab NOKLOT-CV tab NUGREL PLUS tab PIDLET PLUS tab PLAGERINE-A cap PLAGRIL-A cap PLATLOC AS tab STAGREL-A tab STARCLOP-A

cap STROMIX-A cap SYNPLATT 150 cap SYNPLATT 75 cap THROMBOSPRIN tab TORPLATT A tab VIVOSPRIN cap ZOGRELL-A tab

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([all drugs])

aspirin + dipyridamole

CIMS Class : (Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics))

aspirin + dipyridamole

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related aspirin + dipyridamole information

Indication & Dosage

Oral

Reduce risk of stroke in patients who had transient ischaemia of the brain or completed ischaemic stroke due to thrombosis

Adult: Per capsule contains aspirin 25 mg and extended-release dipyridamole 200 mg: 1 capsule bid. For patients with intolerable headache: 1 capsule at bedtime with low-dose aspirin in the

morning; may return to usual dose once tolerance to headache develops.

CrCl (ml/min)
Dosage Recommendation
<10
Avoid.

Hepatic impairment: Avoid in severe impairment.

Administration

May be taken with or without food. (Swallow whole, do not chew/ crush.)

Overdosage

Symptoms may include warm feeling, flushing, sweating, restlessness, feeling of weakness, dizziness, tinnitus. Gastric lavage may be used to remove unabsorbed drug. Treatment is mainly symptomatic and supportive.

Contraindications

Hypersensitivity, allergy to NSAIDs. Bleeding disorders (factor VII or IX deficiencies). Patients with asthma, rhinitis or nasal polyps. Children <16 yr with viral infections.

Special Precautions

Unstable angina, recent MI, subaortic stenosis, severe coronary artery disease, hypotension, history of peptic ulcer disease. Monitor for signs of ulceration or bleeding, even in the absence of previous GI symptoms. Patients with inherited or acquired bleeding disorders. Admin of dipyridamole may cause increase in hepatic enzymes and hepatic failure. Avoid aspirin in patients with severe renal failure (CrCl <10 mL/minute). Discontinue if tinnitus or impaired hearing occurs. Dose of aspirin in this preparation is insufficient to prevent MI. Pregnancy, lactation.

Adverse Drug Reactions

GI disturbances, dyspepsia, abdominal pain, nausea, diarrhoea, vomiting, epigastric discomfort, rhinitis, urticaria, prolonged bleeding time, headache, dizziness, facial flushing, fainting, skin rash. Body pain, allergic reaction, fever, hypotension, tachycardia,

palpitation, arrhythmia, hyperglycaemia, thirst, agitation, uterine haemorrhage, taste loss.

Drug Interactions

Aspirin: May reduce hypotensive and hyponatraemic effects of ACE inhibitors; may increase serum levels and toxicity of acetazolamide; increases anticoagulant effect of heparin, thus increasing bleeding risk; may reduce hypotensive effect of ß-blockers; may reduce efficacy of diuretics in patients with underlying renal or CV disease; salicylate may inhibit renal clearance of methotrexate, thus increasing the risk of bone marrow toxicity; increased risk of bleeding or reduced renal function when used with NSAIDs; increased risk of hypoglycaemia when used with oral hypoglycaemic drugs; salicylate antagonises the uricosuric effect of uricosuric agents; may increase adverse effect of alendronate. Dipyridamole: May antagonise the anticholinesterase effect of cholinesterase inhibitors. Increased risk of bleeding when used with warfarin. Antiplatelet effect of aspirin may be increased by antidepressants e.g. TCAs, selective serotonin reuptake inhibitors.
Potentially Fatal: Salicylates may increase adverse effect of drotrecogin alfa. Dypyridamole may increase plasma levels and CV effects ofadenosine. Ketorolac may enhance adverse effect of

aspirin. Dipyridamole may increase therapeutic effect of regadenoson. Salicylates may increase the anticoagulant effect of vit K antagonists. Salicylates may increase the adverse effect of varicella virus-containing vaccines.

Food Interaction

Increased risk of bleeding with chronic, heavy alcohol use. Gingko biloba may increase antiplatelet effects of salicylates.

Lab Interference

May elevate hepatic enzymes, blood urea nitrogen, serum creatinine, hyperkalaemia, proteinuria and prolonged bleeding time.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store at 25°C.

Mechanism of Action

Aspirin inhibits platelet aggregation by irreversible inhibition of platelet cyclooxygenase and thus the formation of thromboxane A2 in the platelets. Dipyridamole inhibits platelet aggregation by preventing the uptake of adenosine into platelets, endothelial cells and RBCs. The combination results in additive antiplatelet effects.

Absorption: Dipyridamole: Plasma levels peak 2 hr after oral admin. Aspirin: Plasma levels peak 0.63 hr after oral admin.

Distribution: Dipyridamole: About 99% bound to plasma proteins, mainly alpha 1-acid glycoprotein and albumin. Aspirin: Poorly bound to plasma proteins.

Metabolism: Dipyridamole: Hepatic metabolism, mainly by glucuronidation. Aspirin: Rapidly hydrolysed to salicylic acid; salicylic acid is mainly conjugated in the liver to form salicyluric acid.

Excretion: Dipyridamole: About 95% of the glucuronide metabolite is removed via bile into the faeces. Aspirin: Half-life of salicylic acid is 1.71 hr.

CIMS Class

Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics)

ATC Classification

B01AC07 - dipyridamole; Belongs to the class of platelet aggregation inhibitors excluding heparin. Used in the treatment of thrombosis.

*aspirin + dipyridamole information:
Note that there are some more drugs interacting with aspirin + dipyridamole
aspirin + dipyridamole
aspirin + dipyridamole brands available in India
Always prescribe with Generic Name : aspirin + dipyridamole, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ARRENO cap CARDIWELL PLUS tab DYNASPRIN ENCOTABS tab
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([all drugs])

aspirin + ticlopidine

CIMS Class : (Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics))

aspirin + ticlopidine

P - Caution when used during pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related aspirin + ticlopidine information

Indication & Dosage

Oral

Antithrombotic

Adult: Each tablet contains aspirin 100 mg and ticlopidine 250 mg: 1 tablet once daily.

CrCl (ml/min)

Dosage Recommendation

<10

Avoid use.

Hepatic impairment: Severe hepatic impairment: Avoid use.

Contraindications

Hypersensitivity to aspirin, NSAIDs or clopidogrel; active peptic ulceration; children<12 years ; patients with bleeding disorders or at increased risk of bleeding; severe renal or hepatic impairment; lactation.

Special Precautions

Pregnancy, history of peptic ulcer, bronchospasm, renal or hepatic impairment, elderly, children. Monitor alkaline phosphatase.

Adverse Drug Reactions

Aspirin: GI disturbances, epigastric discomfort, prolonged bleeding time, rhinitis, urticaria; angioedema, salicylism. Ticlopidine: Increase in total cholesterol.

Potentially Fatal: Aspirin: Gastric erosion, ulceration, bleeding , thrombocytopenia; severe, occasionally fatal exacerbation of airway obstruction in asthma; Reye's syndrome (children <12 yrs). Hepatotoxicity; CNS depression, which may lead to coma; CV collapse, resp failure; paroxysmal bronchospasm and dyspnoea.

Ticlopidine: Intracranial bleeding, Stevens Johnson syndrome, thrombotic thrombocytopenic purpura.

Drug Interactions

Aspirin:
Corticosteroids, phenylbutazone and oxyphenbutazone may increase risk of GI ulceration. Use with anagrelide, argatroban, LMWH,bivalirudin, dasatinib, iloprost, lepirudin and tenecteplase may increase the risk of bleeding. Ticlopidine: Increases theophylline and possiblyaminophylline levels. Increased risk of bleeding with abciximab, argatroban, bivalirudin, dasatinib, iloprost, LMWH, drotrecogin alfa, fondaparinux and gingko biloba. May increase bupropion level and side effects (light headedness, GI discomfort). Antacids decrease absorption of ticlopidine.
Potentially Fatal: Aspirin and ticlopidine: Risk of bleeding with dabigatran and coumarins. Ticlopidine: Increased risk of bleeding withphenindione. Increased risk of agranulocytosis with deferiprone.

Lab Interference

Aspirin: Interferes with thyroid function tests, urinary catecholamines, urine sugar, pregnancy tests and urine ketones.

Mechanism of Action

Aspirin inhibits platelet aggregation by its inhibitory effect on cyclo-oxygenase in thrombocytes. The anti-thrombotic action of ticlopidine is thought to be due to inhibition of ADP-mediated platelet aggregation. When used in combination, the anti-thrombotic effects of aspirin and ticlopidine are additive.

Absorption: Aspirin: Rapid oral absorption. Ticlopidine: Rapid and almost complete absorption.

Distribution: Aspirin: Widely distributed. Protein binding: 80-90%. Ticlopidine: Protein binding: 98%

Metabolism: Aspirin: Hydrolysed to salicylate in the gut wall; salicylate metabolised hepatically.Ticlopidine: Extensive hepatic metabolism to active metabolite.

Excretion: Aspirin: Via urine by glomerular filtration, active renal tubular secretion and passive tubular reabsorption; elimination half-life of parent drug:15-20 minutes. Ticlopidine: Via urine (60%) and faeces (25%); half-life 30-50 hr (terminal half-life).

CIMS Class

Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics)

ATC Classification

B01AC05 - ticlopidine; Belongs to the class of platelet aggregation inhibitors excluding heparin. Used in the treatment of thrombosis.

*aspirin + ticlopidine information:
Note that there are some more drugs interacting with aspirin + ticlopidine
aspirin + ticlopidine
aspirin + ticlopidine brands available in India
Always prescribe with Generic Name : aspirin + ticlopidine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ASTIC tab
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([all drugs])
astemizole
This product is no longer actively marketed.

CIMS Class : (Antihistamines & Antiallergics)

astemizole

Food ¤ - Food interaction

related astemizole information

Indication & Dosage

Oral

Allergic conditions

Adult: 10 mg once daily.

Child: 6-12 yr: 5 mg once daily.

Administration

Should be taken on an empty stomach (i.e. At least one hour before food or two hours after food).

Contraindications

Porphyria.

Special Precautions

Prostatic hypertrophy, urinary retention, glaucoma, pyloroduodenal obstruction, epilepsy; children and elderly. Avoid in patients with cardiac disease, significant hepatic disease, known or suspected prolongation of the QT interval, hypokalaemia and other electrolyte imbalances. Not to exceed recommended doses due to risk of arrhythmias.

Adverse Drug Reactions

Increased appetite, wt gain. Rashes, hypersensitivity reactions. CNS depression eg, drowsiness, headache, psychomotor impairments; urinary retention, dry mouth, blurred vision, GI disturbances.
Potentially Fatal: Ventricular arrhythmias, including torsades de pointes.

Drug Interactions

Imidazole, triazole antifungals, and the macrolide antibacterials inhibit the hepatic metabolism of astemizole. Avoid concomitant admin of other potentially arrhythmogenic drugs. Co-admin with diuretics may cause electrolyte imbalance. Concurrent use with terfenadine is not recommended.

Food Interaction

Grapefruit juice may inhibit the metabolism of astemizole.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Astemizole is a piperidine derivative, non-sedating antihistamine.

Absorption: Rapid absorption from GI tract.

Distribution: Unchanged astemizole: Highly bound to plasma proteins

Metabolism: Extensive 1st pass metabolism.

Excretion: Metabolites are slowly excreted in the urine and faeces, and undergo enterohepatic recycling.

CIMS Class

Antihistamines & Antiallergics

ATC Classification

R06AX11 - astemizole; Belongs to the class of other agents used as systemic antihistamines.

*astemizole information:
Note that there are some more drugs interacting with astemizole
astemizole
astemizole brands available in India
Always prescribe with Generic Name : astemizole, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ACEMIZ syr ACEMIZ tab ACIPAX tab ALERZOLE syr ALERZOLE tab ASTELONG syr ASTELONG tab STEMIZ syr STEMIZ tab
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([all drugs])
atenolol
CIMS Class : (Beta-Blockers) , (Anti-Anginal Drugs)
atenolol

P - Contraindicated in pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related atenolol information

Indication & Dosage

Oral

Hypertension

Adult: 25-100 mg daily as a single dose, depending on response. Takes 1-2 wk for full effect to be observed.

CrCl (ml/min)

Dosage Recommendation

15-35

50 mg daily.

<15

25 mg daily or 50 mg on alternate days.

Dialysis

25-50 mg after each dialysis.

Oral

Angina pectoris

Adult: 50-100 mg daily given as single or divided doses. Max dose: 200 mg daily.

CrCl (ml/min)

Dosage Recommendation

15-35

50 mg daily.

<15

25 mg daily or 50 mg on alternate days.

Dialysis

25-50 mg after each dialysis.

Oral

Prophylaxis of migraine

Adult: 50-100 mg daily.

CrCl (ml/min)

Dosage Recommendation

15-35

50 mg daily.

<15

25 mg daily or 50 mg on alternate days.

Dialysis

25-50 mg after each dialysis.

Intravenous

Emergency treatment of cardiac arrhythmias

Adult: 2.5 mg injected at a rate of 1 mg/minute, may repeat every 5 minutes if needed. Max: 10 mg. Alternatively, 150 mcg/kg to be infused over 20 minutes. May repeat Inj or infusion procedure every 12 hr as needed. Once control is achieved, maintain with oral doses of 50-100 mg/day.

CrCl (ml/min)
Dosage Recommendation
15-35
10 mg once every 2 days.
<15
10 mg once every 4 days.
Intravenous
Acute myocardial infarction
Adult: To be given within 12 hr of the onset of chest pain. Inject 5-10 mg slowly at a rate of 1 mg/minute, followed by an oral dose of 50 mg 15 minutes later (if no adverse effects result from the inj). Alternatively, repeat an IV dose of 5 mg 10 minutes after the initial doser followed by an oral dose of 50 mg 10 minutes after the last IV dose. A further oral dose of 50 mg may be given 12 hr later. Thereafter, maintain with 50 mg every 12 hr or 100 mg/day for 6-9 days post-MI.

CrCl (ml/min)

Dosage Recommendation

15-35

10 mg once every 2 days.

<15

10 mg once every 4 days.

Administration

May be taken with or without food.

Overdosage

Symptoms include lethargy, sinus pause, bradycardia, hypotension, bronchospasm and/or hypoglycaemia. Unabsorbed drug may be removed by induced emesis, gastric lavage or admin of activated charcoal.

Contraindications

Hypersensitivity. Sinus bradycardia, sinus node dysfunction, heart block >1st degree, compensated cardiac failure, cardiogenic shock, bronchospastic diseases, peripheral vascular diseases. Pregnancy.

Special Precautions

Compensated heart failure. Variant angina, acute MI, DM; peripheral vascular disorders; hepatic and renal dysfunction; elderly patients, children. Lactation. If atenolol and clonidine are co-admin, then gradual withdrawal of clonidine should take place a few days after withdrawal of atenolol.

Adverse Drug Reactions

Bronchospasm; cold extremities, fatigue, dizziness, insomnia, lethargy, confusion, headache, depression, nightmares, nausea, diarrhoea, constipation, impotence and paraesthesia.
Potentially Fatal: Heart failure, 2nd or 3rd degree AV block.

Drug Interactions

Decreased effect with aluminum and calcium salts, barbiturates, cholestyramine, NSAIDs, ampicillin, rifampicin.
Potentially Fatal: May increase effects of drugs which slow AV conduction (digoxin, verapamil, diltiazem).

Lab Interference

Increased glucose levels, decreased HDL.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Store at 20-25°C. Oral: Store at 20-25°C.

Mechanism of Action

Atenolol is a competitive cardioselective ß1-blocker. It does not have effect on ß2-receptors except in high doses. Its cardioselectivity is dose-related. Atenolol reduces resting and exercise-induced heart rate as well as myocardial contractility. Peripheral ß-blockade may result in vasoconstriction. Atenolol reduces BP and heart rate which results in reduced myocardial work and O2 requirement leading to improved exercise tolerance and reduced frequency and intensity of anginal attack.

Absorption: Incompletely absorbed from the GI tract (oral); peak plasma concentrations after 1-4 hr.
Distribution: Low lipid solubility, blood-brain barrier (small amounts); crosses the placenta and enters breast milk (concentrations higher than those in plasma). Protein-binding: Minimal.
Metabolism: Hepatic: Minimal.
Excretion: Via urine; elimination half-life: 6-7 hr.

CIMS Class

Beta-Blockers / Anti-Anginal Drugs

ATC Classification

C07AB03 - atenolol; Belongs to the class of selective beta-blocking agents. Used in the treatment of cardiovascular diseases.

*atenolol information:
Note that there are some more drugs interacting with atenolol
atenolol further details are available in official CIMS India
atenolol
atenolol brands available in India

Always prescribe with Generic Name : atenolol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AGLOTEN tab ALINOR tab ANOL tab ATBETA tab ATCARDIL tab ATCOM tab ATECARD tab ATEKIND-50 tab ATELOL tab ATELOL-D tab ATEN tab ATEN-D tab ATENEX tab ATEN-H tab ATENIJ tab ATENOLOL tab ATENOVA H tab ATENOVA tab ATENSIA tab ATEPRES tab ATEZYS tab ATOL tab ATOP tab ATORMIN tab ATPARK tab ATZEE tab B-BLOC tab BETA tab BETACARD H tab BETACARD tab BETEN tab BIDUTEN tab BP NORM tab BP-ACT tab BPGARD tab BP-NOL tab CADPRES tab CARDATEN amp CARDEN tab CATENOL tab CORONOL tab C-TOL tab DILCARE tab ETOPRES tab G-TEN tab HARTEN tab HIBESOR tab HIPRES tab HYTEN tab INDAP-AT tab LAKTEN-50 tab LONOL tab MANOTEN tab NATENOL tab NOVATEN tab O-BETA tab ODINOL tab PERTENOL tab PRESTEN tab TECARD tab TELOL tab TENASE tab TENOLOL inj TENOLOL tab TENOMAC film-coated tab TENOREX tab TENORMIN tab TENSIGARD tab TENSIMIN tab ZIBLOK tab ZIBLOK-H tab

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([all drugs])

atenolol + chlortalidone

CIMS Class : (Beta-Blockers) , (Diuretics)

atenolol + chlortalidone

P - Caution when used during pregnancy

L - Contraindicated in lactation

related atenolol + chlortalidone information

Indication & Dosage

Oral

Hypertension

Adult: Per tablet contains atenolol(mg) and chlorthalidone(mg) 50/12.5 or 100/25 : Take 1 tablet once daily.

CrCl (ml/min)

Dosage Recommendation

15-35

50 mg (atenolol component) /day.

10

50 mg (atenolol component) every othjer day.

Overdosage

Symptoms may include bradycardia, hypotension, acute cardiac insufficiency and bronchospasm. Gastric lavage and activated charcoal and a laxative to prevent absorption of drug from the Gi tract. Excessive bradycardia may be treated with atropine and/or pacemaker. Glucagon may be used if needed. If response to glucagon is poor or glucagon is available, dobutamine may be admin. Treat bronchospasm with bronchodilators. Ensure fluid and electrolyte balance if there is excessive diuresis.

Contraindications

Sinus bradycardia, 2nd or 3rd degree heart block, cardiogenic shock, hypotension, metabolic acidosis, severe peripheral arterial circulatory disturbances, sick sinus syndrome, untreated phaeochromocytoma, uncontrolled heart failure. Hypersensitivity to either product or sulphonamide derivatives. Pregnancy.

Special Precautions

Caution in patients with a history of heart failure, poor cardiac reserve, 1st degree heart block or ananphylactic reactions to allergens . Renal or hepatic impairment, electrolyte disturbances,

history of bronchospasm. May mask tachycardia as a symptom of hypoglycaemia. May mask signs of thyrotoxicosis. May increase frequency and duration of angina attacks in patients with Prinzmetal's angina. Avoid abrupt withdrawal in patients with ischaemic heart disease. Abrupt withdrawal in patients with hyperthyroidism may precipitate thyroid storm.Patients with known pre-disposition to DM. Chlorthalidone may precipitate overt disease in latent diabetics. Patients with known pre-disposition to DM. Chlorthalidone may precipitate acute gout in some patients, lactation. Avoid in patients with reversible obstructive airways disease. Monitor serum potassium levels, especially in elderly, patients receiving digitalis preparations for cardiac failure, patients on low-potassium diet or patients suffering from GI complaints. Chlorthalidone may precipitate acute gout in some patients. Patients with known pre-disposition to DM

Adverse Drug Reactions

Atenolol: Bradycardia, heart failure deterioration, precipitation of heart block, intermittent claudication, Raynaud's phenomenon. Confusion, dizziness, headache, mood changes, nightmares, dry mouth, GI disturbances. Leucopenia, purpura, thrombocytopenia, alopecia, dry eyes, skin rashes, paraesthesia, impotence, visual

disturbances. Chlothalidone: Chlorthalidone may cause hypersensitivity reactions & rarely hyponatraemia. Diabetes and gout may be precipitated. Gastric irritation, vomiting, cramping, constipation, cholestatic jaundice.

Potentially Fatal: Atenolol: Heart failure, 2nd or 3rd degree AV block.

Drug Interactions

Both: Carboxolone may increase bp due to fluid retention but there may be an additive effective of the chlorthalidone. Atenolol: Reduced hypotensive effect with pseudoephedrine/xylometazoline. Increase risk of bradycardia with amisulpride, alprostadil, flecainide. Increase risk of hypotension with alprostadil and baclofen. Reduced effect of sulphonylureas. Chlorthalidone: May alter insulin requirements and impairdiabetic control in diabetics using oral diabetic medicine; may reduce renal clearance of lithium and increases risk of lithium toxicity; May enhancedigitalis toxicity; Risk of hypercalcaemia with paricalcitol or high dose calcium with or without vitamin D. Increased risk of hypokalaemia with ritodrine, corticosteroids and amphotericin B.

Potentially Fatal: Atenolol: Risk of bronchspasm if atenolol is used concurrently with aminophylline/ theophylline. Cardiac depression when used with methoxyflurane. Atenolol has be be withrawn 24 hrs to 4 days pre-op if methoxyflurane is to be admin. Marked bp raise with dobutamine. Risk of bradycardia and hypertension/hypotension when used concurrently with adrenaline. Severe cardio depression withverapamil. Paradoxical hypertension if used with clonidine. Chlorthalidone: Risk of death from arrhythmias with ketanserin.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Do not store >25°C.

Mechanism of Action

Atenolol is a ß-blocker that acts preferentially on the ß1 adrenergic receptors in the heart. Chlorthalidone is a thiazide-like diuretic that reduces BP possibly by increasing excretion of sodium and chloride ions. Combination of the two drugs results in additive antihypertensive action.

Absorption: Atenolol: Incomplete absorption of about 50% (oral); plasma levels peak 2-4 hr after oral admin. Chlorthalidone: Incomplete absorption of about 60%; peak plasma levels: 12 hr after oral admin.

Distribution: Atenolol: Low plasma protein binding. Chlortalidone: 90% bound to mainly red blood cells

Metabolism: Atenolol: No significant hepatic metabolism.

Excretion: Atenolol: Mainly via urine; Chlorthalidone: mainly via urine.

CIMS Class

Beta-Blockers / Diuretics

ATC Classification

C07AB03 - atenolol; Belongs to the class of selective beta-blocking agents. Used in the treatment of cardiovascular diseases.

*atenolol + chlortalidone information:

Note that there are some more drugs interacting with atenolol + chlortalidone

atenolol + chlortalidone

atenolol + chlortalidone brands available in India

Always prescribe with Generic Name : atenolol + chlortalidone, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ATECARD-D tab TENOCLOR tab TENORIC tab

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([all drugs])

atenolol + nifedipine

CIMS Class : (Beta-Blockers) , (Calcium Antagonists)

atenolol + nifedipine

P - Caution when used during pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related atenolol + nifedipine information

Indication & Dosage

Oral

Hypertension, Angina pectoris

Adult: Per capsule contains atenolol 50 mg and nifedipine (sustained release) 20 mg: 1 capsule once or twice daily.

Elderly: Per capsule contains atenolol 50 mg and nifedipine (sustained release) 20 mg: 1 capsule once daily.

Overdosage

May cause hypotension and congestive cardiac failure. Unabsorbed drug may be removed by gastric lavage or administration of activated charcoal. Atenolol may be removed by haemodialysis. Symptomatic treatment may be required.

Contraindications

Hypersensitivity, CCF, sinus bradycardia, heartblock > 1st degree, hypotension and overt cardiac failure, aortic stenosis, unstable angina, acute attacks of angina, acute MI or secondary prevention of MI, cardiogenic shock. Lactation.

Special Precautions

Peripheral vascular disease, hepatic or renal dysfunction, malignant hypertension, fixed left ventricular obstruction, withdrawal should be gradual. Excessive drop in BP may occur in some patients, especially elderly. Caution when used in patients with airway obstruction. Caution in diabetics as it may mask signs of hypoglycaemia. Continued depression of the myocardium by beta-blocker may lead to cardiac failure. Nifedipine may cause severe chest pain, increased severity, duration or frequency of anagina. May mask signs of hyperthyroidism. Not to be used in patients with untreated phaeochromocytoma. Caution when used in patients with peripheral circulatory disorders. Pregnancy.

Adverse Drug Reactions

Headache, palpitation, flushing, depression, wheezing, dizziness, hypotension, GI upsets, fatigue, vertigo, warmth and sweating. Itching, muscle cramps and cold extremities.

Drug Interactions

Increased risk of hypotension and/or bradycardia when used with catecholamine-depleting drugs. If used with clonidine, atenolol can worsen rebound hypertension following clonidine withdrawal.

Hypotensive effect of atenolol may be reduced when used with prostaglandin synthase inhibiting drugs. Nifedipine may increase serum digoxin levels. Cimetidine may increase peak plasma levels and area-under-the-curve of nifedipine. Reduced efficacy of nifedipine with phenytoin or rifampicin. Calcium channel blockers may reduce clearance of nifedipine. Increased plasma levels of nifedipine with cisapride, quinupristin or dafloprístin. Concurrent use with MAOIs, noradrenaline or adrenaline can cause excessive increase in BP. Cardiac depressant effects may be additive when atenolol is used with narcotics or antiarrhythmics. May potentiate the action of non-depolarising muscle relaxants.

Food Interaction

Do not take with grapefruit juice as the bioavilability of nifedipine will be increased.

Mechanism of Action

Atenolol is a beta 1-selective beta-adrenergic receptor blocker which results in reduction of systolic and diastolic BP at rest and on exercise, reduction in reflex orthostatic tachycardia, reduction in resting and exercise heart rate and cardiac output. Nifedipine is a

dihydropyridine calcium-channel blocker. It acts primarily on the cells of the myocardium and the smooth muscle cells of the coronary arteries and the peripheral resistance vessels. Its main action is to cause peripheral vasodilatation and thus reduction of peripheral resistance.

Absorption: Atenolol: Absorption is rapid but incomplete; about 50% of a dose is absorbed from the GI tract. Nifedipine: Almost completely absorbed from the GI tract.

Distribution: Atenolol: 6-16% bound to plasma proteins. Nifedipine: 92-98% bound to plasma proteins.

Metabolism: Atenolol: Little or no hepatic metabolism. Nifedipine: Extensive hepatic metabolism.

Excretion: Atenolol: Absorbed portion is removed mainly via renal route; the unabsorbed portion is removed in the faeces; elimination half-life: About 6-7 hr. Nifedipine: <1% of the parent drug appeared unchanged in the urine; 70-80% of activity is removed mainly as metabolites in the urine, remainder is via the faeces.

CIMS Class

Beta-Blockers / Calcium Antagonists

ATC Classification

C07AB03 - atenolol; Belongs to the class of selective beta-blocking agents. Used in the treatment of cardiovascular diseases.

C08CA05 - nifedipine; Belongs to the class of selective dihydropyridine derivative calcium-channel blockers with mainly vascular effects. Used in the treatment of cardiovascular diseases.

*atenolol + nifedipine information:

Note that there are some more drugs interacting with atenolol + nifedipine

atenolol + nifedipine

atenolol + nifedipine brands available in India

Always prescribe with Generic Name : atenolol + nifedipine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BETA-NICARDIA suscap BETANIF cap BETA-NIFEDINE cap BETATROP SR-cap CARDULES PLUS SR-cap DEPTEN SR-tab NIFETOLOL film-coated tab NILOL SR-tab PRESOLAR cap TENOFED cap

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([all drugs])

atomoxetine

CIMS Class : (Other CNS Drugs & Agents for ADHD)

atomoxetine

P - Caution when used during pregnancy

related atomoxetine information

Indication & Dosage

Oral

Attention deficit hyperactivity disorder

Adult: Initially, 40 mg daily, may increase gradually after at least 7 days to 80 mg daily; up to 100 mg daily may be used after 2-4 wk.

Child: For adolescents and children (=6 yr): = 70 kg: Initially, 500 mcg/kg/day, may increase gradually to 1.2 mg/kg/day, up to 100 mg daily or 1.4 mg/kg/day whichever is lower; >70 kg: Initially, 40 mg daily, may increase gradually after at least 7 days to 80 mg daily, up to 100 mg daily may be used after 2-4 wk.

Hepatic impairment: Moderate impairment: Reduce dose by 50%. Severe impairment: Reduce dose by 75%.

Administration

May be taken with or without food. (Swallow whole, do not open cap.)

Overdosage

Symptoms include somnolence, agitation, hyperactivity, abnormal behaviour, mydriasis, tachycardia, dry mouth and GI symptoms. Gastric emptying and use of activated charcoal may reduce drug absorption; monitor patient and provide supportive treatment. Dialysis may not be beneficial.

Contraindications

Angle-closure glaucoma. Not to be used with or within 14 days of discontinuing treatment with MAOIs.

Special Precautions

Monitor height and wt gain especially during the initial period of treatment; dose reduction or treatment interruption may be needed in children whose growth or wt gain is not satisfactory. Patients with high BP or cardiovascular conditions that may be worsened by increases in BP or heart rate. Caution when used in patients with a history of psychotic illness or bipolar disorder. May increase the risk of urinary obstruction or hesitancy. Monitor for

signs of clinical worsening, suicidality or unusual behavioural changes especially during the start of treatment and during dose changes. Safety and efficacy have not been established in patients <6 yr. Not recommended for use in pregnancy.

Adverse Drug Reactions

GI disturbances, anorexia and wt loss, fatigue. CNS symptoms e.g. headache, insomnia, sleep disturbances, dizziness, irritability and emotional lability. Cough, sinusitis or rhinorrhoea, urinary hesitancy or retention. Reduced libido and sexual dysfunction. Skin rashes, increased sweating and hot flushes.

Drug Interactions

May cause additive effect when used with drugs that increase BP. May potentiate the effect of salbutamol on the CVS. Increased risk of seizures when used with drugs that are known to lower seizure threshold. May increase risk of cardiac events when used with drugs that affect cardiac conduction or electrolyte balance, or that inhibit CYP2D6 (e.g. chlorpromazine, delavirdine, fluoxetine, miconazole, pergolide,quinidine, ritonavir).

Potentially Fatal: Concurrent use with or within 2 wk of discontinuing MAOIs may cause serious toxicity (e.g. hyperthermia, rigidity, myoclonus, mental status changes, autonomic instability, neuroleptic malignant syndrome). Combined use is contraindicated.

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Atomoxetine hydrochloride selectively inhibits the reuptake of noradrenaline. It is used in the treatment of attention deficit hyperactivity disorder in adults and children aged =6 yr.
Absorption: Good absorption after oral admin. Bioavailability ranges from 63-94% depending on whether the patient is an extensive or poor metaboliser.
Distribution: About 98% bound to plasma proteins.
Metabolism: Mainly metabolised by cytochrome P450 isoenzyme CYP2D6 to the active metabolite 4-hydroxyatomoxetine.

Excretion: Largely excreted in the urine mainly as glucuronide metabolites; <17% of a dose is excreted in the faeces. Elimination half-life ranges from 5.2-21.6 hr.

CIMS Class

Other CNS Drugs & Agents for ADHD

ATC Classification

N06BA09 - atomoxetine; Belongs to the class of centrally-acting sympathomimetics. Used as CNS stimulant.

*atomoxetine information:
Note that there are some more drugs interacting with atomoxetine
atomoxetine
atomoxetine brands available in India
Always prescribe with Generic Name : atomoxetine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ATTENTROL cap ATTENTROL tab AXEPTA tab

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([all drugs])

atorvastatin

CIMS Class : (Dyslipidaemic Agents)

atorvastatin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related atorvastatin information

Indication & Dosage

Oral

Mixed dyslipidaemia

Adult: Initially, 10 or 20 mg daily, may increase at 4-wkly intervals. May initiate with 40 mg once daily in patients who require >45% reduction in low-density lipoprotein cholesterol. Max dose: 80 mg/day.

Oral

Nonfamilial hypercholesterolaemia

Adult: Initially, 10 or 20 mg daily, may increase at 4-wkly intervals. May initiate with 40 mg once daily in patients who require >45%

reduction in low-density lipoprotein cholesterol. Max dose: 80 mg/day.

Oral

Heterozygous familial hypercholesterolaemia

Adult: Initially, 10 or 20 mg daily. Usual range depending on response: 10-80 mg daily.

Child: 10-17 yr: Initially, 10 mg daily, adjust dose based on response. Max: 20 mg daily.

Administration

May be taken with or without food.

Overdosage

Symptomatic and supportive treatment.

Contraindications

Hypersensitivity, active liver disease or unexplained persistent elevations of serum transaminase, porphyria, pregnancy, lactation.

Special Precautions

Patients who consume substantial quantities of alcohol. History of liver disease. Patients with risk factors for myopathy or rhabdomyolysis. Hypothyroidism should be properly managed prior to starting statin therapy. Children <10 yr. Premenarcheal females.

Adverse Drug Reactions

Headache, flatulence, diarrhoea, nausea, vomiting, anorexia, xerostomia, angioedema, myalgia, rash/pruritus, alopecia, allergy, infection, chest pain.
Potentially Fatal: Thrombocytopenia. Rhabdomyolysis with acute renal failure.

Drug Interactions

Increased AUC for norethindrone and ethinyl estradiol. Concomitant multiple doses of atorvastatin and digoxin increased steady-state digoxin levels. Increased risk of rhabdomyolysis when used concurently with fibrates. Co-admin with antacid suspensions and colestipol decreased atorvastatin levels.

Lab Interference

Biochemical abnormalities of liver function tests.

Pregnancy Category (US FDA)

Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.

Mechanism of Action

Atorvastatin competitively inhibits HMG-CoA reductase, the enzyme that catalyses the conversion of HMG-CoA to mevalonic acid. This results in the induction of the LDL receptors, leading to lowered LDL-cholesterol concentration.

Absorption: Rapid from the GI tract (oral).

Distribution: Protein-binding: 98%.

Metabolism: Extensively hepatic; converted to active inhibitors of HMG-CoA reductase.

Excretion: Faeces (as metabolites); 14 hr (elimination half-life).

CIMS Class

Dyslipidaemic Agents

ATC Classification

C10AA05 - atorvastatin; Belongs to the class of HMG CoA reductase inhibitors. Used in the treatment of hyperlipidemia.

*atorvastatin information:
Note that there are some more drugs interacting with atorvastatin
atorvastatin further details are available in official CIMS India
atorvastatin
atorvastatin brands available in India
Always prescribe with Generic Name : atorvastatin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : A1A cap ALIP tab ALIP-AM tab ALNAVAS tab ALTOVAS tab ALVASTATIN tab AMAT tab AOVA tab AQUALIP tab ARPITOR film-coated tab ARPITOR-CP film-coated tab ASAT tab ASTIN tab ASVASIN tab ATALO tab ATAST tab ATBA tab ATCHOL ASP cap ATCHOL

tab ATEVAN tab ATHEART tab ATHEROCHEK film-coated tab ATHEROCHEK-10 tab ATHEROCHEK-5 tab ATIX tab ATO tab ATOCOR tab ATOFAST tab ATOFAST-M tab ATONE-10 tab ATOPLUS cap ATORBEL tab ATORBEST film-coated tab ATORDEN tab ATORDIN tab ATOREC tab ATOREM film-coated tab ATORFIT tab ATORIL tab ATORIN tab ATORIV tab ATORKARE tab ATORLIP film-coated tab ATORMAC film-coated tab ATORNET tab ATOROLL tab ATORSAVE film-coated tab ATORSI tab ATORTIN tab ATORTUS film-coated tab ATORVA film-coated tab ATORVASIA tab ATORVIK tab ATOSA cap ATOSAR 10 tab ATOSAR tab ATOVER tab ATOZIDE tab ATRIA tab ATROLAR tab ATROSTAT tab ATSTAT film-coated tab ATTOR tab ATV tab ATVAS tab AVAS PLUS tab AVAS tab AVASCARE film-coated tab AVASTIN tab A-VIN tab A-VIN-AS tab AVISTATIN tab AZTOR tab AZTOR-ASP 150 cap AZTOR-ASP cap BAROSTATIN tab BIOSTAT film-coated tab BIOTOR tab CAAT tab CARATO tab CARDINOVA tab CARDIPILL tab CARDIPILL-LS tab CARDISTAT tab CHOLECHEK tab CHOLESTAT tab DIPOLIP tab DUOCAD cap DYSLIP-5 tab DYSLIPTIN tab ECOSPRIN-AV 150 cap ECOSPRIN-AV cap ELVAS tab ETO tab ETOVAS tab GATOVAS tab GENLIP tab GENXVAST film-coated tab GISSISTAT cap HARTOR

tab HIVAS tab JSTAT softgel JVASTOR tab KOBIT tab KOBIT-AS tab KOBIT-M tab LDTOR tab LESSTROL AM tab LESSTROL N tab LESSTROL tab LIPICHEK tab LIPICON tab LIPICOR tab LIPICURE AS tab LIPICURE tab LIPID tab LIPIDROP tab LIPIDROP-V tab LIPIFOL PLUS tab LIPIKIND film-coated tab LIPIKIND-AM film-coated tab LIPILES tab LIPIRA film-coated tab LIPIRIC tab LIPIROL tab LIPITAB tab LIPIVAS tab LIPOFIX tab LIPONORM film-coated tab LIPOREST tab LIPVAS film-coated tab MINISTAT tab MODLIP ASP cap MODLIP tab MODLIP-AM tab MONOTORVA tab NIYAT tab NOCLOG tab NUROKIND HART film-coated tab NUSTAT film-coated tab OMNITOR tab ORVAS tab OSTIN tab PILECA tab PLEOPILL tab PLEOSTIN tab POLYTORVA cap QEST tab REDUSTAT film-coated tab ROTAC tab ROTACOR tab SAVIOR tab STARCAD tab STATCIP tab STATIM tab STATIX tab STATOR Compliancepack STATOR tab STATOR-AM tab STATOR-GM1 Bilayeredtab STATOR-GM2 Bilayered-tab STATOR-R tab STORVAS 10 CP compliance-pack STORVAS 40 film-coated tab STORVAS 5 tab STORVAS 80 tab STORVAS film-coated tab STORVAS-AMF tab SYMTOR film-coated tab SYMTOR FORTE cap SYMTOR PLUS cap TG-ACT tab TG-TOR FC-tab TONACT FORTE tab TONACT PLUS tab TONACT tab TONACT-ASP cap TORALIP tab TORAS tab TORSA tab TP

ATOR tab TRAVA film-coated tab UNIVAS tab VAGATOR tab VANSAN tab VASOLIP tab VASTA tab VATOR tab VIOLIP film-coated tab VISVAS tab XTOR film-coated tab ZIVAS tab ZIVAST film-coated tab ZIVAST-ASP cap ZIVAST-L FORTE tab ZIVAST-L tab ZUVAS tab ZYCAD-4 kit

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([all drugs])

atorvastatin + ezetimibe

CIMS Class : (Dyslipidaemic Agents)

atorvastatin + ezetimibe

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related atorvastatin + ezetimibe information

Indication & Dosage

Oral

Hypercholesterolaemia

Adult: Per tablet contains atorvastatin 10 mg and ezetimibe 10 mg: Usual starting: 1 tablet once daily.

Overdosage

Monitor LFTs and serum CPK. Haemodialysis may not be useful in removing atorvastatin. Supportive and symptomatic measures may be needed.

Contraindications

Hypersensitivity; active liver disease or unexplained persistent elevated liver function tests. Pregnancy and lactation.

Special Precautions

Hepatic impairment; patients consuming substantial quantities of alcohol with a history of liver disease. Not recommended for use in children <10 yr.

Adverse Drug Reactions

Headache, flatulence, dyspepsia, myalgia, rash, pruritus, allergy and infection. Abdominal discomfort, asthenia, constipation, diarrhoea, back pain, arthralgia, resp infection and fatigue.

Drug Interactions

Atorvastatin: Increases digoxin levels; increases anticoagulant effect of warfarin. Avoid the combination of HMG-CoA reductase inhibitors and fibrates. Ezetimibe: Cholestyramine decreases AUC of ezetimibe by approx 55%; ciclosporin may increase ezetimibe levels.

Potentially Fatal: Antacids decrease atorvastatin levels; colestipol decreases atorvastatin plasma levels; propranolol decreases antihyperlipidaemic activity of atorvastatin.

Mechanism of Action

Atorvastatin competitively inhibits HMG-CoA reductase, the enzyme that catalyses the conversion of HMG-CoA to mevalonate which is an early rate-limiting step in cholesterol biosynthesis. Ezetimibe inhibits the absorption of cholesterol from the intestine, thus decreasing the delivery of intestinal cholesterol to the liver.

CIMS Class

Dyslipidaemic Agents

ATC Classification

C10AA05 - atorvastatin; Belongs to the class of HMG CoA reductase inhibitors. Used in the treatment of hyperlipidemia.
C10AX09 - ezetimibe; Belongs to the class of other cholesterol and triglyceride reducers. Used in the treatment of hyperlipidemia.

*atorvastatin + ezetimibe information:
Note that there are some more drugs interacting with atorvastatin + ezetimibe
atorvastatin + ezetimibe
atorvastatin + ezetimibe brands available in India
Always prescribe with Generic Name : atorvastatin + ezetimibe, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ALNAVAS-EZ tab ALTOVAS-EZ tab AOVA-EZ tab ATHEART-EZ film-coated tab ATHEROTWO cap ATHEROTWO F-cap ATIX-EZ tab ATOFAST-EZ tab ATORIN-EZ tab ATORKARE-EZ tab ATORLIP-EZ tab ATOROLL-EZ tab ATORTUS-EZ tab ATORVIK-EZ tab AVAS EZ tab AVASCARE-EZ film-coated tab AZTOR-EZ tab BITORVA tab CARDISOZ-AT tab DILUTEX PLUS tab DYSLIP-EZ tab DYSLIPTIN-EZ tab ECOSTAT tab ESIA film-coated tab ETOVAS-EZ tab EZEMAX-A tab EZEVAS cap GENLIP-EZ tab JVASTOR-EZ

tab LDTOR Z tab LESSTROL EZ tab LIPI-EZ tab LIPIKIND-EZ film-coated tab LIPIVAS EZ tab LIPOFIX EX tab LIPONORM-EZ film-coated tab MODLIP-EZ tab NOCLOG-EZ tab OMNITOR-EZ tab ORVAZ-EZ tab PLEOPILL EZ tab PLEOSTIN EZ tab REDUSTAT-EZ film-coated tab STATIX-EZ tab STATOR-EZ tab STORVAS-EZ 10 film-coated tab STORVAS-EZ 20 tab TG-TOR-EZ tab TONACT-EZ tab TORSA-EZ film-coated tab VAGATOR EZ tab VASOLIP-EZ tab VASTEZE tab VISVAS-EZ tab XTOR-EZ tab ZESTAT film-coated tab ZESTOR tab ZETISTAT tab ZETITOR tab ZETIVAS tab ZIVAST-E film-coated tab ZUVAS E tab

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([all drugs])

atorvastatin + fenofibrate

CIMS Class : (Dyslipidaemic Agents)

atorvastatin + fenofibrate

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related atorvastatin + fenofibrate information

Indication & Dosage

Oral

Mixed dyslipidaemia

Adult: Per tablet contains atorvastatin 10 mg and fenofibrate (micronised) 160 mg: 1 tab once daily.

Overdosage

Monitor LFTs and serum CPK levels. Unabsorbed drug may be removed by gastric lavage or emesis. General supportive care.

Contraindications

Hypersensitivity, hepatic or severe renal dysfunction, unexplained persistent liver function abnormality, unexplained persistent elevations of serum transaminases exceeding 3 times the upper limit of normal. Preexisting gallbladder disease. Pregnancy and lactation.

Special Precautions

Uncomplicated myalgia, patients who consume substantial quantities of alcohol and have a history of liver disease. Monitor LFTs before starting therapy and at 12 wk after starting and

periodically thereafter. Treatment should be temporarily discontinued in patients with acute, serious condition suggestive of myopathy or having risk factor predisposing to the development of renal failure secondary to rhabdomyolysis. Fenofibrate may increase risk of cholelithiasis; discontinue if gallbladder stones are found. Fenofibrate may increased risk of pancreatitis. Renal impairment. Safety and efficacy have not been established in paediatrics.

Adverse Drug Reactions

Abnormal LFTs, gastritis, abdominal pain, back pain, leg pain, joint pain, burning feet, body ache, numbness in legs, resp disorder, rhinitis. Constipation, flatulence, dyspepsia, headache, nausea, myalgia, asthenia, diarrhoea, insomnia.
Potentially Fatal: Pancreatitis, cholelithiasis, hepatitis, cholecystitis, hepatomegaly, rhabdomyolysis; hypersensitivity.

Drug Interactions

Concurrent administration with colestipol may reduce the serum levels of atorvastatin by about 25%. Concurrent administration with digoxinmay increase steady-state plasma digoxin levels by

about 20%. Increased risk of myopathy when used with erythromycin. Concurrent use of atorvastatin with oral contraceptives containing norethindrone and ethinyl estradiol may increase plasma levels of norethindrone and ethinyl estradiol. Monitor prothrombin time/INR when used with oral anticoagulants. Increased risk of myopathy when used with ciclosporin or azole antifungals/niacin.

Potentially Fatal: Co-administration with antacids susp decreased atorvastatin levels. Plasma levels of atorvastatin decreased with co-administration of colestipol. Decrease in antihyperlipidaemic activity may occur with propranolol. Fenofibrate increases the clotting time and causes bleeding complications when co-administered with oral anticoagulants.

Lab Interference

Fenofibrate increases AST, ALT, creatinine, blood urea levels; decreased haemoglobin, haematocrit, uric acid.

Mechanism of Action

Atorvastatin competitively inhibits HMG-CoA reductase, the enzyme that catalyses the conversion of HMG-CoA to mevalonic acid. HMG-CoA reductase inhibitors increase HDL-C and decrease LDL-C, VLDL-C and plasma triglycerides. Fenofibric acid, active metabolite of fenofibrate, lowers plasma triglycerides by inhibiting TG synthesis, resulting in the reduction of VLDL-C. Also, it stimulates the catabolism of VLDL-C. It reduces serum uric acid levels by increasing the urinary excretion of uric acid.

Absorption: Atorvastatin: Rapid absorption after oral admin. Absolute bioavailability: 14%. Fenofibrate: Well absorbed after oral admin.

Distribution: Atorvastatin: >98% bound to plasma proteins. Fenofibrate: About 99% bound to plasma proteins.

Metabolism: Atorvastatin: Extensively metabolised. Fenofibrate: Rapidly hydrolysed by esterases to the active metabolite, fenofibric acid.

Excretion: Atorvastatin and its metabolites: Removed mainly in the bile. Mean elimination half-life: About 14 hr. Fenofibrate: Mainly removed in the urine as metabolites; fenofibric acid has an elimination half-life of about 16 hr.

CIMS Class

Dyslipidaemic Agents

ATC Classification

C10AA05 - atorvastatin; Belongs to the class of HMG CoA reductase inhibitors. Used in the treatment of hyperlipidemia.
C10AB05 - fenofibrate; Belongs to the class of fibrates. Used in the treatment of hyperlipidemia.

*atorvastatin + fenofibrate information:
Note that there are some more drugs interacting with atorvastatin + fenofibrate
atorvastatin + fenofibrate
atorvastatin + fenofibrate brands available in India
Always prescribe with Generic Name : atorvastatin + fenofibrate, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : AFF film-coated tab AOVA-F tab ATCHOL-F tab ATOFAST-F tab ATOREM-F Bilayeredtab ATORFEN 10 film-coated tab ATORFEN 5 film-coated tab ATORIN-F tab ATORKARE-F tab ATORLIP-F tab ATORMAC-TG tab ATORNET-F tab ATORVA-TG tab ATOZIDE-F tab DIPLITOR

tab DYSLIP-TG tab DYSLIPTIN-TG tab FENOSTAT cap FIBATOR EZ tab FIBATOR tab FIBATOR-LS tab FIBROVAS tab GENXVAST-F film-coated tab INOVAS-F tab LIPICARD AV cap LIPLOFIN tab LORISK tab LORLIP tab LORLIP-CV tab LORLIP-EZ tab LORLIP-LS tab ORVAZ-FT tab REDUSTAT-PLUS film-coated tab STATIX-F tab STATOR-F tab STORFIB 145 film-coated tab STORFIB tab TG-GOAL tab TG-TOR-F tab TONACT-TG tab VATOR-F tab XTOR -F tab ZIVAST F film-coated tab

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([all drugs])

atracurium besilate

CIMS Class : (Muscle Relaxants)

atracurium besilate

P - Caution when used during pregnancy

L - Caution when used during lactation

related atracurium besilate information

Indication & Dosage

Intravenous

Aid controlled ventilation, Endotracheal intubation, Muscle relaxant in general anaesthesia

Adult: Initially, 300-600 mcg/kg as inj. Subsequently, 100-200 mcg/kg when necessary or every 15-25 minutes for maintenance in prolonged procedures. Alternatively, maintenance can also be achieved by continuous infusion at 5-10 mcg/kg/minute. Initial dose should be given over 60 seconds in patients with CV disease. Dose should be calculated based on ideal body-weight in obese patients.
Child: =2 mth: Initially, 400-500 mcg/kg as inj. Maintenance dose: 80-100 mcg/kg; first maintenance dose may be given 20-45 min after the initial dose, subsequently, may be repeated every 15-25 min. For children 1 mth-2 yr: 300-400 mcg/kg may be used as initial dose in those who are under halothane anaesthesia. Maintenance doses may be admin more frequently in infant and children than adults.

Special Populations: For patients with significant CV disease or any history (e.g. severe anaphylactoid reactions or asthma) suggesting a greater risk of histamine release, an initial dose of 0.3-0.4 mg/kg should be given slowly or in divided doses over 1 min. For adults receiving atracurium following the use of succinylcholine for intubation under balanced anesthesia, an initial dose of 0.3-0.4 mg/kg is recommended. Dosage reductions may be necessary in patients with neuromuscular disease, severe electrolyte disorders

or carcinomatosis in which potentiation of neuromuscular block or difficulties with reversal have been demonstrated.

Reconstitution: May be diluted in normal saline, dextrose 5% in water or dextrose 5% in normal saline.
Incompatibility: Incompatible with alkaline solutions and lactated Ringer's solution. Y-site incompatibility: Diazepam, thiopental, propofol. Admixture incompatibility: Ranitidine, sodium nitroprusside, heparin, cefazolin, aminophylline, quinidine gluconate.

Overdosage

May lead to prolonged apnoea with CV collapse and the effects of histamine release.

Contraindications

Hypersensitivity.

Special Precautions

Neonates; severe CVS disorders; renal or hepatic dysfunction; myasthenia gravis and other neuromuscular disorders; severe electrolyte imbalances; respiratory insufficiency or pulmonary disease, asthma; burns; cardiopulmonary bypass; smoking; pregnancy and lactation. Dosage for obese patients should be based on ideal body-weight to prevent overdosing.

Adverse Drug Reactions

Cutaneous reactions; bradycardia, transient hypotension in patients with CVS disorders; dyspnoea, bronchospasm; rash and urticaria.

Drug Interactions

Mixed block with suxamethonium which is difficult to reverse with anticholinergic drugs. Ketamine may potentiate the effects of atracurium. Concurrent use with tamoxifen or danazol may prolong effects of atracurium.
Potentially Fatal: Neuromuscular blockade potentiated by parenteral Mg salts, anaesthetics, aminoglycosides and polypeptide antibiotics,botulinum A toxin. Malignant hyperthermia with halogenated anaesthetics and succinylcholine. MAOIs.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intravenous: Intact vials: Refrigerate at 2-8°C. Do not freeze. Dilutions of 0.2 mg/ml or 0.5 mg/ml are stable for up to 24 hr at room temperature or under refrigeration.

Mechanism of Action

Atracurium besilate blocks neural transmission at the neuromuscular junction by competitive binding at the cholinergic receptor sites on the motor end plate.

Distribution: Protein binding: 80%.

Excretion: Excretion in urine and bile, mostly as metabolites. Elimination half-life: about 20 min.

CIMS Class

Muscle Relaxants

*atracurium besilate information:

Note that there are some more drugs interacting with atracurium besilate

atracurium besilate

atracurium besilate brands available in India

Always prescribe with Generic Name : atracurium besilate, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACRIS amp ARTACIL amp ARTACIL-50 amp ATCURIUM amp ATCURON amp ATRACADE amp ATRAKT amp ATRELAX inj TRACRIUM inj TROYCURIUM amp

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([all drugs])

atropine

CIMS Class : (Other Cardiovascular Drugs) , (Mydriatic Drugs) , (Antidotes, Detoxifying Agents & Drugs Used in Substance Dependence)

atropine

P - Caution when used during pregnancy

related atropine information

Indication & Dosage

Parenteral

Premedication in balanced anaesthesia

Adult: 300-600 mcg IM/SC 30-60 minutes before anaesthesia. Alternatively, 300-600 mcg IV immediately before induction of anaesthesia.

Child: >20 kg: 300-600 mcg; 12-16 kg: 300 mcg; 7-9 kg: 200 mcg; >3 kg: 100 mcg. Doses to be given via IM/SC admin 30-60 minutes before anaesthesia.

Parenteral

Organophosphorus poisoning

Adult: 2 mg IV/IM, every 10-30 minutes until muscarinic effects disappear or atropine toxicity appears. In severe cases, dose can be given as often as every 5 minutes. In moderate to severe poisoning, a state of atropinisation is maintained for at least 2 days and continued for as long as symptoms are present.

Child: 20 mcg/kg given every 5-10 minutes.

Parenteral

Poisoning or overdosage with compounds having muscarinic actions

Adult: 0.6-1 mg IV/IM/SC, repeated every 2 hr.

Intravenous

Bradycardia

Adult: 500 mcg every 3-5 minutes. Total: 3 mg.

Max Dosage: 0.04 mg/kg body weight.

Ophthalmic

Inflammatory eye disorders

Adult: Instill 1-2 drops of a 0.5-1% solution up to 4 times daily.

Child: As sulfate: Instill 1-2 drops of a 0.5% soln (or 1 drop of a 1% solution) up to tid.

Ophthalmic

Eye refraction

Adult: Instill 1 drop of a 1% solution bid for 1-2 days before the procedure, or on a single occasion 1 hr before the procedure.

Child: As sulfate: Instill 1 or 2 drops of a 0.5% soln (or 1 drop of a 1% solution) bid for 1-3 days before the procedure, with a further dose given 1 hr before the procedure.

Incompatibility: Incompatible with hydroxybenzoate preservatives.

Administration

May be taken with or without food. (Take w/ food or water.)

Overdosage

May cause hyperthermia, hypertension, increased respiratory rate, nausea and vomiting. May also lead to CNS stimulation. Severe intoxication may lead to CNS depression, coma, respiratory failure and death.

Contraindications

Glaucoma, chronic respiratory disease, sick sinus syndrome, thyrotoxicosis, cardiac failure, pyloric stenosis, prostatic hypertrophy.

Special Precautions

Reflux oesophagitis, elderly, infants and children. Pregnancy.

Adverse Drug Reactions

Dry mouth, dysphagia, constipation, flushing and dryness of skin, tachycardia, palpitations, arrhythmias, mydriasis, photophobia, cycloplegia, raised intraocular pressure. Toxic doses cause

tachycardia, hyperpyrexia, restlessness, confusion, excitement, hallucinations, delirium and may progress to circulatory failure and resp depression. Eye drops: Systemic toxicity esp in children, on prolonged use may lead to irritation, hyperaemia, oedema and conjunctivitis. Increased intraocular pressure. Inhalation: Dryness of mouth, throat.

Potentially Fatal: Atrial arrhythmias, AV dissociation, multiple ventricular ectopics.

Drug Interactions

Additive anticholinergic effects with quinidine, antidepressants and some antihistamines.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intravenous: Store at 15-30°C. Ophthalmic: Store at 15-30°C. Parenteral: Store at 15-30°C.

Mechanism of Action

Atropine is an anticholinergic agent which competitively blocks the muscarinic receptors in peripheral tissues such as the heart, intestines, bronchial muscles, iris and secretory glands. Some central stimulation may occur. Atropine abolishes bradycardia and reduces heart block due to vagal activity. Smooth muscles in the bronchi and gut are relaxed while glandular secretions are reduced. It also has mydriatic and cycloplegic effect.

Absorption: Readily absorbed from the GI tract; also absorbed from mucous membranes, eye, and through intact skin.

Distribution: Distributes throughout the body and crosses the blood-brain barrier and placenta.

Metabolism: Incomplete metabolism in the liver.

Excretion: Excreted in urine as unchanged drug and metabolites. Half-life reported to be 4 hr.

CIMS Class

Other Cardiovascular Drugs / Mydriatic Drugs / Antidotes, Detoxifying Agents & Drugs Used in Substance Dependence

ATC Classification

A03BA01 - atropine; Belongs to the class of belladonna alkaloids, tertiary amines. Used in the treatment of functional gastrointestinal disorders.
S01FA01 - atropine; Belongs to the class of anticholinergics used in the treatment of mydriasis and cyclopegia.

*atropine information:
Note that there are some more drugs interacting with atropine
atropine
atropine brands available in India
Always prescribe with Generic Name : atropine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ATP amp ATRISOLON eye drops ATRO inj ATRON amp ATROPINE SULPHATE inj ATROREN-P eye drops ATROSUN eye drops TOPIN eye drops TROPINE inj

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([all drugs])

azathioprine

CIMS Class : (Immunosuppressants)

azathioprine

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related azathioprine information

Indication & Dosage

Oral

Prophylaxis of rejection in organ and tissue transplant

Adult: 1-5 mg/kg/day. Adjust dose according to clinical response and haematological tolerance. Dose may also be given via IV admin.

Renal impairment: Dose adjustments may be needed.

Hepatic impairment: Dose adjustments may be needed.

Oral

Auto-immune diseases

Adult: 1-3 mg/kg/day. Discontinue treatment if there is no improvement after 12 wk.

Renal impairment: Dose adjustments may be needed.

Hepatic impairment: Dose adjustments may be needed.

Oral

Rheumatoid arthritis

Adult: Initially, 1 mg/kg/day given in 1-2 divided doses for 6-8 wk, may increase by 0.5 mg/kg every 4 wk until response or up to 2.5 mg/kg/day. Maintenance: Reduce dose gradually to achieve the lowest effective dose.

Renal impairment: Dose adjustments may be needed.

Hepatic impairment: Dose adjustments may be needed.

Intravenous

Renal homotransplantation

Adult: Usual initial doses: 3-5 mg/kg daily beginning at the time of transplantation. Usually given as a single dose on the day of transplantation, may be given 1-3 days before transplantation in some cases. May reduce dose to maintenance levels at 1-3 mg/kg daily. May convert to use of oral tablets subsequently at the same dose level. Treatment discontinuation may be needed in cases of severe haematologic or other toxicity.

Renal impairment: Dose adjustments may be needed.

Hepatic impairment: Dose adjustments may be needed.

Reconstitution: 10 ml of sterile water for Inj to be added to the vial containing 100 mg of the drug, giving a resultant concentration of

10 mg/ml. This may be given by slow IV inj or further diluted in saline or dextrose to be used as IV infusion usually over 30-60 minutes. Infusion periods of 5 minutes to 8 hr have been used.

Administration

May be taken with or without food. (Preferably taken w/ or after meals to reduce GI discomfort.)

Overdosage

Symptoms include nausea, vomiting, diarrhoea and mild abnormalities in the liver function.

Contraindications

Hypersensitivity; previous treatment with alkylating agents; pregnancy, lactation.

Special Precautions

Increased risk of serious infections and neoplasia in chronic immunosuppression; leucopenia, thrombocytopenia, renal or

hepatic impairment. Increased risk of haematologic toxicity in patients with thiopurine methyltransferase deficiency. Monitor CBC (including platelet count) wkly during 1st mth, twice mthly for 2nd and 3rd mth, then mthly; monitor more frequently if there are dosage adjustments. Monitor LFT periodically; discontinue treatment if jaundice occurs. Reduce dose promptly or withdraw drug temporary if there is rapid decrease/persistently low WBC or signs of bone marrow depression. Dose reduction may be necessary in patients with reduced TPMT (thiopurine methyltransferase) activity.

Adverse Drug Reactions

Fever, chills; bone marrow depression characterised by leucopenia, thrombocytopenia or anaemia; anorexia, nausea, diarrhoea; arthralgias; secondary infections; hepatotoxicity, rash, alopoecia.
Potentially Fatal: Myelosuppression, mutagenicity and carcinogenicity; veno-occlussive liver disease.

Drug Interactions

Increased risk of haematotoxicity with aminosalicylates, drugs that affect myelopoesis e.g. co-trimoxazole or trimethoprim. Increased

risk of infections with intra-uterine devices and live vaccines. Increased risk of leucopenia with ACE inhibitors. Concurrent use may reduce the anticoagulant effect of vitamin K antagonists e.g. warfarin. Increased risk of myelosuppressive effects when used with drugs that inhibit TPMT (thiopurine methyltransferase) or xanthine oxidase e.g. olsalazine, allopurinol.

Potentially Fatal: Increased risk of serious haematotoxicity or hepatotoxicity with leflunomide. Increased risk of bone marrow suppression with mycophenolate mofetil. Increased risk of infections and malignancies with efalizumab.

Food Interaction

Avoid cat's claw and echinacea.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Powder for inj: Store intact vials between 15-25°C. Protect from light. Reconstituted solution: Stable for up to 2 wk at room temperature or up to 4 days refrigerated, however, manufacturer recommends use within 24 hr of reconstitution. Oral: Store between 15-25°C.

Mechanism of Action

Azathioprine is an imidazolyl derivative of mercaptopurine, which inhibits DNA, RNA and protein synthesis and antagonises purine synthesis. It also inhibits mitosis and interferes with cellular metabolism of susceptible organisms. Azathioprine inj should be converted to oral therapy as soon as the drug can be tolerated.

Absorption: Well absorbed from the GI tract (oral).

Distribution: Protein-binding: About 30%. Crosses placenta.

Metabolism: Converted hepatically to 6-mercaptopurine which is further metabolised in the liver and GI tract via 3 main pathways: Hypoxanthine guanine phosphoribosyltransferase (to 6-thioguanine-nucleotides), xanthine oxidase (to 6-thiouric acid), and thiopurine methyltransferase (TPMT), which forms 6-methylmercapotpurine (6-MMP).

Excretion: Via the urine (mainly as metabolites). Half-life elimination: Parent drug (12 minutes); mercaptopurine (0.7-3 hr); prolonged in end stage renal disease.

CIMS Class

Immunosuppressants

ATC Classification

L04AX01 - azathioprine; Belongs to the class of other immunosupressive agents. Used to induce immunosuppression.

*azathioprine information:
Note that there are some more drugs interacting with azathioprine
azathioprine
azathioprine brands available in India
Always prescribe with Generic Name : azathioprine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : AZAP tab AZATHIOPRINE tab AZIMUNE tab AZOPRINE tab AZORAN tab IMURAN tab IMUZAT tab TRANSIMUNE tab ZYMURINE tab

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([all drugs])

azelaic acid

CIMS Class : (Acne Treatment Preparations)

azelaic acid

P - Caution when used during pregnancy

L - Caution when used during lactation

related azelaic acid information

Indication & Dosage

Topical/Cutaneous

Acne

Adult: As 20% crm or 15% gel: Apply a thin film onto the affected areas bid for up to 6 mth after thorough washing. Improvement may be visible within 4 wk.

Child: >12 yr: Apply a thin film of 20% crm bid (morning and evening) for up to 6 mth into infected skin after thorough washing and patting dry.

Topical/Cutaneous

Rosacea

Adult: As 15% gel: Apply a thin film onto the affected areas bid for up to 12 wk.

Child: >12 yr: Apply a thin film of 15% gel bid (morning and evening) after thorough washing and patting dry, for up to 12 wk

Contraindications

Hypersensitivity.

Special Precautions

Pregnancy, lactation. Avoid contact with eyes, mouth or other mucous membranes. Recommend patient to use only very mild soaps or soapless cleansing lotions for facial washing. Safety and efficacy not established in children <12 yr.

Adverse Drug Reactions

Local skin irritation. Hypopigmentation and rarely, photosensitivity.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Mechanism of Action

Azelaic acid is a naturally-occurring aliphatic dicarboxylic acid that exhibits dermatological effects e.g. antibacterial and antiproliferative activity. It has also been used in hyperpigmentary skin disorders and malignant melanoma. The exact mechanism of action is still unknown, but is believed to inhibit protein synthesis, thereby preventing the growth of susceptible organisms (mainly P. acnes) on the skin surface. May also inhibit follicular keratinisation that prevents the development of comedones.

CIMS Class

Acne Treatment Preparations

ATC Classification

D10AX03 - azelaic acid; Belongs to the class of other topical preparations used in the treatment of acne.

*azelaic acid information:

azelaic acid

azelaic acid brands available in India

Always prescribe with Generic Name : azelaic acid, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AZIDERM cream

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([all drugs])

azelastine

CIMS Class : (Nasal Decongestants & Other Nasal Preparations) , (Other Eye Preparations)

azelastine

P - Caution when used during pregnancy

L - Caution when used during lactation

related azelastine information

Indication & Dosage

Nasal

Rhinitis

Adult: 140 mcg by nasal spray into each nostril bid.

Child: =5 yr: 140 mcg by nasal spray into each nostril bid.

Ophthalmic

Conjunctivitis

Adult: Instill 1-2 drops of 0.05% solution into the affected eye/s bid, may increase to four times daily in severe cases.

Child: =4 yr: Instill 1-2 drops of 0.05% solution into the affected eye/s bid, may increase to four times daily in severe cases.

Overdosage

Accidental oral ingestion of large doses may lead to tremor, convulsions, decreased muscle tone and salivation. General supportive measures should be used.

Contraindications

Hypersensitivity.

Special Precautions

Pregnancy, lactation. Tip of the bottle should be dipped in boiling water, dried and capped appropriately after every use.

Adverse Drug Reactions

Irritation, stinging and itching of the nasal mucosa. Sneezing, nosebleeds, headache; nausea, taste disturbances, somnolence, dry mouth.

Drug Interactions

Additive effects with CNS depressants and ethanol.

Storage

Nasal: Store at 20-25°C. Ophthalmic: Store at 2-25°C.

Mechanism of Action

Azelastine blocks histamine H1-receptor activity and inhibits release of inflammatory mediators from mast cells.
Absorption: 40% absorbed sytemically through the nasal mucosa (intranasal).

Metabolism: Hepatic.
Excretion: Via faeces.

CIMS Class

Nasal Decongestants & Other Nasal Preparations / Other Eye Preparations

ATC Classification

R01AC03 - azelastine; Belongs to the class of topical antiallergic preparations, excluding corticosteroids. Used as nasal decongestants.
R06AX19 - azelastine; Belongs to the class of other agents used as systemic antihistamines.
S01GX07 - azelastine; Belongs to the class of other agent used as ophthalmologic antiallergics.

*azelastine information:
Note that there are some more drugs interacting with azelastine
azelastine
azelastine brands available in India

Always prescribe with Generic Name : azelastine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ARZEP nasal spray AZEFLO nasal spray AZELAST DPS eye drops AZELAST nasal spray AZEP nasal spray DUONASE nasal spray NEZALAST nasal spray OCULAST eye drops

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([all drugs])

azithromycin

CIMS Class : (Macrolides)

azithromycin

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related azithromycin information

Indication & Dosage

Oral

Skin and soft tissue infections

Adult: 500 mg once daily for 3 days. Alternatively, 500 mg as a single dose on the 1st day followed by 250 mg once daily for 4 days.

Child: >6 mth: 10 mg/kg; 15?25 kg: 200 mg; 26?35 kg: 300 mg; 36?45 kg: 400 mg. Doses to be taken once daily for 3 days

Oral

Respiratory tract infections

Adult: 500 mg once daily for 3 days. Alternatively, 500 mg as a single dose on the 1st day followed by 250 mg once daily for 4 days.

Child: >6 mth: 10 mg/kg; 15?25 kg: 200 mg; 26?35 kg: 300 mg; 36?45 kg: 400 mg. Doses to be taken once daily for 3 days

Oral

Uncomplicated genital infections due to Chlamydia trachomatis

Adult: 1 g as a single dose.

Oral

Uncomplicated gonorrhoea

Adult: 2 g as a single dose.

Oral

Prophylaxisof disseminated Mycobacterium avium complex (MAC) infections

Adult: 1.2 g once every wk. For treatment or secondary prophylaxis: 500 mg once daily with other antimycobacterials.

Child: >6 mth: 10 mg/kg once daily for 3 days.

Oral

Granuloma inguinale

Adult: Initially, 1 g followed by 500 mg daily. Alternatively, 1 g once a wk for at least 3 wk, until all lesions have completely healed.

Intravenous

Active immunisation against typhoid fever caused by Salmonella typhi

Adult: 500 mg once daily for 7 days.

Administration

Tab: May be taken with or without food. (May be taken w/ meals to reduce GI discomfort.)

Susp: May be taken with or without food. (May be taken w/ meals to reduce GI discomfort.)

Cap: Should be taken on an empty stomach. (Take on an empty stomach 1 hr before or 2 hr after meals.)

Contraindications

Hypersensitivity.

Special Precautions

Impaired liver and renal function; pregnancy and lactation; children.

Adverse Drug Reactions

Mild to moderate nausea, vomiting, abdominal pain, dyspepsia, flatulence, diarrhoea, cramping; angioedema, cholestatic jaundice; dizziness, headache, vertigo, somnolence; transient elevations of liver enzyme values.

Drug Interactions

Antacids containing aluminium and magnesium salts reduce rate of absorption. Increased risk of ergot toxicity.
Potentially Fatal: Increased serum concentrations of digoxin and ciclosporin.

Food Interaction

Food may alter absorption.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Intravenous: Store below 30°C. Oral: Store below 30°C.

Mechanism of Action

Azithromycin blocks transpeptidation by binding to 50s ribosomal subunit of susceptible organisms and disrupting RNA-dependent protein synthesis at the chain elongation step.

Absorption: Reduced by food (capsule formulation); peak plasma concentrations after 2-3 hr.

Distribution: Extensive into the tissues (concentrations higher than those in blood), WBC (high concentrations), CSF (small amounts).

Metabolism: Liver (demethylation).

Excretion: Via the bile (as unchanged drug and metabolites); via the urine (6% of the dose). Elimination half-life: about 68 hr.

CIMS Class

Macrolides

ATC Classification

J01FA10 - azithromycin; Belongs to the class of macrolides. Used in the treatment of systemic infections.
S01AA26 - azithromycin;

*azithromycin information:
Note that there are some more drugs interacting with azithromycin
azithromycin further details are available in official CIMS India
azithromycin
azithromycin brands available in India
Always prescribe with Generic Name : azithromycin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ACEX tab ACTIMYCIN vial ALICIN SYR syr ALICIN tab ALNEEVO tab A-OD tab APOCIN tab ARCIN-250 tab ARIZITH susp ARIZITH tab ARZ susp ARZ tab ATM P-

tab ATM susp ATM tab AVZETH tab AZ-1 cap AZARD tab AZAUK susp AZAUK tab AZBIR tab AZEE dispertab AZEE dry syr AZEE film-coated tab AZEE syr AZEE vial AZEGUD tab AZELOC susp AZELOC tab AZFORIN susp AZFORIN tab AZIAGIO film-coated tab AZIAGIO susp AZIBACT film-coated tab AZIBACT P-dispertab AZIBEST dispertab AZIBEST susp AZIBEST tab AZI-BIG tab AZICIN tab AZICIP tab AZICOS syr AZICOS tab AZICURE film-coated tab AZICURE susp AZID dry syr AZID liqd AZID P-tab AZID tab AZIDOS tab AZIDRAW film-coated tab AZIFAST gel AZIFAST tab AZIFEM tab AZIFINE dry syr AZIFINE tab AZIGRAM tab AZIKAB syr AZIKAB tab AZIKARE tab AZIKIL film-coated tab AZILEB dispertab AZILEB film-coated tab AZILEB SUSP susp AZILIDE dispertab AZILIDE liqd AZILIDE tab AZILIFE susp AZILIFE tab AZILIN susp AZILIN tab AZILUP dispertab AZILUP susp AZIM tab AZIMAC film-coated tab AZIMAC susp AZIMAC tab AZIMAX dispertab AZIMAX susp AZIMAX tab AZIMORE tab AZIN SUS susp AZIN tab AZINA dispertab AZINA tab AZINEX susp AZINEX tab AZINIX tab AZINOVA tab AZINTRA dispertab AZINTRA susp AZINTRA tab AZINTRA-AX tab AZIOM susp AZIOM tab AZIPAR dispertab AZIPAR film-coated tab AZIPAR susp AZIPOKYN tab AZIPOS tab AZIRAL KID tab AZIRAL tab AZIRESP susp AZIRESP tab AZIRID syr AZIRID

tab AZIRIV tab AZIROCK tab AZIS KID-tab AZIS susp AZIS tab AZISAFE dispertab AZISAFE tab AZISARA cap AZISET susp AZISET tab AZISIA susp AZISON dispertab AZISON film-coated tab AZISON susp AZISOZ tab AZISTAR tab AZISWIFT dispertab AZISWIFT susp AZISWIFT tab AZISYM syr AZISYM tab AZITAS drops AZITAS tab AZITEC tab AZITEC vial AZITER dispertab AZITER susp AZITER tab AZITH LIQD susp AZITH tab AZITH TAB tab AZITHOM tab AZITHOX susp AZITHRAL dispertab AZITHRAL JUN drops AZITHRAL susp AZITHRAL TAB tab AZITHRAL vial AZITHRAL-A tab AZITHRO tab AZITOME tab AZITONE tab AZITOZ dispertab AZITOZ tab AZITRAC dispertab AZITRAC susp AZITRAC tab AZITRIN susp AZITRIN tab AZITROP drops AZITROP tab AZITSA dispertab AZITSA susp AZITSA tab AZITUS syr AZITUS tab AZIVAR dispertab AZIVAR tab AZIWIN dispertab AZIWIN susp AZIWIN tab AZIWIS tab AZIWOK KID-tab AZIWOK liqd AZIWOK susp AZIWOK TAB tab AZIX 250 DT dispertab AZIX 500 tab AZIX susp AZLA DS-susp AZLA susp AZLA SYR dry syr AZLA tab AZMAG SUSP susp AZMAG tab AZMIC film-coated tab AZNOSIS tab AZOBAC syr AZOBAC tab AZOLID tab AZOLIFE syr AZOM dispertab AZOM dry syr AZOM tab AZOMAX cap AZONE tab AZOPET tab AZOSTAR tab AZPIK tab AZRAS dispertab AZRAS tab AZREA tab AZRO

dispertab AZRO susp AZRO tab AZRO-AM tab AZTIN dispertab AZTIN tab AZTUS susp AZTUS tab AZU susp AZU tab AZVIG SUSP susp AZVIG tab AZVIG-DT tab AZY tab AZYLIN dispertab AZYLIN tab AZYSAFE dispertab AZYSAFE film-coated tab AZYSAFE susp AZYSTATE tab AZYXIN PLUS 500 tab AZYXIN PLUS SR-tab AZYXIN tab AZZA dispertab AZZA susp AZZA tab BAZINCE susp BAZINCE tab BEZIT tab BIO-AZ tab BLAZI drops BLAZI tab CAZITA tab CORZI susp CORZI tab CUMYCIN tab DAZY tab ELGRAM dispertab ELGRAM dry syr ELGRAM tab ELZEE dispertab ELZEE RM-syr ELZEE tab ESZIT tab EZITH tab FLAAG susp FLAAG tab FORIT film-coated tab FORIT KID dispertab FORIT susp FYDOZITH tab GITRO dispertab GITRO tab G-THRO dry syr G-THRO tab HIZY tab INFUROX tab ITHA SYP syr ITHA tab I-THRO tab JOCIN tab KANNY tab LAZ dispertab LAZ film-coated tab LAZ susp LAZ-AX Bilayeredtab LAZITH tab LETHRO susp LETHRO tab LG-THRAL tab LOROMYCIN cap L-THRO tab MACROSAFE tab MACROTAR tab MAXAZI tab MAXAZI vial NIZITHRO tab NODYCIN film-coated tab NODYCIN susp PRATHAM dispertab PRATHAM SYR dry syr PRATHAM tab RIZCIN tab ROBIAL tab RONIN dispertab RONIN tab RONIN-FM film-coated tab ROWEZY film-coated tab ROZIL tab RULIDE-AZ susp RULIDE-AZ tab SANZIFY tab SOMYCIN

tab STRAF RM-susp STRAF tab SUPERAZI tab SWEAZI tab SWITHRO susp SWITHRO tab THROAZI tab THROBIT tab THROWEL tab TN tab TOZIK tab TROXIN-AZ tab TRULIMAX tab VENZITH dispertab VEROMYCIN tab VICON POS susp VICON tab VIRAZI tab VIZIT tab WELTHROX dispertab WELTHROX tab WIZITH tab WYAZE tab X-GRAM dispertab X-GRAM tab ZADY dispertab ZADY film-coated tab ZADY-RM syr ZATHRIN dispertab ZATHRIN film-coated tab ZATHRIN susp ZATHRIN-AX 250 tab ZATHRIN-AX 500 tab ZCIN tab ZIETHEM tab ZIMAC syr ZIMAC tab ZIMYCIN tab ZINTA dispertab ZINTA susp ZINTA tab ZIROM tab ZISAN syr ZISAN tab ZITHAX susp ZITHAX tab ZITHIUM SUSP susp ZITHIUM tab ZITHRO susp ZITHRO tab ZITHROCIN dry syr ZITHROCIN film-coated tab ZITHROCIN P-tab ZITHROCIN syr ZITHROMIN dry syr ZITHROMIN tab ZITHROSTAT tab ZITHROX tab ZITICIN tab ZITO syr ZITRO dispertab ZITRO dry syr ZITRO film-coated tab ZUATH tab ZYCIN film-coated tab ZYCIN READYMIX syr ZYN tab ZYTHRO tab ZYTHROL dispertab ZYTHROL susp ZYTHROL tab

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([all drugs])

aztreonam

CIMS Class : (Other Beta-lactams)

aztreonam

P - Caution when used during pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related aztreonam information

Indication & Dosage

Parenteral

Pelvic infections

Adult: 1-8 g daily in divided doses every 6-12 hr by slow IV inj over 3-5 minutes or as IV infusion over 20-60 minutes. Max: 8 g/day. Dose may be given via deep IM inj or IV inj over 3-5 minutes or IV infusion.

Child: and infants >1 wk: 30 mg/kg every 6 or 8 hr; =2 yr: 50 mg/kg every 6 or 8 hr for severe infections. Dose may be given via deep IM inj or slow IV inj or infusion. Doses >1 g should be given via IV route. Max (=2 yr): 8 g/day.

Renal impairment: Moderate-severe impairment: Same initial doses, adjust maintenance doses according to the patient's CrCl. Haemodialysis: A supplementary dose of 1/8 of the initial dose may be given after each session.

CrCl (ml/min)

Dosage Recommendation

10-30

Maintenance dose: Half of initial dose.

<10

Maintenance dose: One-quarter of initial dose.

Parenteral

Septicaemia

Adult: 1-8 g daily in divided doses every 6-12 hr by slow IV inj over 3-5 minutes or as IV infusion over 20-60 minutes. Max: 8 g/day. Dose may be given via deep IM inj or IV inj over 3-5 minutes or IV infusion.

Child: and infants >1 wk: 30 mg/kg every 6 or 8 hr; =2 yr: 50 mg/kg every 6 or 8 hr for severe infections. Dose may be given via deep IM inj or slow IV inj or infusion. Doses >1 g should be given via IV route. Max (=2 yr): 8 g/day.

Renal impairment: Moderate-severe impairment: Same initial doses, adjust maintenance doses according to the patient's CrCl. Haemodialysis: A supplementary dose of 1/8 of the initial dose may be given after each session.

CrCl (ml/min)

Dosage Recommendation

10-30

Maintenance dose: Half of initial dose.

<10

Maintenance dose: One-quarter of initial dose.

Parenteral

Skin and soft tissue infections

Adult: 1-8 g daily in divided doses every 6-12 hr by slow IV inj over 3-5 minutes or as IV infusion over 20-60 minutes. Max: 8 g/day. Dose may be given via deep IM inj or IV inj over 3-5 minutes or IV infusion.

Child: and infants >1 wk: 30 mg/kg every 6 or 8 hr; =2 yr: 50 mg/kg every 6 or 8 hr for severe infections. Dose may be given via deep IM inj or slow IV inj or infusion. Doses >1 g should be given via IV route. Max (=2 yr): 8 g/day.

Renal impairment: Moderate-severe impairment: Same initial doses, adjust maintenance doses according to the patient's CrCl. Haemodialysis: A supplementary dose of 1/8 of the initial dose may be given after each session.

CrCl (ml/min)

Dosage Recommendation

10-30

Maintenance dose: Half of initial dose.

<10

Maintenance dose: One-quarter of initial dose.

Parenteral

Bone and joint infections

Adult: 1-8 g daily in divided doses every 6-12 hr by slow IV inj over 3-5 minutes or as IV infusion over 20-60 minutes. Max: 8 g/day. Dose may be given via deep IM inj or IV inj over 3-5 minutes or IV infusion.

Child: and infants >1 wk: 30 mg/kg every 6 or 8 hr; =2 yr: 50 mg/kg every 6 or 8 hr for severe infections. Dose may be given via deep IM inj or slow IV inj or infusion. Doses >1 g should be given via IV route. Max (=2 yr): 8 g/day.

Renal impairment: Moderate-severe impairment: Same initial doses, adjust maintenance doses according to the patient's CrCl. Haemodialysis: A supplementary dose of 1/8 of the initial dose may be given after each session.

CrCl (ml/min)

Dosage Recommendation

10-30

Maintenance dose: Half of initial dose.

<10

Maintenance dose: One-quarter of initial dose.

Parenteral

Meningitis

Adult: 1-8 g daily in divided doses every 6-12 hr by slow IV inj over 3-5 minutes or as IV infusion over 20-60 minutes. Max: 8 g/day. Dose may be given via deep IM inj or IV inj over 3-5 minutes or IV infusion.

Child: and infants >1 wk: 30 mg/kg every 6 or 8 hr; =2 yr: 50 mg/kg every 6 or 8 hr for severe infections. Dose may be given via deep IM inj or slow IV inj or infusion. Doses >1 g should be given via IV route. Max (=2 yr): 8 g/day.

Renal impairment: Moderate-severe impairment: Same initial doses, adjust maintenance doses according to the patient's CrCl. Haemodialysis: A supplementary dose of 1/8 of the initial dose may be given after each session.

CrCl (ml/min)

Dosage Recommendation

10-30

Maintenance dose: Half of initial dose.

<10

Maintenance dose: One-quarter of initial dose.

Parenteral

Intra-abdominal infections

Adult: 1-8 g daily in divided doses every 6-12 hr by slow IV inj over 3-5 minutes or as IV infusion over 20-60 minutes. Max: 8 g/day. Dose may be given via deep IM inj or IV inj over 3-5 minutes or IV infusion.

Child: and infants >1 wk: 30 mg/kg every 6 or 8 hr; =2 yr: 50 mg/kg every 6 or 8 hr for severe infections. Dose may be given via deep IM inj or slow IV inj or infusion. Doses >1 g should be given via IV route. Max (=2 yr): 8 g/day.

Renal impairment: Moderate-severe impairment: Same initial doses, adjust maintenance doses according to the patient's CrCl. Haemodialysis: A supplementary dose of 1/8 of the initial dose may be given after each session.

CrCl (ml/min)

Dosage Recommendation

10-30

Maintenance dose: Half of initial dose.

<10

Maintenance dose: One-quarter of initial dose.

Parenteral

Lower respiratory tract infections

Adult: 1-8 g daily in divided doses every 6-12 hr by slow IV inj over 3-5 minutes or as IV infusion over 20-60 minutes. Max: 8 g/day.

Dose may be given via deep IM inj or IV inj over 3-5 minutes or IV infusion.

Child: and infants >1 wk: 30 mg/kg every 6 or 8 hr; =2 yr: 50 mg/kg every 6 or 8 hr for severe infections. Dose may be given via deep IM inj or slow IV inj or infusion. Doses >1 g should be given via IV route. Max (=2 yr): 8 g/day.

Renal impairment: Moderate-severe impairment: Same initial doses, adjust maintenance doses according to the patient's CrCl. Haemodialysis: A supplementary dose of 1/8 of the initial dose may be given after each session.

CrCl (ml/min)

Dosage Recommendation

10-30

Maintenance dose: Half of initial dose.

<10

Maintenance dose: One-quarter of initial dose.

Parenteral

Gonorrhoea

Adult: 1-8 g daily in divided doses every 6-12 hr by slow IV inj over 3-5 minutes or as IV infusion over 20-60 minutes. Max: 8 g/day. Dose may be given via deep IM inj or IV inj over 3-5 minutes or IV infusion.

Child: and infants >1 wk: 30 mg/kg every 6 or 8 hr; =2 yr: 50 mg/kg every 6 or 8 hr for severe infections. Dose may be given via deep IM inj or slow IV inj or infusion. Doses >1 g should be given via IV route. Max (=2 yr): 8 g/day.

Renal impairment: Moderate-severe impairment: Same initial doses, adjust maintenance doses according to the patient's CrCl. Haemodialysis: A supplementary dose of 1/8 of the initial dose may be given after each session.

CrCl (ml/min)

Dosage Recommendation

10-30

Maintenance dose: Half of initial dose.

<10

Maintenance dose: One-quarter of initial dose.

Parenteral

Susceptible infections

Adult: 1-8 g daily in divided doses every 6-12 hr by slow IV inj over 3-5 minutes or as IV infusion over 20-60 minutes. Max: 8 g/day. Dose may be given via deep IM inj or IV inj over 3-5 minutes or IV infusion.

Child: and infants >1 wk: 30 mg/kg every 6 or 8 hr; =2 yr: 50 mg/kg every 6 or 8 hr for severe infections. Dose may be given via deep IM

inj or slow IV inj or infusion. Doses >1 g should be given via IV route. Max (=2 yr): 8 g/day.

Renal impairment: Moderate-severe impairment: Same initial doses, adjust maintenance doses according to the patient's CrCl. Haemodialysis: A supplementary dose of 1/8 of the initial dose may be given after each session.

CrCl (ml/min)

Dosage Recommendation

10-30

Maintenance dose: Half of initial dose.

<10

Maintenance dose: One-quarter of initial dose.

Intramuscular

Cystitis

Adult: 1 g as a single dose.

Renal impairment: Moderate-severe impairment: Same initial doses, adjust maintenance doses according to the patient's CrCl. Haemodialysis: A supplementary dose of 1/8 of the initial dose may be given after each session.

CrCl (ml/min)

Dosage Recommendation

10-30

Maintenance dose: Half of initial dose

<10

Maintenance dose: One-quarter of initial dose

Intramuscular

Gonorrhoea

Adult: 1 g as a single dose.

Renal impairment: Moderate-severe impairment: Same initial doses, adjust maintenance doses according to the patient's CrCl. Haemodialysis: A supplementary dose of 1/8 of the initial dose may be given after each session.

CrCl (ml/min)

Dosage Recommendation

10-30

Maintenance dose: Half of initial dose

<10

Maintenance dose: One-quarter of initial dose

Parenteral

Urinary tract infections

Adult: 0.5?1 g every 8?12 hr. Dose may be given via deep IM inj or IV inj over 3-5 minutes or IV infusion.

Incompatibility: Incompatible with cefradine, metronidazole, nafcillin and vancomycin.

Overdosage

If needed, haemodialysis and/or peritoneal dialysis may be used to remove drug from serum.

Contraindications

Hypersensitivity; lactation.

Special Precautions

Hypersensitivity to other ß-lactams; renal and hepatic impairment; pregnancy.

Adverse Drug Reactions

IV: Phloebitis and thrombophloebitis. IM: Pain and swelling at inj site; diarrhoea, nausea, vomiting, altered taste; jaundice, hepatitis, high liver enzymes; long prothrombin time, partial thromboplastin time; rash, urticaria, eosinophilia.

Potentially Fatal: Thrombocytopenia, neutropenia; overgrowth of susceptible organisms; pseudomembranous colitis.

Drug Interactions

Concurrent use with oral anticoagulants may increase prothrombin time.

Lab Interference

Intereferes with urine glucose test using cupric sulfate. False-positive with Coomb's test.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Intramuscular: Once reconstituted, it should be used within 48 hr if stored at 15-30°C or 7 days if stored at 2-8°C. Parenteral: Once reconstituted, it should be used within 48 hr if stored at 15-30°C or 7 days if stored at 2-8°C.

Mechanism of Action

Aztreonam exhibits bactericidal action by inhibiting bacterial cell wall synthesis due to its high affinity for penicillin-binding protein 3 (PBP-3) of gram-negative bacteria. It is highly resistant to hydrolysis by ß-lactamases. It is active against Enterobacteriaceae spp, E. coli, Klebsiella, Proteus, Providencia, Salmonella, Serratia, Shigella and Yersinia spp..

Absorption: Absorbed poorly from the GI tract (oral).

Distribution: Body tissues and fluids (wide), bile, CSF (especially in the presence of meningitis), crosses the placenta and enters breast milk. Protein-binding: 56%.

Metabolism: Minimal metabolism; SQ-26992 (primary metabolite, inactive).

Excretion: Via urine by renal tubular secretion and glomerular filtration (60-70% as unchanged), via faeces (small amounts of unchanged drug and metabolites); 1.7 hr (elimination half-life). Removed by dialysis and peritoneal dialysis (lesser extent).

CIMS Class

Other Beta-lactams

ATC Classification

J01DF01 - aztreonam; Belongs to the class of monobactams. Used in the treatment of systemic infections.

*aztreonam information:
Note that there are some more drugs interacting with aztreonam aztreonam
aztreonam brands available in India
Always prescribe with Generic Name : aztreonam, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : AZACTAM vial AZENAM vial AZOM INJ vial AZOTUM vial AZTREO vial TREONAM vial TREZAM vial
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([all drugs])

baclofen

CIMS Class : (Muscle Relaxants)

baclofen

P - Caution when used during pregnancy

related baclofen information

Indication & Dosage

Oral

Severe chronic spasticity

Adult: Initially, 5 mg tid for 3 days increased to 10 mg tid for 3 days, then in similar increments and intervals until either 20 mg tid is reached or until desired effect is obtained. Max: 100 mg daily.

Child: 0.75-2 mg/kg daily. May initiate with 2.5 mg 4 times daily, increased gradually every 3 days until desired effect is obtained. Maintenance: 6-10 yr: 30-60 mg daily; 2-6 yr: 20-30 mg daily; 12 mth-2 yr: 10-20 mg daily. Max: >10 yr: 2.5 mg/kg daily.

Elderly: Initiate with lower doses.

Renal impairment: Dose reduction may be required. Patients on chronic haemodialysis: 5 mg daily.

Intrathecal

Severe chronic spasticity

Adult: Test dose: 25 or 50 mcg administered into the intrathecal space by barbotage over at least 1 minute; increase dose by 25 mcg

not more often than every 24 hr until 100 mcg/dose to determine appropriate dose. Non-responders to a test dose of 100 mcg are not suitable for intrathecal treatment. For responders with response lasting >8-12 hr, the test dose that was used to produce the response can be given as a 24-hr infusion; if the test-dose response lasted =8-12 hr, then a dose equivalent to twice the test dose is given. Adjust daily dosage as required. Maintenance: 12 mcg-2 mg daily for spasticity of spinal origin; 22 mcg-1.4 mg daily for spasticity of cerebral origin.

Child: 4-18 yr with spasticity of cerebral origin: Initially, 25 mcg over at least 1 minute via catheter or lumbar puncture, increase by 25 mcg every 24 hr to a max of 100 mcg to determine appropriate dose then dose-titration phase. Maintenance: <12 yr: 24 mcg-1.2 mg daily; >12 yr: 1.4 mg daily.

Administration

Should be taken with food.

Overdosage

Symptoms include muscular hypotonia, drowsiness, respiratory depression, coma and convulsions. Gastric lavage may be used.

Contraindications

Hypersensitivity. Active peptic ulcer disease.

Special Precautions

Cerebrovascular disorders, epilepsy, severe psychotic disorders, confusional states, history of peptic ulcer, respiratory depression, DM, hepatic or renal impairment, elderly, pregnancy. Avoid sudden withdrawal.

Adverse Drug Reactions

Sedation, drowsiness, ataxia, dizziness, headache, confusion, hallucinations, skin reactions, GI symptoms, enuresis.
Potentially Fatal: Respiratory or CV depression, seizures.

Drug Interactions

Hypotensive effect may be increased with antihypertensives. Concomitant use with levodopa in Parkinson patients may result in confusion, agitation, hallucinations.

Potentially Fatal: CNS depressants and alcohol may potentiate CNS effects.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store below 25°C.

Mechanism of Action

Baclofen is an antispastic. It inhibits both monosynaptic and polysynaptic reflexes at spinal level.

Absorption: Rapidly and almost completely absorbed from the GI tract (oral); peak plasma concentrations after 1-3 hr.

Distribution: Blood-brain barrier, CSF (equivalent to 12% conc found in plasma). Protein-binding: 30%.

Metabolism: Hepatic (15% of the dose).

Excretion: Via urine (70-80% as unchanged drug); elimination half-life: 3-4 hr (plasma), 5 hr (CSF).

CIMS Class

Muscle Relaxants

ATC Classification

M03BX01 - baclofen; Belongs to the class of otheragents used as centrally-acting muscle relaxants.

*baclofen information:
Note that there are some more drugs interacting with baclofen
baclofen
baclofen brands available in India
Always prescribe with Generic Name : baclofen, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : BACLAN tab BACMAX tab CHINOFEN tab LIOFEN amp LIOFEN tab LIOFEN-XL ER-cap LIORESAL tab PARAFON DSC tab RICLOFEN tab SPINOSPAS tab TEFSOLE tab

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([all drugs])

balsalazide

CIMS Class : (GIT Regulators, Antiflatulents & Anti-inflammatories)

balsalazide

P - Caution when used during pregnancy

L - Caution when used during lactation

related balsalazide information

Indication & Dosage

Oral

Ulcerative colitis

Adult: Acute attack: 2.25 g tid (max: 6.75 g/day), until remission occurs or up to 12 wk. Maintenance: 1.5 g bid, adjusted according to response. Max: 6 g daily.

Child: 5-17 yr: 750 mg tid or 2.25 g tid, treatment may continue for up to 8 wk.

Administration

Should be taken with food. (Take w/ or immediately after meals.)

Overdosage

Treatment is supportive and electrolyte abnormalities should be corrected.

Contraindications

Hypersensitivity to salicylates or any other ingredients of the cap or balsalazide metabolites.

Special Precautions

Renal impairment, pregnancy, lactation; blood disorders can occur.

Adverse Drug Reactions

Diarrhoea, nausea, vomiting, abdominal pain, exacerbation of symptoms of colitis, headache, hypersensitivity reactions (including rash and urticaria). Adverse effects that occur rarely include acute pancreatitis, hepatitis, myocarditis, pericarditis, lung disorders (including eosinophilia and fibrosing alveolitis), peripheral neuropathy, blood disorders (including agranulocytosis,

aplastic anaemia, leucopenia, methaemoglobinaemia, neutropenia, and thrombocytopenia), renal dysfunction (interstitial nephritis, nephrotic syndrome), myalgia, arthralgia, skin reactions (including lupus erythematosus-like syndrome, Stevens-Johnson syndrome), alopecia.

Storage

Oral: Store at 25°C.

Mechanism of Action

Balsalazide is delivered intact to the colon where it is enzymatically cleaved by colonic bacterial azoreductases to release 5-aminosalicylic acid (5-ASA) which is the active component and the inert 4-aminobenzoyl-ß-alanine. The mechanism of action of 5-ASA is unknown, but its action appears to be local rather than systemic. It is possible that 5-ASA inhibits the action of cyclooxgenase and leukotriene synthesis, thus diminishing the formation of inflammatory metabolites in the colon via these two pathways.
Absorption: Very little of an oral dose is absorbed in the GI tract. Almost the entire dose reaches the site of action in the colon.

Metabolism: Broken down by colonic bacterial to 5-ASA (active) and 4-aminobenzoylalanine (inert carrier). Approx 25% of released 5-ASA is absorbed and aceylated; a small percentage of 4-aminobenzoylalanine is absorbed and acetylated during the 1st pass effect in the liver.
Excretion: Acetylated metabolites are removed in the urine.

CIMS Class

GIT Regulators, Antiflatulents & Anti-inflammatories

ATC Classification

A07EC04 - balsalazide; Belongs to the class of aminosalicylic acid and similar antiinflammatory. Used in the treatment of intestinal inflammation.

*balsalazide information:
Note that there are some more drugs interacting with balsalazide
balsalazide further details are available in official CIMS India
balsalazide
balsalazide brands available in India

Always prescribe with Generic Name : balsalazide, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BALACOL cap COLOREX cap COLOREX syr COZABAL cap INTAZIDE cap

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([all drugs])

bambuterol hydrochloride

CIMS Class : (Antiasthmatic & COPD Preparations)

bambuterol hydrochloride

P - Caution when used during pregnancy

related bambuterol hydrochloride information

Indication & Dosage

Oral

Persistent reversible airways obstruction

Adult: 10-20 mg once daily at bedtime.

CrCl (ml/min)

Dosage Recommendation

<50

Initial dose should be halved.

Administration

May be taken with or without food. (Preferably taken shortly before bedtime.)

Contraindications

Severe hepatic impairment; cirrhosis.

Special Precautions

DM, hyperthyroidism, myocardial insufficiency, arrhythmias, susceptibility to QT-interval prolongation. Pregnancy.

Adverse Drug Reactions

Fine tremor of skeletal muscle (e.g. hands), palpitations and muscle cramps; tachycardia, tenseness and peripheral vasodilation.

Drug Interactions

Risk of hypokalaemia increased by co-admin of corticosteroids, diuretics or xanthines. Prolong the action of drugs e.g. suxamethonium.

Storage

Oral: Store below 30°C.

Mechanism of Action

Bambuterol HCl is a prodrug of terbutaline. It relaxes bronchial smooth muscle by selectively acting on ß2-receptors.
Duration: 24 hr.
Absorption: Absorbed from the GI tract following oral admin.
Metabolism: Converted to active metabolite, terbutaline, at a slow rate of 4-7 hr.

CIMS Class

Antiasthmatic & COPD Preparations

*bambuterol hydrochloride information:

Note that there are some more drugs interacting with bambuterol hydrochloride

bambuterol hydrochloride

bambuterol hydrochloride brands available in India

Always prescribe with Generic Name : bambuterol hydrochloride, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ABEL tab ASTHAFREE syr ASTHAFREE tab BAMBUDIL soln BAMBUDIL tab BEMLO syr BEMLO tab BETADAY tab ROBUROL soln ROBUROL tab

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([all drugs])

basiliximab

CIMS Class : (Immunosuppressants)

basiliximab

P - Caution when used during pregnancy

L - Caution when used during lactation

related basiliximab information

Indication & Dosage

Intravenous

Prophylaxis of acute graft rejection in renal transplantation

Adult: 20 mg dose given by IV bolus or infusion over 20-30 min within 2 hr prior to transplantation surgery. Repeat once 4 days later. Withhold 2nd dose if graft loss or severe hypersensitivity reaction occurs.

Child: <35 kg: 10 mg dose 2 hr before surgery, repeated once 4 days later; =35 kg: same as adult dosing. Withhold 2nd dose if graft loss or severe hypersensitivity reaction occurs.

Contraindications

Hypersensitivity to basiliximab and murine proteins.

Special Precautions

Pregnancy and lactation. Re-exposure to a subsequent course of therapy of basiliximab.

Adverse Drug Reactions

Peripheral oedema, hypertension, atrial fibrillation; fever, headache, insomnia, pain; wound complication, acne; hypokalaemia, hyperglycaemia, hyperuricaemia,

hypophosphataemia, hypercholesterolaemia; GI effects; UTI; anaemia; tremor; dyspnoea, infection. Rarely, hypersensitivity and anaphylactoid-type reactions.

Drug Interactions

Immunosuppressives other than ciclosporin and corticosteroids may increase the potential for over-immunosuppression.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Mechanism of Action

Basiliximab, a chimeric murine/human monoclonal antibody, blocks the a-chain of the interleukin-2 receptor complex on the surface of activated T-lymphocytes.

Duration: 36 days.

Excretion: Terminal half-life: 7 days (adult) and 9 days (children).

CIMS Class

Immunosuppressants

ATC Classification

L04AC02 - basiliximab;

*basiliximab information:
Note that there are some more drugs interacting with basiliximab
basiliximab
basiliximab brands available in India
Always prescribe with Generic Name : basiliximab, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : SIMULECT vial
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([all drugs])
beclometasone

CIMS Class : (Antiasthmatic & COPD Preparations) , (Nasal Decongestants & Other Nasal Preparations) , (Topical Corticosteroids)

beclometasone

P - Caution when used during pregnancy

L - Caution when used during lactation

related beclometasone information

Indication & Dosage

Nasal

Treatment and prophylaxis of allergic and non allergic rhinitis

Adult: 100 mcg bid or 50 mcg 3-4 times daily in each nostril. Max: 400 mcg daily.

Inhalation

Asthma prophylaxis

Adult: Initially, 600-800 mcg daily. Maintenance: 400 mcg daily in 2-4 divided doses.

Child: As dipropionate: 50 or 100 mcg bid-qid or 100 or 200 mcg bid.

Inhalation

Severe asthma

Adult: 250 mcg four times daily or 500 mcg bid. May be increased to 500 mcg 3-4 times daily if necessary. Max: 2 mg daily.

Topical/Cutaneous

Corticosteroid-responsive dermatoses

Adult: Apply a 0.025% cream/ointment onto affected area.

Special Populations: When switching from oral to inhalation steroid for stable asthmatics. Initially, the inhalation is added to existing oral steroid dosage. After 1 wk, oral dose is reduced by 2.5 mg prednisone or its equivalent. Similar reduction is made at wkly intervals depending on patient response. Reinstatement of oral steroid may be needed in times of stress or exacerbation of asthma. Inhalation of ß-agonists should be done 5 min before the steroids.

Contraindications

Hypersensitivity. Acute infections uncontrolled by antimicrobial chemotherapy.

Special Precautions

Active or doubtfully quiescent tuberculosis, paradoxical bronchospasm; children, elderly; pregnancy and lactation.

Adverse Drug Reactions

Loss of skin collagen and SC atrophy; local hypopigmentation of deeply pigmented skin; dryness, irritation, epistaxis, rarely ulceration or perforation of the nasal septum; smell and taste disturbances; hoarseness and candidiasis of the mouth or throat.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Inhalation: Store at 15-30°C. Nasal: Store at 15-30°C. Topical/Cutaneous: Store at 15-30°C.

Mechanism of Action

Beclometasone controls the rate of protein synthesis, depresses the migration of polymorphonuclear leukocytes, fibroblasts, reverses capillary permeability and lysosomal stabilisation at the cellular level to prevent or control inflammation.

Absorption: Readily absorbed after local application.
Distribution: Rapidly distributed to all body tissues.
Metabolism: Mainly hepatic but also in other tissues including GI tract and lungs.
Excretion: Chiefly in the urine and as metabolites in the faeces.

CIMS Class

Antiasthmatic & COPD Preparations / Nasal Decongestants & Other Nasal Preparations / Topical Corticosteroids

ATC Classification

A07EA07 - beclometasone; Belongs to the class of corticosteroids acting locally. Used in the treatment of intestinal inflammation.
D07AC15 - beclometasone; Belongs to the class of potent (group III) corticosteroids. Used in the treatment of dermatological diseases.
R01AD01 - beclometasone; Belongs to the class of topical corticosteroids used as nasal decongestants.
R03BA01 - beclometasone; Belongs to the class of other inhalants used in the treatment of obstructive airway diseases, glucocorticooids.

*beclometasone information:

Note that there are some more drugs interacting with beclometasone

beclometasone

beclometasone brands available in India

Always prescribe with Generic Name : beclometasone, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AEROVENT DPIcap AEROVENT inhaler BC-ZOLE oint BECDERM cream BECDERM-N cream BECIOSAL oint BECLASONE cream BECLASONE-C cream BECLASONE-GM cream BECLATE AQUANASE nasal spray BECLATE cream BECLATE INHALER inhaler BECLATE NASAL SPY nasal spray BECLATE ROTACAPS powd BECLATE ROTACAPS rotacap BECLATE-C cream BECLOAIR nasal spray BECLOCID lotion BECLOCID-G cream BECLODERM cream BECLODERM lotion BECLODERM-C cream BECLODERM-N cream BECLOLAB-CG oint BECLOLAB-NC oint BECLOMIN lotion BECLOMIN OINT oint BECMET-CG CREAM cream BECMET-G cream BECMET-GM cream BECMET-N cream BECMET-S cream BECORIDE FORTE inhaler BECORIDE inhaler BECORIDE JUNIOR inhaler BECTOP

cream BECZE-N CRM cream BELAR CRM cream BENDA cream BESTONIM C cream BESTONIM N cream BESTOPIC-N cream BEVENT EASECAPS powd BEVENT FORTE INHALER inhaler BEVENT INHALER inhaler CANODERMA oint CLOFUNG GM cream CLOFUNG oint CLOFUNG-G oint CLOFUNG-N oint CNB cream CORGE-C oint CORTISONE-BM cream CUTIGARD cream DERBEC-N cream DIPROGEN cream ECONASE nasal spray GCB oint GEMIDERM oint GENTALENE PLUS cream IFYCLO-G cream IMIDIL B CREAM cream ITCHICOS oint ITCHICURE oint ITCHIPOL oint MYCODERM CRM cream NADERM RF cream NC-DERM cream NIVATE-NC oint NUFORCE-GM cream PROPYNATE-NF cream PROPYNATE-NF lotion SHELIC CREAM cream TETRADERM cream TOPRAP-NC cream TRANSLIPO-B cream TRANSLIPO-BG cream TRANSLIPO-CB cream VALBET cream ZOVATE cream ZOVATE-GN cream ZOVATE-M oint ZOVATE-S cream

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([all drugs])

benazepril

CIMS Class : (ACE Inhibitors)

benazepril

P - Contraindicated in pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related benazepril information

Indication & Dosage

Oral

Hypertension

Adult: Initially, 10 mg once daily. Maintenance: 20-40 mg daily as a single or in 2 divided doses. Max dose: 80 mg/day.

Child: =6 yr: 0.2 mg/kg/day. Max dose: 40 mg/day.

Max Dosage:

Renal impairment: Avoid usage in children with CrCl <30 ml/min.

CrCl (ml/min)

Dosage Recommendation

<30

Initial dose: 5 mg daily. Max maintenance dose: 40 mg daily.

Oral

Heart failure

Adult: Initially, 2.5 mg once daily adjusted according to patient's response. Max: 20 mg daily.

Administration

May be taken with or without food.

Overdosage

May lead to hypotension.

Contraindications

Hypersensitivity. History of bilateral renal artery stenosis, angioedema; pregnancy.

Special Precautions

Valvular stenosis, before, during or immediately after anaesthesia, unilateral renal artery stenosis, preexisting renal insufficiency. Withdraw diuretics 2-3 days before benazepril treatment. SC epinephrine (1:1000) to be readily available in the event of angioedema. vol or salt-depleted states; collagen vascular disease; concomitant potassium supplements or potassium-sparing drugs; severe renal impairment (CrCl <30 ml/min). Lactation. Immunosuppressive therapy.

Adverse Drug Reactions

Headache, dizziness, fatigue; cough; somnolence, nausea; hypotension, transient elevations in BUN and serum creatinine; palpitations; constipation, gastritis; melena, rash, pruritus; musculoskeletal pain; paraesthesia, anxiety; UTI; hyperkalaemia; leucopenia and flushing.
Potentially Fatal: Angioedema (rare).

Drug Interactions

Thiazides and other diuretics may cause excessive fall in BP when used with benazepril. Increased risk of lithium toxicity when used concurrently.
Potentially Fatal: Concomitant potassium-sparing diuretics or potassium supplements can increase the risk of hyperkalaemia.

Food Interaction

Rate of absorption delayed but the extent is not affected.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

in 2nd & 3rd trimesters.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Mechanism of Action

Benazepril and its metabolite benazeprilat inhibit ACE that catalyzes the conversion of angiotensin I to angiotensin II, thus leading to reduced aldosterone secretion by the adrenal cortex and decreased vasopressor activity.

Absorption: 37% of dose is absorbed from the GI tract (oral); peak plasma concentrations after 1-2 hr (fasting state), 2-4 hr (nonfasting state).

Distribution: Enters breast milk. Protein-binding: 95%.

Metabolism: Hepatic (almost complete); converted to benazeprilat (active metabolite).
Excretion: Mainly via urine; via bile (11-12% of dose); 10-11 hr (elimination half-life), may be slowed in renal impairment.

CIMS Class

ACE Inhibitors

ATC Classification

C09AA07 - benazepril; Belongs to the class of ACE inhibitors. Used in the treatment of cardiovascular disease.

*benazepril information:
Note that there are some more drugs interacting with benazepril
benazepril further details are available in official CIMS India
benazepril
benazepril brands available in India
Always prescribe with Generic Name : benazepril, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : BENACE film-coated tab

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([all drugs])

benfotiamine

CIMS Class : (Vitamin B-Complex / with C)

benfotiamine

related benfotiamine information

Indication & Dosage

Oral

Diabetic neuropathy, Alcoholic neuropathy

Adult: 100 mg 4 times daily.

Contraindications

Hypersentivity.

Mechanism of Action

Benfotiamine is an allithiamine that boosts Advanced Glycation Endproduct (AGE)-inhibiting thiamine pyrophosphate and cell-shielding transketolase activity.

CIMS Class

Vitamin B-Complex / with C

ATC Classification

A11DA03 - benfotiamine;

*benfotiamine information:
benfotiamine
benfotiamine brands available in India
Always prescribe with Generic Name : benfotiamine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : AGEIN soft-gelatin caps BENCOBA tab BENFAGE cap BENFAGE FORTE cap BENFAGE PLUS cap BENFO PLUS film-coated tab BENFOMET cap NUTRICOM NB tab RENERVE PLUS-BT cap RENERVE-BT cap VONDER cap
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([all drugs])

benzocaine

CIMS Class : (Other Ear Preparations) , (Mouth/Throat Preparations) , (Anaesthetics - Local & General)

benzocaine

P - Caution when used during pregnancy

Lab ¤ - Lab interference

related benzocaine information

Indication & Dosage

Mouth/Throat

Sore throat

Adult: Up to 10 mg lozenge may be dissolved slowly in the mouth and repeated every 2 hr as necessary.

Child: Not recommended for child under 3 yr old.

Elderly: May require lower doses.

Mouth/Throat

Surface anaesthesia of mouth and throat

Adult: As gel, paste, spray or solution up to 20%: Apply to affected area up to 4 times daily.

Elderly: May require lower doses.

Topical/Cutaneous

Topical analgesia and anaesthesia

Adult: As gel, paste, cream, lotion, spray, solution or suppository up to 20%: Apply to affected area as directed.
Elderly: May require lower doses.

Contraindications

Hypersensitivity. Complete heart block. Low plasma-cholinesterase concentrations. Pyrogenic infection at or near the skin. Inj into or application to inflamed, infected tissues, to damaged skin mucosa or on perforated tympanic membrane.

Special Precautions

Elderly, debilitated, child. Epilepsy, impaired cardiac conduction or resp function, shock or hepatic impairment. Myasthenia gravis. Avoid: Contact with middle ear; prolonged use or application on extensive areas of the skin. Avoid eating or drinking for at least 3-4 hr after the anaesthetic; rubbing or touching the eye while anaesthesia persists. The anaesthetised eye should be protected from dust and bacterial contamination. Chemical burns must be neutralised before treatment with benzocaine. Pregnancy.

Adverse Drug Reactions

Hypersensitivity reactions; vertigo; nystagmus; sensitization. CNS excitation; tinnitus; blurred vision; nausea and vomiting; muscle twitching and tremors; convulsions. Numbness of tongue and perioral region; drowsiness. CVS effects; angioedema; contact dermatitis; burning and stinging effects.

Drug Interactions

Antagonism with sulfonamides; aminosalicylic acid; anticholinesterases; suxamethonium; antiarrhythmics; MAOIs; TCAs.

Lab Interference

Cytoscopic procedures following pyelography. Pancreatic function determination using bentiromide.

Mechanism of Action

Benzocaine is a local anaesthetic which acts by preventing the generation and transmission of impulses along nerve fibers and at nerve endings. Depolarisation and ion-exchange are inhibited. In

general, loss of pain occurs before loss of sensory, autonomic and motor functions.
Onset: 1 min.
Duration: 15-20 min.

CIMS Class

Other Ear Preparations / Mouth/Throat Preparations / Anaesthetics - Local & General

ATC Classification

C05AD03 - benzocaine; Belongs to the class of products containing local anesthetics. Used in the treatment of hemorrhoids.
D04AB04 - benzocaine; Belongs to the class of topical anesthetics used in the treatment of pruritus.
N01BA05 - benzocaine; Belongs to the class of esters of aminobenzoic acid. Used as local anesthetics.
R02AD01 - benzocaine; Belongs to the class of local anesthetics used in throat preparations.

*benzocaine information:
Note that there are some more drugs interacting with benzocaine

benzocaine

benzocaine brands available in India

Always prescribe with Generic Name : benzocaine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : HEALEX SPRAY aerosol MAMDEW BABY GEL gel MANDELAY gel MUCOPAIN gel NILL-O-WAX ear drops ZOKEN dental gel

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([all drugs])

benzoyl peroxide

CIMS Class : (Acne Treatment Preparations)

benzoyl peroxide

related benzoyl peroxide information

Indication & Dosage

Topical/Cutaneous

Acne

Adult: Apply a 2.5-10% preparation once or twice daily, often used with other antimicrobials.

Topical/Cutaneous

Decubitus/stasis ulcers

Adult: Apply a 20% lotion every 8-12 hr.

Contraindications

Hypersensitivity.

Special Precautions

Discontinue if severe irritation develops. Restart with tolerable levels of treatment after irritiation has cleared. Do not use occlusive dressing. May cause dermatitis in allergic patients. Apply carefully near the eyes, mouth, neck and other mucous membranes as well as other sensitive areas.

Adverse Drug Reactions

Excessive drying of skin, allergic dermatitis. May bleach fabrics or hair. Skin discoloration; skin rash, peeling, transient local oedema.

Drug Interactions

PABA sunscreens may transiently discolour fabric.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Topical/Cutaneous: Store at 15-30°C.

Mechanism of Action

Benzoyl peroxide has mild keratolytic effect and antimicrobial activity which is attributed to its oxidative property. It is active againstS.epidermidis and P.acne.

Metabolism: Skin; converted to benzoic acid.

Excretion: Urine.

CIMS Class

Acne Treatment Preparations

ATC Classification

D10AE01 - benzoyl peroxide; Belongs to the class of topical peroxide preparations used in the treatment of acne.

*benzoyl peroxide information:
benzoyl peroxide
benzoyl peroxide brands available in India
Always prescribe with Generic Name : benzoyl peroxide, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ABENZ gel ACTIBEN GEL gel AKNEROXID gel BENZAC-AC gel BREVOXYL FACEWASH cream BREVOXYL FACEWASH wash PERIAC gel PERNEX-AC gel PERNOX gel PEROBAR soap PERSOL GEL gel
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([all drugs])
benzydamine
CIMS Class : (Preparations for Vaginal Conditions) , (Mouth/Throat Preparations) , (Nonsteroidal Anti-inflammatory Drugs (NSAIDs))

benzydamine

related benzydamine information

Indication & Dosage

Mouth/Throat

Pain or irritation of the mouth and throat

Adult: Rinse or gargle 15 ml of a 0.15% solution (diluted with water if stinging occurs) every 1-3 hr for not >7 days. Alternatively, admin 4-8 puffs of a 0.15% spray onto the affected area every 1.5-3 hr.

Child: 6-12 yr: 4 puffs every 1.5-3 hr.

Topical/Cutaneous

Pain and inflammation associated with musculoskeletal and joint disorders

Adult: Apply a 3-5% cream. As salicylate: Apply a 6% cream/spray on the skin. Use as instructed.

Overdosage

May lead to hallucination.

Contraindications

Hypersensitivity.

Adverse Drug Reactions

Topical: Erythema, rash, photosensitivity. Mouth/throat preparations: Numbness or stinging sensation of oral mucosa.

Storage

Mouth/Throat: Store below 30°C. Topical/Cutaneous: Store below 30°C.

Mechanism of Action

Benzydamine has anti-inflammatory and analgesic properties.

CIMS Class

Preparations for Vaginal Conditions / Mouth/Throat Preparations / Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

ATC Classification

A01AD02 - benzydamine; Belongs to the class of other local agents. Used in the treatment of diseases of the mouth.

G02CC03 - benzydamine; Belongs to the class of antiinflammatory products for vaginal administration used in the treatment and prevention of inflammation.

M01AX07 - benzydamine; Belongs to the class of other non-steroidal antiinflammatory and antirheumatic products. Used in the treatment of inflammation and rheumatism.

M02AA05 - benzydamine; Belongs to the class of non-steroidal antiinflammatory preparations for topical use. Used in the treatment of joint and muscular pains.

*benzydamine information:

benzydamine

benzydamine brands available in India

Always prescribe with Generic Name : benzydamine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ABZORB powd TANTUM cream TANTUM gel TANTUM ORAL RINSE mouthwash TANTUM VAG DOUCHE sachet

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([all drugs])

betahistine

CIMS Class : (Antivertigo Drugs)

betahistine

P - Caution when used during pregnancy

L - Caution when used during lactation

related betahistine information

Indication & Dosage

Oral

Meniere's disease

Adult: Initially, 16 mg tid. Maintenance: 24-48 mg daily.

Administration

Should be taken with food.

Contraindications

Phaeochromocytoma. Porphyria.

Special Precautions

Active peptic ulcer, bronchial asthma, pregnancy and lactation.

Adverse Drug Reactions

Rash, pruritus, urticaria, dyspepsia, nausea, peptic ulcer disease, headache, dizziness, insomnia.

Drug Interactions

May antagonise antihistamines. May decrease bronchodilator effects of ß-2 agonists.

Storage

Oral: Store below 25°C.

Mechanism of Action

Betahistine improves the microcirculation in the labyrinth which reduces endolymphatic pressure.
Absorption: Rapid and complete.
Metabolism: Hepatic.

Excretion: Urine (as inactive metabolites); 3.4 hr (elimination half-life).

CIMS Class

Antivertigo Drugs

ATC Classification

N07CA01 - betahistine; Belongs to the class of preparations used in the treatment of vertigo.

*betahistine information:
betahistine
betahistine brands available in India
Always prescribe with Generic Name : betahistine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : AROTIN tab BALANSE tab BELHIST tab BETAHIST FORTE tab BETAHIST TAB tab BETAVERT tab BIOBET tab CARELET tab DIVERT tab HESTIN-B tab HISTAVERT tab HISTIGO tab HYBET tab INTRABET dispertab INVERT

tab MENI tab NANOVERT tab NEUVERT tab OSHVERT tab SANBETA TAB tab SIVERT tab SOLOHIST tab TIGO tab TINEX tab VERNIL tab VERTIBIL tab VERTIN tab VERTISTAR tab VERTOHIST tab XIBET-16 tab

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([all drugs])

betamethasone

CIMS Class : (Antiasthmatic & COPD Preparations) , (Corticosteroid Hormones) , (Eye Corticosteroids) , (Ear Corticosteroids) , (Topical Corticosteroids)

betamethasone

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related betamethasone information

Indication & Dosage

Oral

Allergic and inflammatory disorders

Adult: 0.5-5 mg daily.

Child: For inflammatory conditions: =12 yr: 0.0175-0.125 mg base/kg daily, dose may be divided every 6-12 hr.

Oral

Congenital adrenal hyperplasia

Adult: 0.5-5 mg daily.

Child: For inflammatory conditions: =12 yr: 0.0175-0.125 mg base/kg daily, dose may be divided every 6-12 hr.

Intramuscular

Allergic and inflammatory disorders

Adult: As betamethasone sodium phosphate and betamethasone acetate: Initially, 0.25-9 mg daily may be given in 1-2 divided doses. Dose should be individualised based on the severity of the condition being treated and patient's response. Reduce dose gradually when an adequate response is achieved.

Child: =12 yr: 0.0175-0.125 mg base/kg daily, dose may be divided every 6-12 hr.

Elderly:

Ophthalmic

Allergic and inflammatory conditions of the eye

Adult: As sodium phosphate: Apply a 0.1% solution every 1-2 hr until symptoms are controlled or a 0.1% ointment 2-4 times daily or at night in conjunction with the eye drops into the affected eye/s.

Topical/Cutaneous

Skin disorders

Adult: As dipropionate: Apply 0.05% into affected area. As valerate: Apply 0.025 or 0.1% into affected area.

Administration

Should be taken with food.

Contraindications

Hypersensitivity; systemic fungal or acute infections.

Special Precautions

Uncontrolled diabetes, peptic ulcer, osteoporosis, psychosis, psychoneurosis, pregnancy and lactation. Congestive heart failure, hypertension, epilepsy, CRF, elderly, regular monitoring of patients on long term therapy, withdraw gradually, glaucoma, hypothyroidism, cirrhosis, ocular herpes simplex, ulcerative colitis, infants and children.

Adverse Drug Reactions

Sodium and fluid retention, potassium and calcium depletion. Muscle wasting, weakness, osteoporosis. GI disturbances and bleeding. Increased appetite and delayed wound healing; hirsutism, bruising, striae, acne; raised intracranial pressure, headache, depression, psychosis, menstrual irregularities. Hyperglycaemia, DM. Suppression of pituitary-adrenocortical axis. Growth retardation in children (prolonged therapy). Increased susceptibility for infections. Topical use: Dermal atrophy, local irritation, folliculitis, hypertrichosis. Inhalation: Hoarseness, candidiasis of mouth and throat. Topical application to the eye: Corneal ulcers, raised IOP and reduced visual acuity. Intradermal injection: Local hypopigmentation of deeply pigmented skin. Intra-articular injection: Joint damage, fibrosis, esp in load bearing joints. Potentially Fatal: Abrupt withdrawal leading to acute adrenal insufficiency manifesting as malaise, weakness, mental changes, muscle and joint pains, dystonia, hypoglycaemia, hypotension, dehydration and death. Rapid IV inj may cause CV collapse.

Drug Interactions

Increased hyperglycaemia and hypokalaemia with thiazide diuretics. Increased incidence of peptic ulcer or GI bleeding with concurrent NSAIDs admin. Response to anticoagulants altered.

Dose of antidiabetics and antihypertensives needs to be increased. Decreases serum conc of salicylates and antimuscarinic agents.
Potentially Fatal: Reduced efficacy with concurrent use of carbamazepine, phenytoin, primidone, barbiturates and rifampicin. Enhanced effect in women taking oestrogens or oral contraceptives.

Food Interaction

May be taken with food to decrease GI stress.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

in 1st trimester.
Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or

for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intramuscular: Store below 25°C. Ophthalmic: Store below 25°C. Oral: Store below 25°C. Topical/Cutaneous: Store at 2-30°C.

Mechanism of Action

Betamethasone is a corticosteroid with mainly glucocorticoid activity. It prevents and controls inflammation by controlling the rate of protein synthesis, depressing the migration of polymorphonuclear leukocytes and fibroblasts, and reversing capillary permeability and lysosomal stabilisation.

Absorption: Readily absorbed from the GI tract (oral).

Distribution: Distributed throughout body tissues; crosses the placenta and enters the breast milk.

Metabolism: Hepatic.

Excretion: Via urine (<5% as unchanged drug).

CIMS Class

Antiasthmatic & COPD Preparations / Corticosteroid Hormones / Eye Corticosteroids / Ear Corticosteroids / Topical Corticosteroids

ATC Classification

A07EA04 - betamethasone; Belongs to the class of corticosteroids acting locally. Used in the treatment of intestinal inflammation.
C05AA05 - betamethasone; Belongs to the class of products containing corticosteroids for topical use. Used in the treatment of hemorrhoids.
D07AC01 - betamethasone; Belongs to the class of potent (group III) corticosteroids. Used in the treatment of dermatological diseases.
D07XC01 - betamethasone; Belongs to the class of potent (group III) corticosteroids in other combinations. Used in the treatment of dermatological diseases.
H02AB01 - betamethasone; Belongs to the class of glucocorticoids. Used in systemic corticosteroid preparations.
R01AD06 - betamethasone; Belongs to the class of topical corticosteroids used as nasal decongestants.

R03BA04 - betamethasone; Belongs to the class of other inhalants used in the treatment of obstructive airway diseases, glucocorticooids.

S01BA06 - betamethasone; Belongs to the class of corticosteroids. Used in the treatment of inflammation of the eye.

S01CB04 - betamethasone; Belongs to the class of corticosteroids/antiinfectives/mydriatics combinations. Used in the treatment of eye diseases.

S02BA07 - betamethasone; Belongs to the class of corticosteroids used in the treatment of inflammation of the ear.

S03BA03 - betamethasone; Belongs to the class of corticosteroids used in ophthalmologic and otologic preparations.

*betamethasone information:

Note that there are some more drugs interacting with betamethasone

betamethasone further details are available in official CIMS India betamethasone

betamethasone brands available in India

Always prescribe with Generic Name : betamethasone, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ABC DERM cream ACTICARD tab ALCODERM cream AL-DREM cream ALIDERMA oint BALDERM cream BASIC OINT oint BDM cream BECLEX-GM oint BELAR FORTE film-coated tab BELAR tab BELSONE tab BEN amp BENICORT amp BENICORT tab BENICORT-N eye/ear drops BETACORTRIL filcotab BETACORTRIL tab BETAFOAM accuhaler BETAFOAM MOUSSE foam BETAFOAM-S foam BETAGEL cream BETAGEL gel BETALAR drops BETALAR tab BETAMIL cream BETAMIL-M cream BETAMINE FORTE tab BETAMINE tab BETARIV tab BETASONE N eye/ear drops BETAWIN FORTE tab BETAWIN-S tab BETNECIP OVL-tab BETNECIP RND-tab BETNECIP tab BETNECORT tab BETNEDERM cream BETNEDERM-C cream BETNEDERM-GM cream BETNELAN film-coated tab BETNELAN tab BETNESOL amp BETNESOL DPS eye/ear drops BETNESOL drops BETNESOL EYE OINT eye oint BETNESOL film-coated tab BETNESOL FORTE tab BETNESOL tab BETNESOL-N eye/ear drops BETNI inj BETNI tab BETNOVATE cream BETNOVATE SCALP lotion BETSONE amp BETSONE DS-tab BETSONE tab BETZEE cream BETZEE-M cream CELESTONE drops CELESTONE inj CELESTONE tab CORTIDERM cream CORTIDERM-G cream CORTIDERM-GM cream CORTIL film-coated tab CORTIL tab DAIVOBET oint DIPFORM

cream DIPLENE cream DIPROVATE cream DIPROVATE lotion DIPROVATE PLUS lotion DIPROVATE-RD cream FLUNEC CRM cream FOURDERM cream FOURDERM-AF cream FUSACORT gel GENTATE-B eye drops GLOSONE cream IBETH-N eye/ear drops LUPIDERM cream MILBETA ear drops MILBETA-N eye drops OCUSONE eye drops OTINA ear drops PROPYNATE-E lotion PROPYSALIC-N oint PYLOOCAIN oint QUADRIDERM-AF cream QUADRIDERM-RF cream QUARD cream QUODERM-4 cream SANBETA eye/ear drops SOLUBET drops SOLUBET inj SOLUBET tab STEMIN amp STEMIN drops STEMIN F-tab STEMIN tab STEMIN-N eye drops STERNON-SF oint SYNCARE oint SYNCORT F-tab SYNCORT tab TAF-GM CRM cream TOPICASONE cream VALBET SCALP liqd WALACORT tab

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([all drugs])

betamethasone dipropionate + clotrimazole

CIMS Class : (Topical Anti-infectives with Corticosteroids)

betamethasone dipropionate + clotrimazole

P - Caution when used during pregnancy

L - Caution when used during lactation

related betamethasone dipropionate + clotrimazole information

Indication & Dosage

Topical/Cutaneous

Inflammed tinea pedis, tinea cruris and tinea corporis

Adult: =17 yr: As cream/lotion (per g containing clotrimazole 10 mg and betamethasone dipropionate 0.64 mg): Apply onto the affected area(s) bid. Recommended treatment duration: Up to 2 wk (tinea corporis and tinea cruris) and 4 wk (tinea pedis). Max: 45 g/wk.

Overdosage

Acute overdosage with topical application is unlikely to occur.

Contraindications

Hypersensitivity.

Special Precautions

Systemic absorption of betamethasone may result in suppression of the hypothalmic-pituitary-adrenal axis; prolonged or excessive use may increase systemic absorption of the drug. Monitor for signs of

infection. Safety and efficacy have not been established in children <17 yr. Elderly. Pregnancy and lactation.

Adverse Drug Reactions

Dry skin, burning sensation at the site of application, paresthesia, oedema, rash, secondary infections, stinging, skin atrophy.

Storage

Topical/Cutaneous: Store at 25°C.

Mechanism of Action

Betamethasone dipropionate is a corticosteroid that prevents and reduce inflammation by depressing the migration of polymorphonuclear leukocytes and fibroblasts; reversing capillary permeability and lysosomal stabilisation at the cellular level. Clotrimazole is an antifungal agent that binds to phospholipids in the fungal cell membrane. It causes loss of essential intracellular components by altering cell wall permeability.

Absorption: Betamethasone dipropionate: Percutaneous absorption depends on several factors e.g. use of occlusive dressings and integrity of the epidermal barrier.
Distribution: Betamethasone dipropionate: Once absorbed systemically, it is bound to plasma proteins in varying extents.
Metabolism: Betamethasone dipropionate: Once absorbed through the skin, it is metabolised mainly by the liver.
Excretion: Betamethasone dipropionate: Once absorbed through the skin, it is excreted largely renally; may also be excreted via the bile.

CIMS Class

Topical Anti-infectives with Corticosteroids

ATC Classification

A01AB18 - clotrimazole; Belongs to the class of local antiinfective and antiseptic preparations. Used in the treatment of diseases of the mouth.
D01AC01 - clotrimazole; Belongs to the class of imidazole and triazole derivatives for topical use. Used in the treatment of fungal infection.

G01AF02 - clotrimazole; Belongs to the class of imidazole derivative antiinfectives. Used in the treatment of gynecological infections.

*betamethasone dipropionate + clotrimazole information:

Note that there are some more drugs interacting with betamethasone dipropionate + clotrimazole

betamethasone dipropionate + clotrimazole

betamethasone dipropionate + clotrimazole brands available in India

Always prescribe with Generic Name : betamethasone dipropionate + clotrimazole, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : EPICORT-GC cream LOTRIDERM cream PROPYZOLE-E cream STATUM PLUS cream STATUM-B cream STATUM-B LOTION lotion

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([all drugs])

betamethasone dipropionate + salicylic acid

CIMS Class : (Psoriasis, Seborrhea & Ichthyosis Preparations)

betamethasone dipropionate + salicylic acid

P - Caution when used during pregnancy

L - Caution when used during lactation

related betamethasone dipropionate + salicylic acid information

Indication & Dosage

Topical/Cutaneous

Seborrhoeic dermatitis, Psoriasis

Adult: As lotion (containing betamethasone 0.05% w/w as dipropionate and salicylic acid 2% w/w) or ointment (containing betamethasone 0.05% w/w as dipropionate and salicylic acid 3% w/w): Apply to the affected area 1-2 times daily.

Overdosage

Excessive prolonged use of topical corticosteroids can lead to pituitary-adrenal suppression resulting in secondary adrenal insufficiency. Excessive topical application of preparations containing salicylic acid may also result in symptoms of salicyclism. Treatment is symptomatic.

Contraindications

Viral skin infections e.g. vaccinia, varicella and herpes simplex. Tuberculosis, acne rosacea, fungal skin infections (moniliasis), perioral dermatitis and ulcerative conditions.

Special Precautions

Not to be used in or near the eyes. Avoid contact with mucous membranes. Prolonged topical corticosteroid treatment may result in systemic corticosteroid effects; may also lead to formation of striae or atrophy of the skin or subcutaneous tissue. Absorption of corticosteroid through the skin is increased when used with occlusive dressings. Caution when used in patients with stasis dermatitis or other skin diseases with impaired blood circulation. Treatment should be re-evaluated on a 4-wkly basis. Pregnancy and lactation.

Adverse Drug Reactions

Pruritus, irritation, folliculitis, maceration of skin, skin atrophy, hypertrichosis, acneiform eruptions, secondary infection, hypopigmentation, perioral dermatitis, allergic contact dermatitis, striae and miliaria.

Storage

Topical/Cutaneous: Lotion: Store <25°C. Ointment: Store <30°C.

Mechanism of Action

Betamethasone dipropionate is a synthetic fluorinated corticosteroid. It is active topically and produces a rapid and sustained response in inflammatory dermatoses. It is also effective in less responsive conditions e.g. scalp psoriasis, chronic plaque psoriasis of the hands and feet. Salicylic acid has keratolytic action. It softens keratin, loosens cornified epithelium and desquamates the epidermis. It aids in the penetration of betamethasone.

Absorption: Betamethasone dipropionate: Percutaneous absorption depends on several factors e.g. use of occlusive dressings and integrity of the epidermal barrier. Salicylic acid: Exerts only local action after topical application.

Distribution: Betamethasone dipropionate: Once absorbed systemically, it is bound to plasma proteins in varying extents.

Metabolism: Betamethasone dipropionate: Once absorbed through the skin, it is metabolised mainly by the liver.

Excretion: Betamethasone dipropionate: Once absorbed through the skin, it is excreted largely renally; may also be excreted via the bile.

CIMS Class

Psoriasis, Seborrhea & Ichthyosis Preparations

ATC Classification

D01AE12 - salicylic acid; Belongs to the class of other antifungals for topical use. Used in the treatment of fungal infection.
S01BC08 - salicylic acid; Belongs to the class of non-steroidal antiinflammatory agents. Used in the treatment of inflammation of the eye.

*betamethasone dipropionate + salicylic acid information:
Note that there are some more drugs interacting with betamethasone dipropionate + salicylic acid
betamethasone dipropionate + salicylic acid
betamethasone dipropionate + salicylic acid brands available in India

Always prescribe with Generic Name : betamethasone dipropionate + salicylic acid, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BETAGEL-S cream BETASALIC cream BETNOVATE-S cream BETZEE-S cream DIPROSIS oint DIPROVATE-ES oint DIPROVATE-MF cream DIPSALIC LOTION lotion DIPSALIC oint LUPIDERM-S topical application MISALIC oint SALTOPIC LOTION lotion SALTOPIC oint STEMIN-MF oint TRIVATE-MF oint

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([all drugs])

betamethasone + neomycin

CIMS Class : (Topical Anti-infectives with Corticosteroids) , (Eye Antiseptics with Corticosteroids)

betamethasone + neomycin

P - Caution when used during pregnancy

L - Caution when used during lactation

related betamethasone + neomycin information

Indication & Dosage

Ophthalmic

Ocular inflammation with suspected or confirmed bacterial infection

Adult: As ophthalmic ointment containing betamethasone sodium phosphate 0.1% w/w and neomycin sulfate 0.5% w/w: Apply ¼ inch long to the lower eye lid 2-3 times daily and/or at night. Usual treatment duration: Up to 7 days/course.

Topical/Cutaneous

Corticosteriod-responsive dermatoses with secondary infection

Adult: As cream/ointment containing betamethasone (as valerate) 0.122% w/w and neomycin sulfate 0.5% w/w: Apply onto the affected area(s) 2-3 times daily.

Child: =2 yr: As cream/ointment containing betamethasone (as valerate) 0.122% w/w and neomycin sulfate 0.5% w/w: Apply onto the affected area(s) 2-3 times daily. Usual treatment duration: Up to 5 days/course.

Renal impairment: Dose reduction may be necessary.

Overdosage

Acute overdosage is unlikely to occur. Prolonged excessive use may lead to sufficient systemic absorption resulting in symptoms of Cushing's syndrome, in which case, gradual withdrawal of the drug

is recommended. Significant systemic absorption of neomycin sulfate may cause ototoxicity and nephrotoxicity. Treatment involves withdrawal of drug and monitoring general status, hearing acuity, renal and neuromuscular functions of the patient.

Contraindications

Hypersensitivity. Rosacea, acne vulgaris, perioral dermatitis, perianal and genital pruritus and primary cutaneous viral infections. Not to be used in otitis externa complicated by ear-drum perforation. Treatment of primary infected skin lesions caused by fungi or bacteria; primary or secondary infections due to yeast; or secondary infections due to Pseudomonas or Proteus species. Children <2 yr. Ophthalmic preparation: Not to be used in patients with glaucoma or herpetic keratitis.

Special Precautions

Avoid prolonged treatment as it may lead to systemic corticosteroid effects even withour occlusion. Avoid prolonged excessive application to the facial areas. Withdraw treatment if there is spread of the infection. Risk of glaucoma development if preparation enters eye(s). Regular monitoring is recommended

when used in psoriasis due to treatment tolerance, rebound relapses, generalised pustular psoriasis or systemic toxicity. Increased risk of contact sensitisation when used for extended period or recurrently. Pregnancy and lactation. Ophthalmic preparation: Monitor intraocular pressure, cataract formation of unsuspected infections; evaluate treatment if there is no clinical improvement after 7 days. Not to be used for undiagnosed red eye.

Adverse Drug Reactions

Prolonged use may cause local atrophic changes in the skin e.g. thining, striae and dilatation of superficial blood vessels. Local skin burning sensation, pruritus, pigmentation changes, allergic contact dermatitis and hypertrichosis. Ophthalmic preparation: Corneal ulceration, increased intraocular pressure, mydriasis, ptosis, epithelial punctate keratitis.

Drug Interactions

If there is significant systemic absorption, neomycin sulfate may increase the respiratory depressant effects of neuromuscular blockers.

Storage

Ophthalmic: Store <25°C. Topical/Cutaneous: Store <25°C.

Mechanism of Action

Betamethasone valerate is a corticosteroid which is effective in inflammatory dermatoses. It is also effective in less responsive conditions such as psoriasis. Neomycin sulfate is a broad spectrum antibiotic. It is bactericidal against many bacteria which are commonly associated with skin infections.

Absorption: Betamethasone: Absorption through the skin depends on several factors e.g. presence of occlusive dressing, integrity of the epidermal barrier.

Distribution: Betamethasone: Bound to plasma proteins to varying extent.

Metabolism: Betamethasone: Largely metabolised hepatically.

Excretion: Betamethasone: Mainly excreted via the kidneys.

CIMS Class

Topical Anti-infectives with Corticosteroids / Eye Antiseptics with Corticosteroids

ATC Classification

A07EA04 - betamethasone; Belongs to the class of corticosteroids acting locally. Used in the treatment of intestinal inflammation.

C05AA05 - betamethasone; Belongs to the class of products containing corticosteroids for topical use. Used in the treatment of hemorrhoids.

D07AC01 - betamethasone; Belongs to the class of potent (group III) corticosteroids. Used in the treatment of dermatological diseases.

D07XC01 - betamethasone; Belongs to the class of potent (group III) corticosteroids in other combinations. Used in the treatment of dermatological diseases.

H02AB01 - betamethasone; Belongs to the class of glucocorticoids. Used in systemic corticosteroid preparations.

R01AD06 - betamethasone; Belongs to the class of topical corticosteroids used as nasal decongestants.

R03BA04 - betamethasone; Belongs to the class of other inhalants used in the treatment of obstructive airway diseases, glucocorticooids.

S01BA06 - betamethasone; Belongs to the class of corticosteroids. Used in the treatment of inflammation of the eye.

S01CB04 - betamethasone; Belongs to the class of corticosteroids/antiinfectives/mydriatics combinations. Used in the treatment of eye diseases.

S02BA07 - betamethasone; Belongs to the class of corticosteroids used in the treatment of inflammation of the ear.

S03BA03 - betamethasone; Belongs to the class of corticosteroids used in ophthalmologic and otologic preparations.

*betamethasone + neomycin information:

Note that there are some more drugs interacting with betamethasone + neomycin

betamethasone + neomycin

betamethasone + neomycin brands available in India

Always prescribe with Generic Name : betamethasone + neomycin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BECLOCORT-N cream BETAGEL-N cream BETAMIL-N cream BETNEDERM-N cream BETNOVATE-N cream CORTIDERM-N cream DIPROVATE-N cream DIPROVATE-N PLUS cream TOPICASONE WITH NEOMYCIN cream VALBET CRM cream

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([all drugs])

betaxolol

CIMS Class : (Beta-Blockers) , (Antiglaucoma Preparations)

betaxolol

P - Contraindicated in pregnancy

L - Caution when used during lactation

related betaxolol information

Indication & Dosage

Oral

Hypertension

Adult: Initially, 10-20 mg once daily. May increase dose to 40 mg/day if necessary after 7-14 days depending on the patient's response.

Elderly: Initial dose of 5-10 mg/day.

Renal impairment: Patients with severe impairment or on dialysis: initially, 5 mg daily. May increase by 5 mg every 2 wk. Max: 20 mg daily.

Oral

Angina pectoris

Adult: Initially, 10-20 mg once daily. May increase dose to 40 mg/day if necessary after 7-14 days depending on the patient's response.
Elderly: Initial dose of 5-10 mg/day.
Renal impairment: Patients with severe impairment or on dialysis: initially, 5 mg daily. May increase by 5 mg every 2 wk. Max: 20 mg daily.
Ophthalmic
Open-angle glaucoma
Adult: Instil 1 drop of 0.25% or 0.5% solution bid.
Ophthalmic
Ocular hypertension
Adult: Instil 1 drop of 0.25% or 0.5% solution bid.

Administration

May be taken with or without food.

Overdosage

May lead to bradycardia, congestive heart failure, hypotension, bronchospasm, and hypoglycemia. Stop treatment and observe patient.

Contraindications

Sinus bradycardia, cardiogenic shock, overt cardiac failure. Pregnancy .

Special Precautions

Poor cardiac reserve, bronchospastic diseases, DM, renal or hepatic impairment. May mask signs of hyperthyroidism. Gradual withdrawal is recommended. Children. Lactation.

Adverse Drug Reactions

Topical use in eye: Mild ocular stinging and discomfort, usually transient and well-tolerated. Rarely, decreased corneal sensitivity, erythema, itching, keratitis and photophobia reported; tiredness, fatigue, headache, impotence, sleep disturbances, cold hands and feet, GI upsets, bradycardia especially in elderly.

Drug Interactions

May cause mydriasis when used concurrently with epinephrine. Close observation needed when on ß-blocker and catecholamine-depleting drugs such as reserpine, due to possible additive effects resulting in hypotension and/or bradycardia. Caution when used concomitantly with adrenergic, psychotropic drugs.
Potentially Fatal: Enhances calcium channel blockers, anaesthetics and clonidine.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

in 2nd & 3rd trimesters.
Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).
Storage

Oral: Store at 15-25°C.

Mechanism of Action

Betaxolol is a cardioselective ß-blocker which has greater affinity for ß1-receptors and has little or no effect on ß2-receptors. It also causes the reduction of intraocular pressure by decreasing the production of aqueous humor.

Absorption: Completely absorbed from the GI tract and undergoes minimal first pass effect.

Distribution: Protein binding: 50%. Crosses the placenta and distributes into the breast milk.

Excretion: Elimination half-life: about 16-20 hr. Mainly excreted via hepatic metabolism and urinary excretion.

CIMS Class

Beta-Blockers / Antiglaucoma Preparations

ATC Classification

C07AB05 - betaxolol; Belongs to the class of selective beta-blocking agents. Used in the treatment of cardiovascular diseases.

S01ED02 - betaxolol; Belongs to the class of beta blocking agents used in the treatment of glaucoma and miosis.

*betaxolol information:

Note that there are some more drugs interacting with betaxolol

betaxolol

betaxolol brands available in India

Always prescribe with Generic Name : betaxolol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BULOL eye drops GLUCOPTIC eye drops IOBET eye drops OCUBETA eye drops OPTIPRES eye drops OPTIPRES-S EYE DPS eye drops

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([all drugs])

bethanechol chloride

CIMS Class : (Other Drugs Acting on the Genito-Urinary System)

bethanechol chloride

P - Caution when used during pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related bethanechol chloride information

Indication & Dosage

Oral

Urinary retention

Adult: 10-50 mg 3-4 times daily.

Administration

Should be taken on an empty stomach (i.e. At least one hour before food or two hours after food). (Take on an empty stomach 1 hr before or 2 hr after meals.)

Overdosage

Signs include abdominal discomfort, salivation, skin flushing, sweating, nausea and vomiting. Antidote: Atropine Sulfate. Recommended dose for adults is 0.6 mg. Doses can be given repeated every 2 hr, according to clinical response. Recommended dosage in infants and children up to 12 yr: 0.01 mg/kg (max: 0.4 mg/dose) repeated every 2 hr as needed until the desired effect is achieved. SC inj is preferred except in emergencies when the IV route may be used.

Contraindications

Hypersensitivity, hyperthyroidism, peptic ulcer, obstructive pulmonary disease, pronounced bradycardia or hypotension, vasomotor instability, epilepsy, parkinsonism, mechanical obstruction of the GIT, bladder neck obstruction, spastic GI disturbances; IV/IM admin; lactation.

Special Precautions

Urinary retention, pregnancy, children.

Adverse Drug Reactions

Nausea, vomiting, abdominal cramps, diarrhoea; frequency of micturition; blurred vision; tachycardia, flushing; headache, malaise.

Lab Interference

Interferes with liver function tests.

Storage

Oral: Store at 20-25°C.

Mechanism of Action

Bethanecol has a stimulant action on the muscarinic cholinergic receptors in the smooth muscles of the bladder and GI tract, leading to increased ureteric and oesophagal peristalsis, increased pancreatic and GI secretions as well as bladder muscle contraction.
Onset: 30-90 min (oral); 5-15 min (SC).
Duration: 1-2 hr.
Absorption: Poor absorption from the GI tract (oral).
Distribution: Does not cross the blood-brain barrier.
Metabolism: Not hydrolysed by cholinesterases.

CIMS Class

Other Drugs Acting on the Genito-Urinary System

ATC Classification

N07AB02 - bethanechol; Belongs to the class of choline esters used as parasympathomimetics.

*bethanechol chloride information:
Note that there are some more drugs interacting with bethanechol chloride
bethanechol chloride
bethanechol chloride brands available in India
Always prescribe with Generic Name : bethanechol chloride, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : BETHACOL tab BETHERAN tab URIVOID tab UROTONE tab UROTONIN tab
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([all drugs])
bezafibrate
CIMS Class : (Dyslipidaemic Agents)
bezafibrate
P - Contraindicated in pregnancy
L - Contraindicated in lactation
related bezafibrate information

Indication & Dosage

Oral

Hyperlipidaemias

Adult: 200 mg tid, may increase dose gradually over 5-7 days. Maintenance: 200 mg bid. As modified-release preparation: 400 mg daily.

Renal impairment: Contraindicated in dialysis patients.

CrCl (ml/min)	Dosage Recommendation
40-60	400 mg daily
15-40	200 mg daily or on alternate days
<15	Contraindicated

Administration

Should be taken with food.

Contraindications

Advanced liver disease, primary biliary cirrhosis; gallstones or gallbladder disorders; severe renal insufficiency, hypoalbuminaemia. Pregnancy, lactation.

Special Precautions

Renal impairment; children. In patients receiving cholestyramine, the 2 drugs must be separated by 2 hr. History of jaundice or hepatic disorder; renal impairment (reduce dose); hypoalbuminaemia or nephrotic syndrome.

Adverse Drug Reactions

GI upset; pruritus, urticaria, alopoecia, impotence; vertigo, fatigue; increased serum transaminases.
Potentially Fatal: Leucopenia, thrombocytopenia; myotoxicity.

Drug Interactions

Cholestyramine inhibits bezafibrate absorption.
Potentially Fatal: Enhanced effects of oral anticoagulants.

Storage

Oral: Store below 25°C.

Mechanism of Action

Bezafibrate causes significant reduction in plasma by reducing the conc of very low-density lipoproteins (VLDL). It also increases the activity of lipoprotein lipase and several other enzymes.
Absorption: Readily absorbed from the GI tract (oral).
Distribution: Protein-binding: 95%.
Excretion: Urine (50% unchanged drug and metabolites); faeces (small amounts); 2 hr (elimination half-life).

CIMS Class

Dyslipidaemic Agents

ATC Classification

C10AB02 - bezafibrate; Belongs to the class of fibrates. Used in the treatment of hyperlipidemia.

*bezafibrate information:

Note that there are some more drugs interacting with bezafibrate
bezafibrate further details are available in official CIMS India
bezafibrate
bezafibrate brands available in India
Always prescribe with Generic Name : bezafibrate, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : BEZALIP tab BEZA-XL ER-tab BIZALIP SRtab BIZALIP TAB tab
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([all drugs])
bicalutamide
CIMS Class : (Hormonal Chemotherapy)
bicalutamide
P - Contraindicated in pregnancy
L - Contraindicated in lactation
related bicalutamide information
Indication & Dosage

Oral
Palliative treatment of advanced prostate cancer

Adult: When used with gonadorelin analogue: Usual dose: 50 mg once daily. May be started with or at least 3 days before starting gonadorelin analogue therapy.
Oral
Monotherapy or adjuvant therapy to surgery or radiotherapy in locally advanced prostatic cancer
Adult: 150 mg once daily.

Administration

May be taken with or without food.

Contraindications

Hypersensitivity. Females, children. Pregnancy, lactation.

Special Precautions

Monitor liver function regularly in hepatically impaired patients on prolonged therapy. Monitoring serum levels of Prostate Specific Antigen (PSA) may be useful in evaluating the patient's clincial progress.

Adverse Drug Reactions

Nausea, vomiting, diarrhoea, asthenia, gynaecomastia, breast tenderness, hot flushes, pruritus, dry skin, alopecia, hirsutism, decreased libido, impotence, weight gain; less commonly hypersensitivity reactions including angioneurotic oedema and urticaria, interstitial lung disease; rarely abdominal pain, CV disorders (including angina, heart failure and arrhythmias), depression, dyspepsia, haematuria, cholestasis, jaundice, thrombocytopenia.

Drug Interactions

Enhances effect of coumarin anticoagulants.

Pregnancy Category (US FDA)

Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.

Storage

Oral: Store below 30°C.

Mechanism of Action

Bicalutamide competes with androgen for the binding of androgen receptors, consequently blocking the action of androgens of adrenal and testicular origin, thus preventing the growth of normal and malignant prostatic tissue.
Absorption: Well absorbed from the GI tract (oral).
Distribution: Protein-binding: 96%.
Metabolism: Extensively hepatic by oxidation and glucuronidation.
Excretion: Urine and faeces (as metabolites); 6-7 days (elimination half-life of the R-enantiomer).

CIMS Class

Hormonal Chemotherapy

ATC Classification

L02BB03 - bicalutamide; Belongs to the class of anti-androgens. Used in endocrine therapy.

*bicalutamide information:

Note that there are some more drugs interacting with bicalutamide

bicalutamide

bicalutamide brands available in India

Always prescribe with Generic Name : bicalutamide, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BIPROSTA tab CALUDEC tab CALURAN tab CALUTIDE-50 film-coated tab CASODEX tab UTAMIDE tab

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([all drugs])

bisacodyl

CIMS Class : (Laxatives, Purgatives)

bisacodyl

P - Caution when used during pregnancy

Lab ¤ - Lab interference

related bisacodyl information

Indication & Dosage

Oral

Constipation

Adult: 5-10 mg at night.

Child: >4 yr: 5 mg at night time.

Elderly:

Oral

Bowel evacuation

Adult: Initially, 10-20 mg the night before the procedure followed by 10 mg suppository admin rectally the next morning.

Child: >10 yr: Same as adult dose. 4-10 yr: 5 mg the night before the procedure and 5 mg suppository admin rectally the following morning. .

Rectal

Constipation

Adult: 10 mg suppository/enema admin in the morning.

Child: <10 yr: 5 mg in the morning.

Administration

Should be taken on an empty stomach. (Take on an empty stomach for rapid effect. Do not take within 1 hr of antacids, milk or other dairy products.)

Overdosage

Overdosage may result in diarrhoea with excessive loss of water and electrolytes.

Contraindications

Acute surgical abdomen or intestinal obstruction, severe dehydration, faecal impaction, chronic use.

Special Precautions

Swallow the tab whole. Pregnancy; inflammatory bowel disease.

Adverse Drug Reactions

Abdominal discomfort (colic, cramps). Suppositories may cause irritation and proctitis.

Drug Interactions

Do not give antacids or milk within 1 hr of taking the drug (enteric coated).

Lab Interference

False urinary glucose levels.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store below 25°C. Rectal: Store below 25°C.

Mechanism of Action

Bisacodyl acts mainly in the large intestine by increasng its motility to effect bowel evacuation.

Onset: 6-12 hr (oral). 15-60 min (rectal).

Absorption: Minimal from the GI tract (oral, as enteric-coated tablets/suppositories).

Metabolism: Converted to bis(p-hydroxyphenyl)pyridyl-2-methane by intestinal or bacterial enzymes.
Excretion: Faeces; urine (as glucuronide).

CIMS Class

Laxatives, Purgatives

ATC Classification

A06AB02 - bisacodyl; Belongs to the class of contact laxatives. Used in the treatment of constipation.
A06AG02 - bisacodyl; Belongs to the class of enemas. Used in the treatment of constipation.

*bisacodyl information:
Note that there are some more drugs interacting with bisacodyl bisacodyl
bisacodyl brands available in India
Always prescribe with Generic Name : bisacodyl, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : BIDLAX-5 tab BISARIV tab BO-LAX tab CONLAX supp DULCOLAX supp DULCOLAX tab JULAX tab JUNIFREE-RDS supp LAXODYL tab SAFLAX tab SWILAX tab

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([all drugs])

bisoprolol

CIMS Class : (Beta-Blockers)

bisoprolol

P - Contraindicated in pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related bisoprolol information

Indication & Dosage

Oral

Hypertension

Adult: 2.5-10 mg daily as a single dose. Max: 20 mg daily.

CrCl (ml/min)

Dosage Recommendation

<40

Initial dose should be 2.5 mg daily.

<20

Max: 10 mg daily.

Hepatic impairment: Severe impairment: Initially, 2.5 mg daily. Max: 10 mg daily.

Oral

Angina pectoris

Adult: 2.5-10 mg daily as a single dose. Max: 20 mg daily.

CrCl (ml/min)

Dosage Recommendation

<40

Initial dose should be 2.5 mg daily.

<20

Max: 10 mg daily.

Hepatic impairment: Severe impairment: Initially, 2.5 mg daily. Max: 10 mg daily.

Oral

Heart failure

Adult: Initially, 1.25 mg once daily doubled after 1 wk if tolerated, then increased gradually at 1-4-wk intervals. Max: 10 mg daily.

Renal impairment: Dosage reduction may be necessary.

Hepatic impairment: Dosage reduction may be necessary.

Administration

May be taken with or without food.

Overdosage

Symptoms include bradycardia, hypotension, congestive heart failure, bronchospasm, and hypoglycemia. Treatment include stopping the drug and instituting supportive and symptomatic measures.

Contraindications

Low cardiac output and uncompensated cardiac failure; sinus bradycardia, 1st ° heart block, cardiogenic shock, bronchospasm; severe haemorrhage. Pregnancy.

Special Precautions

Bronchospastic disease, hyperthyroidism, peripheral vascular disease, undergoing anaesthesia. Monitor blood glucose regularly.

May mask symptoms of hypoglycaemia. Elderly. Gradual withdrawal is advised. Lactation.

Adverse Drug Reactions

Giddiness, headache, fatigue, bradycardia. Nausea, vomiting, diarrhoea or constipation, stomach discomfort, mild ocular stinging, photophobia, keratitis, decreased sexual ability. GI disturbances, dyspnoea, cold extremities, insomnia, hallucination, drowsiness and mood alterations.
Potentially Fatal: AV block, bradycardia. Rare but may occur in patients with preexisting cardiac disease. Includes severe bronchospasm, hypoglycaemia, hypotension, orthostatic hypotension, bradyarrhythmias. 'Rebound phenomenon' leading to unstable angina or MI on sudden withdrawal.

Drug Interactions

Decreased effect with aluminum and calcium salts, barbiturates, cholestyramine, NSAIDs, ampicillin, rifampicin. May mask tachycardia from hypoglycaemia induced by insulin and oral hypoglycaemics. Effects of other antihypertensives may be intensified.

Potentially Fatal: May increase the effects of drugs which slow AV conduction, a-blockers and a-adrenergic stimulants. Enhances the action of anaesthetic agents, clonidine, calcium antagonists, digitalis, hypoglycaemic agents and NSAIDs.

Lab Interference

Increased cholesterol, thyroxine, glucose and triglycerides levels.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

in 2nd & 3rd trimesters.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store below 25°C.

Mechanism of Action

Bisoprolol selectively and competitively blocks ß-1 receptors but has little or no effect on ß-2 receptors except at high doses.
Absorption: Absorbed completely from the GI tract (oral); peak plasma concentrations after 2-4 hr.
Distribution: Protein-binding: 30%.
Metabolism: In the liver.
Excretion: Excreted in urine. 10-12 hr (elimination half-life).

CIMS Class

Beta-Blockers

ATC Classification

C07AB07 - bisoprolol; Belongs to the class of selective beta-blocking agents. Used in the treatment of cardiovascular diseases.

*bisoprolol information:

Note that there are some more drugs interacting with bisoprolol
bisoprolol further details are available in official CIMS India
bisoprolol
bisoprolol brands available in India
Always prescribe with Generic Name : bisoprolol, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : BEBEDOL tab BISBETA tab BISELECT tab BISOCAR HT tab BISOD tab CADROL tab CONCOR tab CONCOR-AM tab CORBIS tab CORBIS-H tab LODOZ film-coated tab QUALIZ tab ZABESTA tab ZABESTA-XLO tab
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([all drugs])
bivalirudin
CIMS Class : (Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics))
bivalirudin
P - Caution when used during pregnancy
L - Caution when used during lactation
related bivalirudin information
Indication & Dosage

Intravenous

As an anticoagulant in percutaneous coronary intervention

Adult: 750 mcg/kg by IV inj followed by an infusion of 1.75 mg/kg/hr during procedure and up to 4 hr postprocedure. If needed, may continue infusion at 0.2 mg/kg/hr for up to 20 hr.

CrCl (ml/min)

Dosage Recommendation

30-59

Reduce dose by 20%.

<30

Contraindicated.

Dialysis

Contraindicated.

Contraindications

Active major bleeding. CrCl <30 ml/min and dialysis-dependent patients.

Special Precautions

Patients at risk of serious bleeding, recent major surgery or puncture of large vessels or organ biopsy. Hepatic or renal impairment.

Adverse Drug Reactions

Bleeding, hypersensitivity reactions. Hypertension, hypotension, bradycardia, nausea, vomiting, dyspepsia, urinary retention, back pain, headache, inj site pain and anxiety.
Potentially Fatal: Severe anaphylactic reactions which may lead to death.

Drug Interactions

May increase risk of bleeding when used with thrombolytics, oral anticoagulants or drugs that affect platelet function.

Storage

Intravenous: Store unopened vials at 15-30°C. Store reconstituted vials at 2-8°C.

Mechanism of Action

Bivalirudin is an analogue of the peptide hirudin. It is a specific and reversible direct thrombin inhibitor thats works by binding to the catalytic and anionic exosite of circulating and clot-bound thrombin. It is used as an anticoagulant in percutaneous coronary intervention.

Distribution: Does not bind to plasma proteins.

Metabolism: Partly metabolised by the kidneys.

Excretion: Partially cleared renally and proteolytic cleavage. Elimination half-life (normal renal function): 25 minutes.

CIMS Class

Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics)

ATC Classification

B01AE06 - bivalirudin;

*bivalirudin information:

Note that there are some more drugs interacting with bivalirudin bivalirudin

bivalirudin brands available in India

Always prescribe with Generic Name : bivalirudin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BIVAFLO infusion BIVASAVE vial

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([all drugs])

bleomycin

CIMS Class : (Cytotoxic Chemotherapy)

bleomycin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related bleomycin information

Indication & Dosage

Parenteral

Squamous cell or testicular tumours

Adult: 15,000 IU 3 times a wk or 30,000 IU twice a wk IM/IV, repeated at usual intervals of 3-4 wk up to a total cumulative dose of 500,000 IU.

Elderly: Dose reduction is necessary.

Renal impairment: Dose reduction is necessary.

Intramuscular

Lymphoma

Adult: 15,000 IU once or twice a wk, up to a total cumulative dose of 225,000 IU.

Elderly: Dose reduction is necessary.

Renal impairment: Dose reduction is necessary.

Injection

Malignant effusions

Adult: 60,000 IU in 100 ml of 0.9% sodium chloride instilled into the affected serous cavity, may be repeated up to a total cumulative dose of 500,000 IU.

Elderly: Dose reduction is necessary.

Renal impairment: Dose reduction is necessary.

Incompatibility: Incompatible with solutions of essential amino acids, riboflavin, dexamethasone or furosemide.

Contraindications

Hypersensitivity. Severe pulmonary disease; pregnancy and lactation.

Special Precautions

Pulmonary infection, preexisting pulmonary function impairment, renal impairment. Patients who received radiotherapy, particularly to the thorax. Regular chest x-rays should be done. Elderly. Discontinue treatment if chest x-rays show infiltrates or breathlessness occurs.

Adverse Drug Reactions

Fever, thrombophloebitis (inj). Acute anaphylactoid reactions, hyperpyrexia. Rash, erythema, pruritus, vesiculation, hyperkeratosis, nail changes, alopecia, hyperpigmentation, striae, stomatitis.
Potentially Fatal: Pulmonary toxicity, interstitial pneumonitis, fibrosis, cardiorespiratory collapse in patients with lymphoma.

Drug Interactions

Lomustine increases severity of leukopenia. Elimination decreased by cisplatin. Decreases plasma levels of digoxin and phenytoin.
Potentially Fatal: Enhanced pulmonary toxicity in patients given with oxygen.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Injection: Refrigerate at 2-8°C. Intramuscular: Refrigerate at 2-8°C. Parenteral: Refrigerate at 2-8°C.

Mechanism of Action

Bleomycin causes breakage of single- and double- stranded DNA by binding to DNA and inhibiting DNA synthesis. To a lesser extent, it also inhibits RNA and protein synthesis. It causes very little bone marrow suppression.

Absorption: Poorly absorbed from the GI tract (oral).

Distribution: Crosses the placenta.

Metabolism: Enzymatic degradation in plasma, liver and other organs.

Excretion: Urine (as active drug). Elimination half-life: Initial: 0.5 hr (IV bolus), 1.3 hr (infusion); terminal: 4 hr (IV bolus), 9 hr (infusion).

CIMS Class

Cytotoxic Chemotherapy

ATC Classification

L01DC01 - bleomycin; Belongs to the class of other cytotoxic antibiotics. Used in the treatment of cancer.

*bleomycin information:
Note that there are some more drugs interacting with bleomycin
bleomycin
bleomycin brands available in India
Always prescribe with Generic Name : bleomycin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : BLEDMAX inj BLEOCHEM vial BLEOCIN inj BLEOCIP vial BLEOLEM vial BLEOMYCIN vial BLEONCO vial BLEOSOL

vial BLEOSTAR-S vial BLEOTEX vial NAPROBLEO vial OIL BLEO vial ONCOBLEO inj

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([all drugs])

bortezomib

CIMS Class : (Targeted Cancer Therapy)

bortezomib

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related bortezomib information

Indication & Dosage

Intravenous

Multiple myeloma

Adult: Patients without symptoms or with Grade 1 peripheral neuropathy symptoms: 1.3 mg/m2 as IV bolus over 3-5 sec on days 1, 4, 8 and 11 of a 21-day cycle, followed by a 10-day rest period (days 12-21). At least 72 hr should elapse between consecutive doses.

Special Populations: Onset of any Grade 3 non-haematological or Grade 4 haematological toxicities excluding neuropathy: Withhold

therapy until toxicities symptoms resolved, then reinitiate at 25% reduced dose. Grade 1 with pain or Grade 2 peripheral neuropathy symptoms: 1 mg/m2 twice wkly for 2 wk (days 1, 4, 8, 11), then a 10-day rest period (days 12-21). At least 72 hr should elapse between consecutive doses. Grade 2 with pain or Grade 3 peripheral neuropathy symptoms: Withhold therapy until toxicity resolves, then reduce dose to 0.7 mg/m2 wkly. Grade 4 peripheral neuropathy symptoms: Discontinue.

Overdosage

Symptoms include hypotension and thrombocytopenia. Monitor vital signs and admin appropriate supportive care.

Contraindications

Hypersensitivity. Child. Pregnancy and lactation.

Special Precautions

Hepatic or renal impairment; history of syncope, orthostatic hypotension; dehydration. Impairs ability to drive or operate machinery. Monitor for symptoms of peripheral neuropathy.

Monitor closely the blood glucose levels in patients receiving oral antidiabetic agents.

Adverse Drug Reactions

Asthenic conditions; pyrexia; GI disturbances, anorexia; dehydration; peripheral neuropathy; thrombocytopenia, neutropenia, anaemia; hypotension; cardiac disorders; bone and body pain; cough, dyspnoea; rash, oedema; hypersensitivity reactions; painful or difficult urination.
Potentially Fatal: Pneumonia, pyrexia, diarrhoea, vomiting, dehydration and nausea.

Drug Interactions

Concurrent use of amiodarone, antivirals, isoniazid, nitrofurantoin, statins may increase the chance of peripheral neuropathy. Concurrent use of antihypertensives increases the chance of hypotension.

Mechanism of Action

Bortezomib is a reversible inhibitor of the chymotrypsin-like activity of the 26-S proteasome. It prevents targeted proteolysis that affects multiple signaling cascades responsible for normal homeostatic functions within the cell, leading to cell death.
Distribution: Protein binding: >80%.
Metabolism: Mainly metabolised via the cytochrome P450 isoenzymes CYP3A4, CYP2C19 and CYP1A2.

CIMS Class

Targeted Cancer Therapy

ATC Classification

L01XX32 - bortezomib; Belongs to the class of other antineoplastic agents. Used in the treatment of cancer.

*bortezomib information:
Note that there are some more drugs interacting with bortezomib
bortezomib
bortezomib brands available in India
Always prescribe with Generic Name : bortezomib, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BORTENAT vial BORTRAC vial BORVIZ vial VELCADE vial

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([all drugs])

brimonidine

CIMS Class : (Antiglaucoma Preparations)

brimonidine

P - Caution when used during pregnancy

L - Caution when used during lactation

related brimonidine information

Indication & Dosage

Ophthalmic

Open-angle glaucoma

Adult: Instill 1 drop of a 0.2% solution bid-tid.

Contraindications

Hypersensitivity. Patients receiving MAO inhibitor therapy.

Special Precautions

Patients wearing soft contact lenses should wait for at least 15 min after instilling brimonidine tartrate before inserting soft contact lenses. Renal or hepatic impairment. CV disease. Use with caution in patients with depression, cerebral or coronary insufficiency, Raynaud's phenomenon, orthostatic hypotension or thromboangitis obliterans. Pregnancy, lactation.

Adverse Drug Reactions

Oral dryness; ocular hyperaemia, burning and stinging; headache, blurring of vision; foreign body sensation, fatigue or drowsiness; conjunctival follicles, ocular allergic reactions and ocular pruritus. Corneal staining or erosion, photophobia, eyelid erythema, ocular ache and pain, ocular dryness, tearing; upper respiratory symptoms; eyelid oedema, conjunctival oedema, dizziness, blepharitis, ocular irritation; GI symptoms; asthaenia; conjunctival blanching, abnormal vision and muscular pain.

Drug Interactions

Possibility of an additive or potentiating effect with CNS depressants e.g. alcohol, barbiturates, opiates, sedatives or anaesthetics. Caution when used with ß-blockers (ophthalmic and systemic), antihypertensives or cardiac glycosides. TCAs can affect the metabolism and uptake of circulating amines.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Ophthalmic: Store at 15-25°C.

Mechanism of Action

Brimonidine is an a2-adrenoceptor agonist which works to reduce aqueous humor production and increase uveoscleral flow.

CIMS Class

Antiglaucoma Preparations

ATC Classification

S01EA05 - brimonidine; Belongs to the class of sympathomimetics used in glaucoma therapy.

*brimonidine information:
Note that there are some more drugs interacting with brimonidine
brimonidine
brimonidine brands available in India
Always prescribe with Generic Name : brimonidine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ALPHAGAN eye drops ALPHAGAN-P eye gel BRIMOCHEK eye drops BRIMOCHEK-T eye drops BRIMOCOM eye drops BRIMODIN eye drops BRIMODIN-P eye drops BRIMOPRESS eye drops BRIMOSUN eye drops COMBIGAN eye drops IOBRIM eye drops RIMONID eye drops

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([all drugs])

bromhexine

CIMS Class : (Cough & Cold Preparations)

bromhexine

Lab ¤ - Lab interference

related bromhexine information

Indication & Dosage

Oral

Mucolytic

Adult: 8-16 mg tid.

Administration

Should be taken with food.

Special Precautions

History of peptic ulceration; asthmatic patients. Severe hepatic or renal impairment.

Adverse Drug Reactions

GI side effects; headache, dizziness, sweating, skin rashes. Inhalation: Cough or bronchospasm.

Lab Interference

Transient rise in serum aminotransferase values.

Storage

Oral: Store below 30°C.

Mechanism of Action

Bromhexine is a mucolytic.

CIMS Class

Cough & Cold Preparations

ATC Classification

R05CB02 - bromhexine; Belongs to the class of mucolytics. Used in the treatment of wet cough.

*bromhexine information:

bromhexine

bromhexine brands available in India

Always prescribe with Generic Name : bromhexine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ANACUF syr ASI-RIL syr ASMOTONE PLUS liqd BISOLVON tab BREX syr BREX TAB tab BROMEX syr BROMEX tab BROMHEXINE ELIXIR liqd BROMHEXINE tab BRONCOREX expectorant BROWIN JUN expectorant BROWIN-TG expectorant CINKOF syr COFPET-DX syr CORINITE SYR syr COSCORIL SYR syr DELETUS-P expectorant EASCOF EXP syr ELEDYL expectorant EXPECT-T syr FLEMNIL CAP cap FLEMNIL syr INGAHIST-X syr KNO-OL susp KUFF-Q syr KUFKAIR syr LEMO LINCTUS linctus MEGARIL syr MITUSS-BR syr MUCOMELT-XP syr MUCORID syr MUCOSOL EXPECTORANT liqd NEOREX syr NOVA Q tab OKARIL syr OKAS-Q tab RESPOREX-BR syr SALCARE syr SALMODIL PLUS syr SALMODIL

syr SALUBRIL syr SANCORIL expectorant SILENTT syr SIOKOF liqd SUDEX-BR liqd SWICOF-BG expectorant SWITUS tab SYNABRON EXP liqd TERPECT syr TORLIN BR syr TOSCOF EXPECTORANT liqd TOX tab TRUCOF syr TUSP-BR syr TUSPEL PLUS expectorant TUSPEL-PX syr TUSQ-X expectorant TUSSOUT tab UCDEX syr VENTASOL-BR expectorant VISCOFAST syr VISCOF-S syr WISKORID syr XL-80 SYR syr XPAR-PLUS syr ZYCOF syr ZYTUS-X syr

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([all drugs])

bromocriptine

CIMS Class : (Antiparkinsonian Drugs) , (Other Drugs Affecting Hormonal Regulation)

bromocriptine

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related bromocriptine information

Indication & Dosage

Oral

Parkinson's disease

Adult: As adjunct to levodopa: 1st wk: Initially, 1-1.25 mg at night; 2nd wk: 2-2.5 mg at night; 3rd wk: 2.5 mg bid; 4th wk: 2.5 mg tid, then increased by 2.5 mg every 3-14 days as required. Maintenance: 10-40 mg daily.

Oral

Hypogonadism

Adult: 1-1.25 mg at bedtime increased to 2-2.5 mg at bedtime after 2-3 days and subsequently increased by 1 mg at 2-3 days intervals, up to 2.5 mg bid or more if necessary. Max: 30 mg daily.

Oral

Galactorrhoea

Adult: 1-1.25 mg at bedtime increased to 2-2.5 mg at bedtime after 2-3 days and subsequently increased by 1 mg at 2-3 days intervals, up to 2.5 mg bid or more if necessary. Max: 30 mg daily.

Oral

Infertility

Adult: 1-1.25 mg at bedtime increased to 2-2.5 mg at bedtime after 2-3 days and subsequently increased by 1 mg at 2-3 days intervals, up to 2.5 mg bid or more if necessary. Max: 30 mg daily.

Oral

Adjunct to surgery and radiotherapy in patients with acromegaly

Adult: Initially, 2.5 mg bid, may increase further by 2.5 mg every 2-3 days, if necessary up to 5 mg every 6 hr depending on response.

Oral

Suppression of lactation

Adult: 2.5 mg daily for 2-3 days, increased gradually to 2.5 mg bid for 14 days.

Oral

Prophylaxis of puerperal lactation

Adult: 2.5 mg on the day of delivery followed by 2.5 mg bid for 14 days.

Oral

Cyclical benign breast and menstrual disorders

Adult: 2.5 mg bid.

Administration

Should be taken with food.

Contraindications

Breast carcinoma, hypersensitivity to ergot alkaloids, uncontrolled hypertension, severe ischaemic heart disease. Pregnancy and lactation.

Special Precautions

Increased risk of conception, patients with peptic ulcer, diabetes, diabetic retinopathy, impaired hepatic or renal function, pleuropulmonary signs and symptoms, history of psychosis, CV disease, dementia or concurrent antihypertensive therapy, ability to drive vehicles or operating machinery may be impaired.

Adverse Drug Reactions

Nausea, vomiting, gastric haemorrhage (acromegaly), dizziness, headache, drowsiness, depression, postural hypotension, nasal congestion, pleural effusion, mania, ataxia. High doses produce confusion, hallucinations, delirium, psychosis.

Drug Interactions

Bioavailability increased if given along with erythromycin. Alcohol reduces tolerance to bromocriptine and vice-versa. Effects of antihypertensives may be potentiated. Avoid concurrent psychotropics.

Food Interaction

Food reduces nausea caused by bromocriptine.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Bromocriptine is a dopamine D2 and D3-agonist which works by activating postsynaptic dopamine receptors in the tuberoinfundibular and nigrostriatal pathways. It also inhibits the secretion of prolactin from the anterior pituitary and is used in the treatment of prolactinoma and in endocrinological disorders.

Absorption: 30% absorbed from the GIT (oral).

Distribution: Protein-binding: 90-96%

Metabolism: Extensive hepatic first-pass metabolism by hydrolysis to lysergic acid and peptides.

Excretion: Mainly via faeces, via urine (minimal amounts).

CIMS Class

Antiparkinsonian Drugs / Other Drugs Affecting Hormonal Regulation

ATC Classification

G02CB01 - bromocriptine; Belongs to the class of prolactine inhibitors. Used to suppress lactation.
N04BC01 - bromocriptine; Belongs to the class of dopamine agonist. Used in the management of parkinson's disease.

*bromocriptine information:
Note that there are some more drugs interacting with bromocriptine
bromocriptine further details are available in official CIMS India
bromocriptine
bromocriptine brands available in India
Always prescribe with Generic Name : bromocriptine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : BRIPTIN tab BROM tab BROMOGEN tab CRIPTAL tab ENCRIPT tab KRIPTI tab OVUCRIPT tab PARLODEL

tab POLODYL tab PROCTINAL tab SEMI-BROM tab SICRIPTIN tab

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([all drugs])

budesonide

CIMS Class : (Antiasthmatic & COPD Preparations) , (Nasal Decongestants & Other Nasal Preparations) , (Corticosteroid Hormones)

budesonide

P - Caution when used during pregnancy

L - Caution when used during lactation

related budesonide information

Indication & Dosage

Oral

Inflammatory bowel disease

Adult: Active disease: 9 mg daily; up to 8 wk, reduce dose before stopping therapy. Recurring episodes of active disease: May repeat an 8-wk course. Maintenance of remission: 6 mg once daily, for up to 3 mth; thereafter, gradually reduce dose before stopping treatment.

Hepatic impairment: Dose reduction may be needed.

Nasal

Treatment and prophylaxis of rhinitis

Adult: Initially, 200 mcg into each nostril daily, reduced to 100 mcg into each nostril daily until symptoms are controlled. Or initially, 100 mcg into each nostril bid.

Nasal

Nasal polyps

Adult: 100 mcg bid into each nostril up to 3 mth.

Inhalation

Asthma

Adult: MDI: 400 mcg daily in 2 divided doses, increased up to 1.6 mg daily in severe cases. Maintenance: 200-400 mcg daily. As dry powd inhaler: 200-800 mcg daily in single dose or 2 divided doses. As nebulised solution: Usual dose: 1-2 mg inhaled bid. Maintenance dose: 0.5-1 mg bid.

Child: MDI: 50-400 mcg bid. Nebulised solution: 3 mth-12 yr: Initially, 0.5-1 mg bid. Maintenance dose: 0.25-0.5 mg bid.

Max Dosage: Adult: Dry powd inhaler: 800 mcg bid.

Administration

Should be taken with food. (Swallow whole, do not chew/crush. Avoid grapefruit juice.)

Contraindications

Hypersensitivity. Acute infections uncontrolled by antimicrobial chemotherapy.

Special Precautions

Active or doubtfully quiescent tuberculosis, paradoxical bronchospasm; children, elderly; pregnancy, lactation.

Adverse Drug Reactions

Loss of skin collagen and SC atrophy; local hypopigmentation of deeply pigmented skin; dryness, irritation, epistaxis, rarely ulceration or perforation of the nasal septum; smell and taste disturbances; hoarseness and candidiasis of the mouth or throat.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not

confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.
Storage

Inhalation: Store at 20-25°C. Nasal: Store at 20-25°C. Oral: Store at 20-25°C.

Mechanism of Action

Budesonide controls the rate of protein synthesis, depresses the migration of polymorphonuclear leukocytes, fibroblasts, reverses capillary permeability and lysosomal stabilisation at the cellular level to prevent or control inflammation.
Absorption: Rapid and almost complete after oral admin but has poor systemic availability.
Metabolism: Undergoes first-pass metabolism.

CIMS Class

Antiasthmatic & COPD Preparations / Nasal Decongestants & Other Nasal Preparations / Corticosteroid Hormones

ATC Classification

A07EA06 - budesonide; Belongs to the class of corticosteroids acting locally. Used in the treatment of intestinal inflammation.
D07AC09 - budesonide; Belongs to the class of potent (group III) corticosteroids. Used in the treatment of dermatological diseases.
R01AD05 - budesonide; Belongs to the class of topical corticosteroids used as nasal decongestants.
R03BA02 - budesonide; Belongs to the class of other inhalants used in the treatment of obstructive airway diseases, glucocorticooids.

*budesonide information:
Note that there are some more drugs interacting with budesonide
budesonide further details are available in official CIMS India
budesonide
budesonide brands available in India
Always prescribe with Generic Name : budesonide, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BUDAMATE INHALER inhaler BUDAMATE TRANSCAPS cap BUDATE cap BUDATE F-respules BUDATE respules BUDECORT HFA INHALER inhaler BUDECORT INHALER inhaler BUDECORT NEOHALER accuhaler BUDECORT RESPULES respules BUDECORT ROTACAPS rotacap BUDENASE AQ spray BUDEZ CR cap BUDEZ ENEMA enema BUDEZ INHALER inhaler BUDEZ NASAL SPRAY nasal spray BUDVENT FORTE INHALER inhaler BUDVENT INHALER inhaler BUOVENT DP-cap DERINIDE inhaler FORACORT NEO-HALER accuhaler FORACORT rotacap FORMONIDE inhaler FORMONIDE NOVOCART powd FORMONIDE RES-cap PULMICORT inhaler PULMICORT respules RHINOCORT AQUA nasal spray RHINOCORT NASAL SPY nasal spray RHINOCORT spray VENT FB EASECAPS EASEcap VENT FB INHALER inhaler

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([all drugs])

bupivacaine

CIMS Class : (Anaesthetics - Local & General)

bupivacaine

P - Caution when used during pregnancy

L - Contraindicated in lactation

related bupivacaine information

Indication & Dosage

Injection

Percutaneous infiltration anaesthesia

Adult: 0.25% solution is typically used. For prolonged action: 9 mg (1.8 ml) of a 0.5% solution with adrenaline (1:200,000) can be admin, repeated once after 2-10 min if necessary. Max total: 90 mg/dental sitting. Max single dose: 150 mg with or without adrenaline, followed by 50 mg every 2 hr if needed.

Injection

Peripheral nerve block

Adult: 12.5 mg (5 ml) of a 0.25% solution or 25 mg (5 ml) of a 0.5% solution. Max single dose: 150 mg with or without adrenaline, followed by 50 mg every 2 hr if needed.

Injection

Sympathetic nerve block

Adult: 50-125 mg (20-50 ml) of a 0.25% solution.

Injection

Retrobulbar block

Adult: 15-30 mg (2-4 ml) of a 0.75% solution.

Injection

Caudal block

Adult: In surgery: 37.5-75 mg (15-30 ml) of a 0.25% solution or 75-150 mg (15-30 ml) of a 0.5% solution. With analgesia during labour: 25-50 mg (10-20 ml) of a 0.25% solution or 50-100 mg (10-20 ml) of a 0.5% solution.

Injection

Lumbar epidural block

Adult: In surgery: 25-50 mg (10-20 ml) of a 0.25% solution or 50-100 mg (10-20 ml) of a 0.5% solution. With analgesia during labour: 15-30 mg (6-12 ml) of a 0.25% solution or 30-60 mg (6-12 ml) of a 0.5% solution. In non-obstetric surgery: 75-150 mg (10-20 ml) of a 0.75% solution.

Overdosage

Management includes careful and constant monitoring of CV and respiratory vital signs and the patient?s state of consciousness after each local anaesthetic inj. Establish and maintain a patent airway, oxygen may be needed. If necessary, drugs may be used to control convulsions. Hypotension may also be managed by giving IV fluids such as sodium chloride inj.

Contraindications

Hypersensitivity to local anaesthetics of amide type. IV regional anaesthesia; paracervical block in obstetrics; spinal anaesthesia <18 yr. Lactation. Solutions containing preservatives for caudal or epidural block.

Special Precautions

Hepatic disease; CV disease; children <12 yr; pregnancy. Elderly and debilitated patients.

Adverse Drug Reactions

CNS excitation may be followed by depression. Hypotension, bradycardia, arrhythmias and cardiac arrest; methaemoglobinaemia; seizures, restlessness, dizziness. Hypersensitivity. Prolonged block.
Potentially Fatal: Cardiac and sudden respiratory arrest.

Drug Interactions

Decreased duration with hyaluronidase. Decreased clearance with cimetidine and ranitidine. Potentiates lidocaine and mepivacaine.

Allergic-type reactions with formulations containing sodium metabisulfite.

Potentially Fatal: May potentiate systemic toxicity of other local amide anaesthetics. Increased risk of myocardial depression with antiarrhythmics.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Bupivacaine blocks both the initiation and conduction of nerve impulses reducing the permeability of neuronal membranes to Na ions resulting in inhibition of depolarization with resultant blockade of conduction.

Onset: 4-10 min.

Duration: 1.5-8.5 hr.

Distribution: Crosses the placenta, diffuses into CSF, enters breast milk (small amounts). Protein-binding: 95%.

Metabolism: Hepatic.

Excretion: Urine (as metabolites); 1.5-5.5 hr (elimination half-life).

CIMS Class

Anaesthetics - Local & General

ATC Classification

N01BB01 - bupivacaine; Belongs to the class of amides. Used as local anesthetics.

*bupivacaine information:
Note that there are some more drugs interacting with bupivacaine bupivacaine
bupivacaine brands available in India
Always prescribe with Generic Name : bupivacaine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ANAWIN HEAVY inj ANAWIN INJ inj BUPIVACAINE vial BUPIVAN inj MARCAIN inj SENSORCAINE HEAVY amp SENSORCAINE SPINAL inj SENSORCAINE vial

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([all drugs])

buprenorphine

CIMS Class : (Analgesics (Opioid))

buprenorphine

P - Caution when used during pregnancy

L - Caution when used during lactation

related buprenorphine information

Indication & Dosage

Sublingual

Moderate to severe pain

Adult: 200-400 mcg every 6-8 hr.

Child: >6 yr: 37.5-50 kg: 200-300 mcg; 25-37.5 kg: 100-200 mcg; 16-25 kg: 100 mcg. To be given every 6-8 hr.

Parenteral

Moderate to severe pain

Adult: 300-600 mcg IM or slow IV Inj repeated every 6-8 hr if needed.

Child: >6 mth: 3-6 mcg/kg every 6-8 hr. Max: 9 mcg/kg every 6-8 hr.

Intramuscular

Premedication before anaesthesia

Adult: 300 mcg. May also be given sublingually at 400 mcg.

Intravenous

As a perioperative analgesic supplement

Adult: 300-450 mcg via slow IV inj.

Contraindications

Acute alcoholism; convulsive disorders; head injuries; increased intracranial pressure; comatose patients; resp depression and obstructive airway disease; patients on established opioid agonists.

Special Precautions

Hepatic or renal disease; pregnancy, lactation; hypothyroidism; adrenocortical insufficiency; asthma; prostatic hyperplasia; shock; hypotension; inflammatory or obstructive bowel disorders; myasthaenia gravis; infants/neonates. Reduce dose in elderly and debilitated patients. May precipitate withdrawal symptoms in narcotic addicts.

Adverse Drug Reactions

Sedation, nausea, dizziness, vertigo, hypotension, miosis, headache, hypoventilation, resp or CNS depression; tachycardia, bradycardia, urinary retention, coma, vomiting, drowsiness, sweating, confusion, dry mouth, diaphoresis, withdrawal syndrome.

Drug Interactions

Plasma-buprenorphine concentrations may be affected when co-administered with drugs that induce or inhibit cytochrome P450 isoenzyme CYP3A4. Enhanced depressant effects with other CNS depressants e.g. alcohol, anaesthetics, anxiolytics, hypnotics, TCAs and antipsychotics.
Potentially Fatal: Diazepam may produce resp and cardiac collapse.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.
Storage

Intramuscular: Store at 15-30°C. Intravenous: Store at 15-30°C. Parenteral: Store at 15-30°C. Sublingual: Store at 15-30°C.

Mechanism of Action

Buprenorphine exerts its analgesic effect by binding to the mu-opioid receptors in the CNS. It has a longer duration of analgesic action than morphine. Its partial agonist activity gives it a low level of physical dependence. Buprenorphine and morphine show similar dose-related resp depressant effect.

Absorption: Rapidly absorbed through the muscles (IM), buccal mucosa (sublingual); peak plasma concentrations after 90 minutes (sublingual).

Distribution: Enters breast milk. Protein-binding: 96%.

Metabolism: Minimal 1st-pass effect; converted to N-dealkylbuprenorphine and conjugated metabolites. There is enterohepatic recirculation.

Excretion: Via faeces (mainly unchanged), via urine (small amounts as unchanged); 1.2-7.2 hr (elimination half-life).

CIMS Class

Analgesics (Opioid)

ATC Classification

N02AE01 - buprenorphine; Belongs to the class of oripavine derivative opioids. Used to relieve pain.
N07BC01 - buprenorphine; Belongs to the class of drugs used in the management of opioid dependence.

*buprenorphine information:
Note that there are some more drugs interacting with buprenorphine
buprenorphine further details are available in official CIMS India buprenorphine
buprenorphine brands available in India
Always prescribe with Generic Name : buprenorphine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ADDNOK tab BUNOGESIC amp BUPRIGESIC amp BUPRINOR amp PENTOREL inj TIDIGESIC inj TIDIGESIC sublingual tab
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([all drugs])

bupropion hydrochloride

CIMS Class : (Antidotes, Detoxifying Agents & Drugs Used in Substance Dependence) , (Antidepressants)

bupropion hydrochloride

P - Caution when used during pregnancy

related bupropion hydrochloride information

Indication & Dosage

Oral

Smoking cessation

Adult: Modified-release preparation: Initially, 150 mg once daily for 6 days then increased to 150 mg bid. Period of treatment: 7-12 wk. To discontinue treatment if abstinence is not achieved by 7th wk. Max: 300 mg/day.

Elderly: 150 mg/day.

Oral

Depression

Adult: Initially, 100 mg bid increased to 100 mg tid after 3 days if necessary. Increased further to 150 mg tid if no improvement has been observed after several wk of therapy. Max: 150 mg tid. As a modified-release preparation: 150 mg once daily in the morning, increased to 150 mg bid after 3 days if necessary, may further

increase to 200 mg bid after several wk if needed. Max: 450 mg as a single dose.

Administration

May be taken with or without food.

Overdosage

Symptoms include hallucinations, loss of consciousness, sinus tachycardia, and ECG changes such as conduction disturbances or arrhythmias. Maintain an adequate airway, oxygenation, and ventilation. Monitor cardiac rhythm and vital signs. EEG monitoring is also recommended for the first 48 hr post-ingestion. General supportive and symptomatic measures are also recommended. Induction of emesis is not recommended.

Contraindications

Epilepsy; eating disorders (e.g. bulimia or anorexia nervosa); hypersensitivity.

Special Precautions

History of seizure disorders, bipolar disorders; MI or unstable heart disease; pregnancy; renal or hepatic impairment. Monitor BP before and after treatment; monitor wkly if used with nicotine products. May impair ability to drive and operate machinery. Avoid use within 2 wk of MAO inhibitor withdrawal.

Adverse Drug Reactions

Facial oedema; nausea, dry mouth, constipation, diarrhoea, anorexia; mouth ulcer; thirst; myalgia, arthralgia; insomnia, dream, abnormality, anxiety, disturbed concentration, dizziness, nervousness, tremor, dysphoria; rhinitis, increased cough, pharyngitis, sinusitis; dyspnoea, epistaxis, agitation, insomnia, tremor, headache, weight loss, vomiting, skin rash.
Potentially Fatal: Stevens-Johnson syndrome.

Drug Interactions

Neuroleptics, lithium and TCAs, benzodiazepine, alcohol, drugs that lower seizure threshold. Increased risk of side effects when co-admin withlevodopa. Reduced hepatic clearance with fluoxetine. Caution when administering with agents that will affect hepatic

drug metabolizing enzymes. Increased risk of toxicity when used with ritonavir.

Potentially Fatal: Concurrent use with MAO inhibitors may cause acute toxicity symptoms and increased risk of fatality.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store at 15-25°C.

Mechanism of Action

Bupropion HCl is a relatively weak inhibitor of the neuronal uptake of norepinephrine, serotinin and dopamine. The mechanism by which it aids in smoking cessation is presumed to be mediated by its noradrenergic and/or dopaminergic actions.

Absorption: Well absorbed from the GI tract but undergoes extensive first pass effect.

Distribution: =80% bound to plasma proteins. Crosses the placenta and distributed into breast milk.

Excretion: Terminal half-life of immediate-release preparation: about 14 hr. Mainly excreted in the urine as metabolites.

CIMS Class

Antidotes, Detoxifying Agents & Drugs Used in Substance Dependence / Antidepressants

*bupropion hydrochloride information:

Note that there are some more drugs interacting with bupropion hydrochloride

bupropion hydrochloride

bupropion hydrochloride brands available in India

Always prescribe with Generic Name : bupropion hydrochloride, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BUPDEP SR-tab BUPEP SR-tab BUPISURE ER-tab BUPRON-SR tab BUPRON-XL tab ESSION-ER tab NICOTEX SR-film-coated tab SMOQUIT-SR SR-tab ZYBAN tab

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([all drugs])

buspirone

CIMS Class : (Anxiolytics)

buspirone

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related buspirone information

Indication & Dosage

Oral

Short-term management of anxiety

Adult: Initially, 5 mg bid/tid increased by 5-mg increments at intervals of 2-3 days. Max: 45 mg daily in divided doses.

Max Dosage: 45 mg daily in divided doses.

Administration

May be taken with or without food. (Take consistently either always w/ or always without meals.)

Contraindications

Hypersensitivity. Epilepsy; severe renal or hepatic impairment; children <18 yr; pregnancy, lactation.

Special Precautions

Preceding co-administration of MAOIs, decreased hepatic or renal function. In patients on benzodiazepines, withdraw the drug gradually. May impair ability to drive or operate machinery.

Adverse Drug Reactions

Dizziness, nausea, headache, nervousness, lightheadedness, excitement, paraesthesia, sleep disturbances, chest pain, tinnitus, nasal congestion, sore throat. Less sedation and lower potential for dependence compared to other anxiolytics.

Drug Interactions

Enhanced sedative effects with alcohol or CNS depressants. Increases serum haloperidol. Concurrent admin with MAOIs may lead to increase in BP.

Potentially Fatal: Elevation of BP when taken concomitantly with MAOIs.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Buspirone exerts anxiolytic activity through high affinity for serotonin 5-HT1A and 5-HT2 receptors. It has moderate affinity for dopamine D2-receptors but no affinity for GABA receptors.

Absorption: Rapidly absorbed from the GI tract (oral); peak plasma concentrations after 40-90 minutes.
Distribution: Protein-binding: 95%.
Metabolism: Extensively hepatic via hydroxylation and oxidative dealkylation.
Excretion: Urine and faeces (as metabolites); 2-4 hr (elimination half-life).

CIMS Class

Anxiolytics

ATC Classification

N05BE01 - buspirone; Belongs to the class of azaspirodecanedione derivatives anxiolytics. Used in the management of anxiety, agitation or tension.

*buspirone information:
Note that there are some more drugs interacting with buspirone
buspirone
buspirone brands available in India

Always prescribe with Generic Name : buspirone, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BUSCALM tab BUSON tab BUSPIDAC tab BUSPIN tab SUPIRON-B tab TAMSPAR tab

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([all drugs])

busulfan

CIMS Class : (Cytotoxic Chemotherapy)

busulfan

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related busulfan information

Indication & Dosage

Oral

Palliative treatment of chronic myeloid leukemia

Adult: 60 mcg/kg daily. Maintenance: 0.5-2 mg daily. Max: 4 mg daily.

Oral

Polycythemia vera

Adult: 4-6 mg daily continued for 4-6 wk with blood counts monitoring.

Oral

Essential thrombocythaemia

Adult: 2-4 mg daily.

Oral

Conditioning regimens for bone marrow transplantation

Adult: 3.5-4 mg/kg daily in divided doses for 4 days up to a total dose of 14-16 mg/kg. Usually used with cyclophosphamide for ablation of recipient's bone marrow.

Intravenous

Conditioning regimens for bone marrow transplantation

Adult: When used with phenytoin, recommended dose: 3.2 mg/kg ideal body-weight/day for 4 days (total dose 12.8 mg/kg); actual body-weight is used for dose calculation if it is <the ideal weight. Daily dose is given as 4 infusions of 800 mcg/kg at 6-hrly intervals; each dose is diluted in sodium chloride 0.9% or glucose 5% to a final concentration of about 500 mcg/mL, given over 2 hr through a central venous catheter using an infusion pump. Start cyclophosphamide only at least 24 hr after last dose of busulfan.

Administration

May be taken with or without food. (Take w/ chilled liqd, ensure adequate fluid intake.)

Contraindications

Pregnancy and lactation. Hypersensitivity.

Special Precautions

Prior treatment with other myelosuppressive drugs, patients predisposed to seizures. May cause secondary malignancies (tumors, acute leukaemias, ovarian failure). Previous irradiation/therapy. Monitor blood counts carefully during therapy. Discontinue if lung toxicity develops.

Adverse Drug Reactions

GI symptoms, anorexia, wt loss, weakness, hyperpigmentation, amenorrhoea, cataracts, cough or hoarseness, impaired fertility and gonadal function, dry skin, liver damage, gynaecomastia.
Potentially Fatal: Bone marrow depression manifesting as thrombocytopaenia, leucopaenia, anaemia. Interstitial pulmonary fibrosis (known as "busulfan lung" on prolonged treatment).

Drug Interactions

Decreased clearance when used with cyclophosphamide and itraconazole. Increased clearance by phenytoin. May reduce response to vaccines, possibility of generalized infections with live vaccines. Combination with thioguanine results in oesophageal varices and abdominal liver function tests.

Potentially Fatal: Cytotoxic agents may increase risk of pulmonary toxicity.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store below 25°C.

Mechanism of Action

Busulfan reacts with N-7 position of guanosine and interferes with DNA replication and RNA transcription by alkylating and cross-linking the DNA strands.

Absorption: Readily absorbed from the GIT (oral).

Distribution: Crosses the blood-brain barrier.

Metabolism: Extensively hepatic.

Excretion: Urine (as sulfur-containing metabolites); 2-3 hrs (elimination half-life).

CIMS Class

Cytotoxic Chemotherapy

ATC Classification

L01AB01 - busulfan; Belongs to the class of alkylating agents, alkyl sulfonates. Used in the treatment of cancer.

*busulfan information:

Note that there are some more drugs interacting with busulfan

busulfan

busulfan brands available in India

Always prescribe with Generic Name : busulfan, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BUCELON amp BUCELON film-coated tab BUSULFAN tab BUSUPHAN tab MYLEFAN tab MYLERAN tab MYRAN tab MYSULFAN tab

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([all drugs])

butenafine

CIMS Class : (Topical Antifungals & Antiparasites)

butenafine

related butenafine information

Indication & Dosage

Topical/Cutaneous

Skin fungal infections

Adult: Apply 1% cream on affected area. Tinea pedis: Apply bid for 7 days. Tinea corporis and tinea cruris: Once daily for 2 wk. Tinea versicolor: Once daily for 2 wk.

Contraindications

Application to eye area.

Special Precautions

Avoid occlusive dressings. Avoid contact with mouth, eyes and other mucous membranes. Affected areas should be thoroughly cleansed with soap and dried prior to application. Hands should always be washed after applying cream. Child <12 yr.

Adverse Drug Reactions

Mild burning sensation at the site of application.

Storage

Topical/Cutaneous: Store at 5-30°C.

Mechanism of Action

Butenafine, a benzylamine antifungal, inhibits the enzyme squalene monooxygenase thus decreasing sterol biosynthesis.

CIMS Class

Topical Antifungals & Antiparasites

ATC Classification

D01AE23 - butenafine; Belongs to the class of other antifungals for topical use. Used in the treatment of fungal infection.

*butenafine information:
butenafine
butenafine brands available in India
Always prescribe with Generic Name : butenafine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : BUTOP CREAM cream FINTOP CREAM cream
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([all drugs])
cabergoline
CIMS Class : (Antiparkinsonian Drugs) , (Other Drugs Affecting Hormonal Regulation)

cabergoline

P - Caution when used during pregnancy

L - Caution when used during lactation

related cabergoline information

Indication & Dosage

Oral

Inhibition of physiological lactation

Adult: 1 mg as a single dose on the 1st day postpartum.

Hepatic impairment: Dosage adjustments may be needed.

Oral

Suppression of lactation

Adult: 250 mcg every 12 hr for 2 days.

Hepatic impairment: Dosage adjustments may be needed.

Oral

Hyperprolactinaemia-associated disorders

Adult: Initially, 500 mcg/wk then increased at mthly intervals by 500 mcg/wk according to response. Wkly dose may be admin on a single occasion or in 2 divided doses on separate days; doses >1 mg should be given as divided doses. Usual dose: 1 mg (up to 4.5 mg)/wk.

Hepatic impairment: Dosage adjustments may be needed.

Oral

As monotherapy in Parkinson's disease

Adult: Initially, 0.5 mg daily in monotherapy and 1 mg daily as adjunct, may increase in increments of 0.5-1 mg at 7- or 14-day intervals. Max: 3 mg daily.

Elderly: Start with lower doses.

Hepatic impairment: Dosage adjustments may be needed.

Oral

Adjunct to levodopa treatment in Parkinson's disease

Adult: Initially, 0.5 mg daily in monotherapy and 1 mg daily as adjunct, may increase in increments of 0.5-1 mg at 7- or 14-day intervals. Max: 3 mg daily.

Elderly: Start with lower doses.

Hepatic impairment: Dosage adjustments may be needed.

Administration

Should be taken with food.

Overdosage

Symptoms may include nasal congestion, syncope or hallucinations. Measures to support BP should be taken if necessary.

Contraindications

Hypersensitivity to ergot derivatives. Uncontrolled hypertension.

Special Precautions

CV disease, Raynaud's syndrome, renal or hepatic impairment, peptic ulcer, GI bleeding, history of psychosis, hypertension. May affect ability to drive or operate machinery. Pregnancy, lactation. Prolonged use and/or usage of high doses may lead to psychiatric disorders, pleural/retroperitoneal fibrosis or cardiac valvular fibrosis. Monitor serum prolactin level mthly until normalisation. Monitor hepatic function regularly in patients with hepatic impairment.

Adverse Drug Reactions

Decrease in BP, dizziness, vertigo, headache, nausea, sleeplessness, abdominal pain, dyspepsia, gastritis, weakness, fatigue, constipation, vomiting, breast pain, hot flushes, depression, tingling, leg cramps, Raynaud's syndrome, psychosis with hallucinations, delusions and confusion.

Potentially Fatal: Risk of serotinin syndrome with sibutramine; avoid combination.

Drug Interactions

Increased risk of orthostatic hypotension when used with antihypertensives. May increase vasoconstriction effect of dopamine. May reduce vasodilation effect of nitroglycerin. Concurrent use with SSRIs or TCAs may increase the risk of serotonin syndrome.
Potentially Fatal: Risk of serotonin syndrome with sibutramine.

Pregnancy Category (US FDA)
Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).
Storage

Oral: Store at 20-25°C.

Mechanism of Action

Cabergoline is a long-acting dopamine D2-agonist. It inhibits prolactin secretion through hypothalamic inhibitory control exerted through the release of dopamine.
Absorption: Absorbed from the GI tract. Undergoes 1st pass effect.
Distribution: Plasma protein binding: about 40%.
Metabolism: Extensively metabolised to inactive metabolites.
Excretion: Mainly via faeces.

CIMS Class

Antiparkinsonian Drugs / Other Drugs Affecting Hormonal Regulation

ATC Classification

G02CB03 - cabergoline; Belongs to the class of prolactine inhibitors. Used to suppress lactation.
N04BC06 - cabergoline; Belongs to the class of dopamine agonist. Used in the management of parkinson's disease.

*cabergoline information:

Note that there are some more drugs interacting with cabergoline
cabergoline further details are available in official CIMS India
cabergoline
cabergoline brands available in India
Always prescribe with Generic Name : cabergoline, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : CABERLIN tab CABGOLIN tab CAMFORTE tab CB-LIN tab PARCAR tab
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([all drugs])
calamine
CIMS Class : (Topical Antihistamines/Antipruritics)
calamine
related calamine information
Indication & Dosage

Topical/Cutaneous
Pruritic skin disorders
Adult: Apply onto the affected area 1-4 times daily, re-apply after bath.

Special Precautions

For external use only. Not to be used on open wounds or burns.

Adverse Drug Reactions

May cause rash or irritation.

Mechanism of Action

Calamine has mild astringent and antipruritic actions.

CIMS Class

Topical Antihistamines/Antipruritics

*calamine information:
calamine
calamine brands available in India
Always prescribe with Generic Name : calamine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CALACARE soln CALADRYL LOTION lotion CALAK lotion CALAK LOTION lotion CALSKIN lotion CIMFI lotion INTRACAL lotion

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([all drugs])

calcitonin, salmon

CIMS Class : (Agents Affecting Bone Metabolism)

calcitonin, salmon

P - Caution when used during pregnancy

L - Caution when used during lactation

related calcitonin, salmon information

Indication & Dosage

Nasal

Postmenopausal osteoporosis

Adult: 200 units daily, alternating nostrils everyday.

Renal impairment: Dosage reduction may be required.

Parenteral

Paget's disease of bone

Adult: Initial dose: 100 units SC/IM daily. Maintenance regimen: 50 units SC/IM 3 times wkly to 100 units daily in patients with serious bone deformity or neurologic involvement.

Renal impairment: Dosage reduction may be required.

Parenteral

Adjunct in hypercalcaemia

Adult: 100 units every 6-8 hr by SC/IM inj. Adjust dose according to response. In severe cases, IV infusion up to 10 units/kg can be given over 6 hr. Max: 400 units every 6-8 hr.

Renal impairment: Dosage reduction may be required.

Parenteral

Postmenopausal osteoporosis

Adult: 100 units daily or every other day by SC/IM Inj together with calcium and vitamin D supplements.

Renal impairment: Dosage reduction may be required.

Parenteral

Bone pain due to malignant neoplasms

Adult: 200 units 4 times daily or 400 units bid for up to 48 hr by SC/IM inj.

Renal impairment: Dosage reduction may be required.

Intravenous

Emergency treatment of hypercalcaemia

Adult: 5-10 units/kg daily in 500 ml of 0.9% sodium chloride by slow IV infusion over 6 hr.
Renal impairment: Dosage reduction may be required.

Overdosage

May cause nausea and vomiting. Treatment may include parenteral admin of calcium.

Contraindications

Hypersensitivity.

Special Precautions

Prior intradermal test preferably done. Children <18 yr, renal impairment. Pregnancy, lactation.

Adverse Drug Reactions

Nausea, vomiting, tingling of hands; Inj site inflammatory reactions, rashes, facial flushing, bronchospasm, headache, unusual taste,

abdominal pain, anorexia. Nasal: Local irritation, ulceration, rhinitis, sinusitis, epistaxis.
Potentially Fatal: Anaphylactic shock.

Drug Interactions

Concurrent use with digitalis, mithramycin, or biphosphonate resorption inhibitors calls for dosage adjustments of these drugs.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.
Storage

Intravenous: Refrigerate at 2-8°C. Nasal: Refrigerate at 2-8°C. Parenteral: Refrigerate at 2-8°C.

Mechanism of Action

Calcitonin inhibits osteoclastic bone resorption and reduces bone turnover. It decreases tubular reabsorption and promotes renal excretion of calcium, phosphate, sodium, magnesium and potassium.

Absorption: Rapidly inactivated (oral); peak plasma concentrations after 30-40 min (nasal), 15-25 min (IM).

Distribution: Protein binding: 30-40%.

Metabolism: Rapidly in the kidneys; blood and peripheral tissues.

Excretion: Urine (inactive metabolites, small amounts of unchanged drug); 70-90 min (elimination half-life).

CIMS Class

Agents Affecting Bone Metabolism

*calcitonin, salmon information:

calcitonin, salmon

calcitonin, salmon brands available in India

Always prescribe with Generic Name : calcitonin, salmon, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BIOCALCIN amp CALCINASE nasal spray CALSYNAR vial MIACALCIC nasal spray OSTOSPRAY nasal spray SALMONCAL inj SALMONCAL nasal spray UNICALCIN amp ZYCALCIT INJ vial

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([all drugs])

calcitriol

CIMS Class : (Agents Affecting Bone Metabolism)

calcitriol

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related calcitriol information

Indication & Dosage

Oral

Hyperparathyroidism in renal failure

Adult: 0.25 mcg daily or every other day. May increase by 0.25 mcg daily at intervals of 4-8 wk.

Child: 0.25-2 mcg daily with haemodialysis.

Oral

Hypoparathyroidism/pseudohypoparathyroidism

Adult: 0.5-2 mcg once daily.

Child: 1-5 yr: 0.25-0.75 mcg once daily; >6 yr: 0.5-2 mcg once daily.

Oral

Vitamin D-resistant rickets (familial hypophosphataemia)

Adult: 0.015-0.02 mcg/kg once daily. Maintenance: 0.03-0.06 mcg/kg once daily. Max: 2 mcg once daily.

Child: 0.015-0.02 mcg/kg once daily. Maintenance: 0.03-0.06 mcg/kg once daily. Max: 2 mcg once daily.

Oral

Hypocalcaemia in premature infants

Child: 1 mg once daily for 5 days.

Intravenous

Hyperparathyroidism in dialysis patients

Adult: 0.5-4 mcg 3 times/wk, increased if needed in steps of 0.25-0.5 mcg at intervals of 2?4 wk; max. 8 mcg 3 times/wk.

Child: 1 mcg once daily.

Intravenous

Hyperparathyroidism in renal failure

Adult: 0.5 mcg daily 3 times/wk if undergoing haemodialysis. If necessary, dose can be increased by 0.25-0.5 mcg at intervals of 2-4 wk. Maintenance: 0.5-3 mcg 3 times/wk.

Intravenous

Hypocalcaemic tetany in premature infants

Child: 0.05 mcg/kg once daily for 5-12 days.

Administration

May be taken with or without food. (May be taken w/ meals to reduce GI discomfort.)

Overdosage

Symptoms include hypercalcemia, hypercalciuria and hyperphosphatemia. Treatment: Immediate discontinuation of calcitriol therapy, institute low-calcium diet and withdraw calcium supplements. Determine serum calcium levels daily until normocalcaemia returns.

Contraindications

Hypercalcaemia; evidence of vitamin D toxicity. Pregnancy (dose exceeding RDA). Lactation.

Special Precautions

Idiopathic hypercalcaemia. Pediatric doses must be individualised and monitored under close medical supervision. Coronary disease,

renal function impairment and arteriosclerosis, especially in the elderly. Hypoparathyroidism.

Adverse Drug Reactions

Weakness; headache; somnolence; nausea; vomiting; dry mouth; constipation; muscle pain; bone pain; metallic taste; polyuria; polydipsia; anorexia; irritability; weight loss; nocturia; mild acidosis; reversible azotemia; generalized vascular calcification; nephrocalcinosis; conjunctivitis (calcific); pancreatitis; photophobia; rhinorrhoea; pruritus; hyperthermia; decreased libido; elevated BUN; albuminuria; hypercholesterolaemia; elevated AST and ALT; ectopic calcification; hypertension; cardiac arrhythmias.

Drug Interactions

Hypermagnesaemia may develop in patients on chronic renal dialysis. Hypercalcaemia in patients on digitalis may precipitate cardiac arrhythmias. Intestinal absorption of calcitriol may be reduced by cholestyramine and colestipol. Phenytoin, barbiturates may decrease the T1/2 of calcitriol. May develop hypercalcaemia with thiazide diuretics.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

if dose > US RDA.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Store at 15-30°C. Oral: Store at 15-30°C.

Mechanism of Action

Calcitriol promotes calcium absorption in the intestines and retention at the kidneys thus increasing serum calcium levels. It also increases renal tubule phosphate resorption consequently

decreasing serum phosphatase levels, PTH levels and bone resorption.

Absorption: Well absorbed from the GI tract.

Excretion: Mainly excreted in the bile and faeces.

CIMS Class

Agents Affecting Bone Metabolism

ATC Classification

A11CC04 - calcitriol; Belongs to the class of vitamin D and analogues. Used as dietary supplements.

D05AX03 - calcitriol; Belongs to the class of other topical agents used in the treatment of psoriasis.

*calcitriol information:

Note that there are some more drugs interacting with calcitriol

calcitriol

calcitriol brands available in India

Always prescribe with Generic Name : calcitriol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ADMAX cap ADMAX-R cap ALCEE cap BIO-D3 soft-gelatin caps BONICAL-C tab CAL-C softgel CALCIBEST inj CALCIGO tab CALID-C tab CALORICH-M tab CALOSTO cap CALRIZ tab CALTROL cap CALZEM softgel CARCAL soft-gelatin caps CELOL INJ amp CELOL soft-gelatin caps CITRO MACALVIT tab CRYSTACAL softgel CRYSTACAL syr CTARCAL-C tab C-TROL tab DEVITROL inj FENSERR tab FORBONE tab GEMITROL cap MAX PLUSE tab OSTO-3 softgel OSTONEX cap OSTRIOL cap PRIMACAL-AT cap PT-PRESS cap RG-CAL tab ROCALTROL cap ROLSICAL cap ROLSICAL oint SUPRACAL-OS softgel TROLCAL tab TWINCAL syr ULCITROL soft-gelatin caps VENOCAL tab VERTICAL SOFTGEL softgel VITATROL PLUS soft-gelatin caps

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([all drugs])

calcium carbonate

CIMS Class : (Antacids, Antireflux Agents & Antiulcerants) , (Electrolytes) , (Calcium/with Vitamins)

calcium carbonate

Food ¤ - Food interaction

related calcium carbonate information

Indication & Dosage

Oral

Hyperacidity

Adult: Per tablet contains 500 mg calcium carbonate: Take 1-2 tablets as needed, up to a max of 16 tablets/day. May suck or chew tablets. Pregnant women: 1-2 tablets as needed, up to a max of 7 tablets in 24 hr.

CrCl (ml/min)

Dosage Recommendation

<25

Dosage adjustments may be needed depending on serum calcium levels.

Oral

Hyperphosphataemia in patients with chronic renal failure

Adult: Initially, 2.5 g daily, given in divided doses, may increase up to 17 g daily in divided doses if needed.

CrCl (ml/min)

Dosage Recommendation

<25

Dosage adjustments may be needed depending on serum calcium levels.

Administration

May be taken with or without food. (Take w/ meals for better absorption. Avoid taking w/ large amt of fibre-rich food.)

Contraindications

Patients with Ca renal calculi or history of renal calculi; hypercalcaemia; hypophosphataemia. Patients with suspected digoxin toxicity.

Special Precautions

Renal impairment, hypoparathyroid disease, hypercalcaemia-associated diseases. Calcium absorption is impaired in achlorhydria; use an alternate salt and take with food. Caution when used in patients with a history of kidney stones.

Adverse Drug Reactions

Constipation, flatulence; hypercalcaemia; metabolic alkalosis; milk-alkali syndrome, tissue-calcification. Gastric hypersecretion and acid rebound (with prolonged use).

Drug Interactions

Co-administration with thiazide diuretics or vit D may lead to milk-alkali syndrome and hypercalcaemia. Decreased absorption with corticosteroids. Decreases absorption of tetracyclines, atenolol, iron, quinolones, alendronate, Na fluoride, Zn and calcium-channel blockers. Enhances cardiac effects of digitalis glycosides and may precipitate digitalis intoxication.

Food Interaction

Absorption may be increased with food. Decreased absorption with bran, foods high in oxalates and whole grain cereals. Calcium may reduce iron absorption.

Mechanism of Action

Calcium carbonate can neutralise gastric acid rapidly and effectively. However, it may adversely activate Ca dependent

processes, leading to secretion of gastric and hydrochloric acid. It can induce rebound acid secretion and, prolonged high doses may cause hypercalcemia, alkalosis and milk-alkali syndrome.

Absorption: Converted to calcium chloride by gastric acid. Some of the calcium is absorbed in the intestines. Calcium is absorbed in soluble, ionized form; solubility of calcium is increased in an acidic environment.

Distribution: Crosses placenta, enters breast milk.

Excretion: Mainly in the faeces as unabsorbed calcium; urine (20%).

CIMS Class

Antacids, Antireflux Agents & Antiulcerants / Electrolytes / Calcium/with Vitamins

ATC Classification

A02AC01 - calcium carbonate; Belongs to the class of calcium-containing antacids. Used for the treatment of acid-related disorders.

A12AA04 - calcium carbonate; Belongs to the class of calcium-containing preparations used as dietary supplements.

*calcium carbonate information:

Note that there are some more drugs interacting with calcium carbonate

calcium carbonate

calcium carbonate brands available in India

Always prescribe with Generic Name : calcium carbonate, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BONYCAL syr BONYCAL tab CALCICIP chewable tab CALCIUM SANDOZ chewable tab CALIBON-Z 250 chewable tab CALZORB tab MILKAL-G tab MILTAB tab OSCAL tab ROLSICAL PLUS soft-gelatin caps TRICIUM-O tab TRIPLE A CAL cap TRIPLE A CAL FORTE cap XTRASORB cap

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([all drugs])

calcium carbonate + vitamin d3

CIMS Class : (Calcium/with Vitamins)

calcium carbonate + vitamin d3

Food ¤ - Food interaction

related calcium carbonate + vitamin d3 information

Indication & Dosage

Oral

Supplementation of calcium and vitamin D3

Adult: As effervescent tablet containing calcium carbonate 1500 mg and vitamin D3 10 mcg: 1 tablet bid, to be dissolved in a glass of water and taken immediately. Dosing regimen may vary with brands and dosage forms.

Overdosage

Overdose can lead to hypercalcaemia. Symptoms: Anorexia, thirst, nausea, vomiting, constipation, abdominal pain, muscle weakness, fatigue, bone pain, nephrocalcinosis, nephrolithiasis, mental disturbances, polydipsia, polyuria and cardiac arrhythmias (severe cases). Extreme hypercalcaemia may lead to coma and death. Irreversible renal damage and soft tissue calcification may occur as a result of prolonged hypercalcaemia. Treatment of hypercalcaemia: Rehydrate and discontinue calcium supplement and any treatment with thiazide diuretics, lithium, vitamin A or D and cardiac glycosides. Monitor serum electrolytes, renal function and diuresis.

Contraindications

Patients with hypercalcaemia and/or hypercalciuria. Nephrolithiasis, hypervitaminosis D, hypophosphataemia.

Special Precautions

Impaired calcium absorption in achlorhydria which is common in elderly. Increased risk of hypercalcaemia and hypercalciuria in hypoparathyroid patients receiving high doses of vitamin D. Caution when using in patients with history of kidney stones. Renal impairment; frequent monitoring of serum calcium and phosphorus is recommended.

Adverse Drug Reactions

Constipation, flatulence, nausea, abdominal pain and diarrhoea. Pruritus, rash and urticaria.

Drug Interactions

May affect the absorption of tetracycline when used together. Concurrent use with systemic corticosteroids may reduce calcium

absorption. Thiazide diuretics may decrease urinary excretion of calcium. Concurrent use with ion-exchange resins may reduce GI absorption of vitamin D. Hypercalcaemia may increase the toxicity of cardiac glycosides during treatment with calcium and vitamin D, monitor ECG and serum calcium levels. Bisphosphonate or sodium fluoride should be given at least 3 hr before calcium-containing preparations.

Food Interaction

Foods that are rich in oxalic acid (e.g. spinach and rhubarb) and phytic acid (e.g. whole cereals) may reduce calcium absorption by formation of insoluble calcium salts, thus calcium products should not be taken within 2 hr of eating such foods.

Storage

Oral: Store below 25°C.

Mechanism of Action

Calcium carbonate is a calcium supplement that is used in deficiency states and as an adjunct in the prevention and treatment

of osteoporosis. Vitamin D3 is a fat-soluble sterol, it aids in the regulation of calcium and phosphate homeostasis and bone mineralisation.

Absorption: Calcium carbonate: About 15-25% gets absorbed in the GI tract. Converted to calcium chloride by gastric acid. Vitamin D: Well-absorbed in the GI tract in the presence of bile.

Metabolism: Vitamin D: Undergoes hydroxylation in the liver and kidney to form the active metabolite, 1,25-dihydrocolecalciferol.

Excretion: Vitamin D and metabolites are mainly excreted in the bile and faeces.

CIMS Class

Calcium/with Vitamins

ATC Classification

A02AC01 - calcium carbonate; Belongs to the class of calcium-containing antacids. Used for the treatment of acid-related disorders.

A12AA04 - calcium carbonate; Belongs to the class of calcium-containing preparations used as dietary supplements.

*calcium carbonate + vitamin d3 information:

Note that there are some more drugs interacting with calcium carbonate + vitamin d3

calcium carbonate + vitamin d3

calcium carbonate + vitamin d3 brands available in India

Always prescribe with Generic Name : calcium carbonate + vitamin d3, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : 4-BONE softgel ACTICAL tab ACTICAL-Z softgel ACUCAL tab ADCAL syr ADCAL TAB tab ADICAL tab ARICAL syr ARISTROL FORTE cap AROCAL tab ARUCAL susp ARUCAL tab ASICAL susp ATCAL tab ATCAL-FORTE tab AVOCAL susp AVOCAL TAB tab BAROCAL tab BESCAL-P tab BIO CAL-D tab BIO-CITRAL softgel BIO-MILK tab BLISCAL tab BLISCAL TAB tab BLISCAL-ZM susp BODYCAL tab BONECAL tab BONESTAT soft-gelatin caps BONICAL-E FORTE tab BONICAL-E tab BONIT PLUS tab BONIT tab BONMIN softgel BONRICH-Z tab BONZPLUS tab BRICAL-500 chewable tab CA-250 tab CA-500 tab CACIO D film-coated tab CAD 250 tab CAD 500 tab CADMAG tab CAFANTA sachet CAL PLUS tab CALBONE tab CALCAL tab CALCEE-D tab CALCI-3 cap CALCID syr CALCIDIF tab CALCIEM tab CALCIFORT SUSP

susp CALCIGEN tab CALCIKIND soft-gelatin caps CALCILAR tab CALCIMAX FORTE tab CALCIMAX PLUS susp CALCIMAX tab CALCIMAX-OP soft-gelatin caps CALCIMAX-OP TAB tab CALCIMILK tab CALCIMIN-A tab CALCINET tab CALCINGA tab CALCINOL 1000 sachet CALCIPERL syr CALCIPLEX tab CALCIPREL TAB tab CALCIPURE sachet CALCISTRONG susp CALCITON tab CALCIUM SANDOZ WOMAN tab CALCOM soft-gelatin caps CALCOS SYR syr CALCY 250 tab CALCY 500 tab CAL-D3 SUSP susp CAL-D3 tab CALFINE PLUS tab CALFINE tab CALFLAVONE tab CALIBON-Z tab CALINTA tab CALIO chewable tab CALIVE tab CALIVE-FORTE tab CALLIGRAFF cap CALME SUSP susp CALME tab CALMIN syr CALMIX SUSP susp CALNET susp CALNOVA FORTE tab CALOSHELL 250 tab CALOSHELL 500 tab CALOSHELL syr CALPIC tab CALPLEX tab CALPLUS KID-TAB KID-tab CALRAL SUSP susp CALRAL tab CALRAL-CAL tab CALRAZE soft-gelatin caps CALRINE tab CALRIS syr CALRIS tab CALSAL PLUS syr CALSAL PLUS TAB tab CALSAL TAB tab CALSAT syr CALSAT TAB tab CALSUPER FORTE chewable tab CALSURE susp CALSWIFT TAB tab CALSYM syr CALTAB SUSP susp CALTAB tab CALTAC susp CALTAC-250 tab CALTAC-500 tab CALTAUR susp CALTAUR-250 tab CALTAUR-500 tab CALTEN cap CALTEN-D tab CALTOP syr CALTOP TAB tab CALVICAL

tab CALVITA SUSP susp CALVITA tab CALVIT-L tab CALVON-D3 tab CALYS tab CAL-Z SUSP susp CALZY FORTE tab CAVIT syr CAVIT tab CAVIT-PM tab C-CAL film-coated tab C-CAL susp CGCAL tab CHALKTAB tab CIMCOL SUSP susp CIMCOL tab CIPCAL syr CIPCAL tab CIPCAL-M tab CLACY TAB tab C-YUM tab D3KAL tab D500CAL tab DAILYCAL tab DORCAL LIQD liqd DORCAL tab EATCAL FORTE tab EATCAL tab ECD3 SUSP susp ECD3 tab EFFCAL tab ELCAL syr ELCAL tab ELCAL-Z soft-gelatin caps ELCICAL liqd ENHANCE FEMME tab ESS-CAL 500 tab EV-CAL syr EV-CAL-CT soft-gelatin caps FEMCAL-500 film-coated tab FOCAL-CZ softgel FORCAL susp FORCAL-D tab FORTICAL SUSP susp G-CALVIT tab GEMCAL cap GLOCAL SYR syr GLYCOVIT-D tab HAD3 tab IFYCAL-C tab IFYCAL-D3 syr INCAD-400 tab INTACAL-D tab JALCIUM-T soft-gelatin caps KALCIFEND tab KALZANA tab KALZIN tab KALZIN-C tab KANDY tab KANIZ tab KECAL tab KELCER SYR syr KELCER tab KIBOCAL 500 tab KIBOCAL tab KURECAL-CZ tab LACTOCAL-250 chewable tab LACTOCAL-350 chewable tab LECAL susp LECAL tab LEVICAL soft-gelatin caps LOGICAL SUSP susp LOGICAL tab LUPICAL tab LYCAL tab M TROL-Z soft-gelatin caps MAACAL 500 tab MAACAL tab MACALVIT chewable tab MACALVIT SYR syr MACALVIT tab MAGNICAL FORTE tab MAGNICAL tab MAXICAL-500 chewable tab M-CAL 250 film-

coated tab M-CAL 500 film-coated tab M-CAL SUSP susp MICROCAL tab MICROCAL-M tab MILKCAL FORTE tab MILKCAL-250 filcotab MILKY-RICH tab MILKYTAB tab MINTCAL tab MIRACAL tab MOMKAIR SYR syr MORCECAL susp MORCECAL tab MULTICAL syr MULTICAL tab MYCALCIUM SUSP susp MYCALCIUM tab NAYACAL tab NBCAL tab NITACAL film-coated tab NITICAL syr NUCAL film-coated tab NUCAL SUSP susp OC film-coated tab OC TAB film-coated tab OCAL tab OCAL-500 filcotab OCIUM 500 tab OCIUM CHEWABLE chewable tab OCIUM tab OCIUM-M FORTE tab OLGACAL tab ORATE tab ORBONE TAB tab ORIRO SUSP susp ORIRO tab ORTOCAL-CT softgel OSHELL FORTE tab OSPICAL SUSP susp OSSIDOSS tab OSSIDOS-T 250 tab OSSIDOS-T 500 tab OSSIVITE tab OSTEBON cap OSTEBON SUSP susp OSTEBON-400 cap OSTEO cap OSTEOBEL softgel OSTOCRAT tab OSTOREL susp OSTOREL TAB tab OSTRIOL FORTE cap OSTROBIT SUSP susp OSTROBIT tab OSTROBIT-CZ tab OYST-O-CAL 500 film-coated tab OYST-O-CAL film-coated tab PD TRIOL tab PD-CAL tab PILCAL tab PLAINCALS tab POLITROL FORTE softgel PROCALVIT inj PROMPCAL tab PURECAL SUSP susp PURECAL TAB film-coated tab RADICAL SYR syr RECALVIN IM vial RECALVIN tab RECALVIN TAB tab REFIRM CT softgel REJUCALCIUM TAB

tab RICHCAL-D susp RNDCAL tab ROCKBON tab SABCAL film-coated tab SABCAL-C chewable tab SANCALVIT tab SANDOCAL chewable tab SANDOCAL-500 WITH VITD3 tab SANDOCHEW chewtab SAYOCAL syr SAYOCAL-500 tab SETCAL MOM tab SHELCAL KID chewable tab SHELCAL SUSP susp SHELCAL SYR syr SHELCAL tab SHELCAL-CT tab SHEL-D tab SHELSUN liqd SIACAL syr SIACAL TAB tab SIMCAL PLUS tab SIMCAL SYR syr SIMCAL tab SINUCAL-CT softgel SKEL TAB film-coated tab SOFSUN soft-gelatin caps SOF-ZC soft-gelatin caps SOVICAL PINACOLADA TAB tab SOVICAL TAB tab SOVICAL-L chewtab SOVICAL-W tab SOZICAL tab SPERCAL tab STERCAL tab SUPERCAL tab SUPRACAL SUSP susp SYMCAL tab SYNOCAL tab SYNOCAL-M tab TANCAL tab TONOCAL LIQD liqd TRICAL-D SUSPENSION susp TRICAL-D tab TRICAL-M FC-tab TRICIUM SUSP susp TRICIUM tab TROLEC softcap TROYCAL 500 film-coated tab TROYCAL tab ULCICAL cap UNICAL-L syr VARCAL-FORTE tab VECAL susp VENCAL-D SUSP susp VENCAL-D tab VERTICAL-P tab VETOCAL liqd VETOCAL-Z tab VISCAL-L syr VITAL CALTAB tab WELCAL tab XINOCAL-VM tab YUCAL SYR syr YUCAL tab ZECAL 500 film-coated tab ZECAL SYR syr ZESTCAL chewable tab ZESTCAL SUSP susp ZINCAL SYR syr ZINCAL tab ZOTACAL chewable tab ZOVICAL tab

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([all drugs])

calcium citrate + vitamin d3

CIMS Class : (Calcium/with Vitamins)

calcium citrate + vitamin d3

Food ¤ - Food interaction

related calcium citrate + vitamin d3 information

Indication & Dosage

Oral

Supplementation of calcium and vitamin D3

Adult: Calcium (expressed in terms of elemental calcium): 19-50 yr: 1000 mg/day and >50 yr: 1200 mg/day. Vitamin D3: 10 mcg daily. 20 mcg daily for patients with limited sunlight exposure, low vitamin D diet or bedridden elderly patients.

Renal impairment: Use with caution in renal failure. Frequent monitoring of serum calcium and phosphorus needed.

Overdosage

Overdose can lead to hypercalcaemia. Symptoms: Anorexia, thirst, nausea, vomiting, abdominal pain, muscle weakness, mental

disturbances, polydipsia, polyuria and cardiac arrhythmias. Treatment of hypercalcaemia: Rehydrate and discontinue calcium supplement and any treatment with thiazide diuretics or vitamin D. Corticosteriods may be given to reduce the GI absorption of calcium. Biphosphonates may also be used for life-threatening hypercalcaemia.

Contraindications

Patients with hypercalcaemia, hypercalciuria or hypophosphatemia. Nephrolithiasis, hypervitaminosis D.

Special Precautions

Impaired calcium absorption in achlorhydria which is common in elderly. Increased risk of hypercalcaemia and hypercalciuria in hypoparathyroid patients on high doses of vitamin D. History of kidney stones. Renal impairment.

Adverse Drug Reactions

Constipation, nausea, abdominal pain, hypercalcaemia, hypercalciuria, headache, muscle weakness.

Drug Interactions

Reduced absorption of tetracyclines, quinolones and oral biphosphates with concurrent calcium use. Calcium absorption may be reduced by corticosteriods. Increased risk of hypercalcemia and metabolic alkalosis with thiazide diuretics. High blood calcium level may increase the effect of caridac glycosides. Reduced erlotinib efficacy with calcium. Increased risk of hypercalaemia with paricalcitol. Enzyme-inducing antiepileptics increases the metabolism of Vit D.

Potentially Fatal: Fatal encephalopathy can occur in patients with renal failure when given calcium citrate and aluminium products concurrently due to marked rise in aluminium levels.

Food Interaction

Foods that are rich in oxalic acid (e.g. spinach and rhubarb) and phytic acid (e.g. whole cereals) may reduce calcium absorption by formation of insoluble calcium salts.

Mechanism of Action

Calcium salt can be used in the prevention and treatment of calcium deficiency states. It is also used as an adjunct in the prevention and treatment of osteoporosis. Vitamin D3 is a fat-soluble sterol. It is necessary for the regulation and regulation of calcium and phosphate homoeostasis and bone mineralisation.

Absorption: Calcium: Approx 33% of oral calcium absorbed via active transport and passive diffusive in small intestine. Vitamin D3: Well-absorbed from GI tract in the presence of bile.

Distribution: Calcium: Skeletal tissue, breast milk. Crosses placenta. Vitamin D: Vitamin D and metabolites binds to vitamin D -binding protein and are circulated in the blood. May be stored in adipose and muscle tissue for prolonged periods.

Metabolism: Vitamin D3: Hydroxylated in liver to form 25-hydroxycholecalciferol, then hydroxylated in kidney to form active metabolite 1,25-dihydroxycholecalciferol.

Excretion: Calcium salt: Unabsorbed calcium mainly excreted via faeces. Excess absorbed calcium excreted via urine. Vitamin D: Vitamin D and metabolites are mainly excreted in the bile and faeces.

CIMS Class

Calcium/with Vitamins

*calcium citrate + vitamin d3 information:

Note that there are some more drugs interacting with calcium citrate + vitamin d3

calcium citrate + vitamin d3

calcium citrate + vitamin d3 brands available in India

Always prescribe with Generic Name : calcium citrate + vitamin d3, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ALFA ARCIUM cap ARICAL FORTE tab ASICAL TAB tab AVICAL tab B-CAL tab BESCAL soft-gelatin caps BLUCAL tab BONENZA-D3 tab BONFORTE softgel BONFORTE SUSP susp BONIUM tab BONRICH-CT tab BONSWE tab BRICAL-ZM chewable tab CACITATE PLUS SYR syr CACITATE PLUS tab CAL TODAY tab CALCIBONE SUSP susp CALCIBONE tab CALCIBONE-C tab CALCIFORT tab CALCIT tab CALCITAG tab CAL-CZ SUSP susp CAL-CZ tab CALDALE tab CALDIC film-coated tab CALGROW tab CALGROW-C tab CALMAL tab CALME-CT tab CALMOUNT tab CALNET TAB tab CALPHI-M tab CALREBO tab CALSHINE tab CALSUN-ZM tab CALTIN tab CALTIN-CZ soft-gelatin caps CALTOP-ZM tab CALY-ZM tab CAL-Z tab CALZINC tab CCZ-PLUS tab CITROMAX tab CITROMAX-CT tab CUCAL

tab C-YUM OS tab ELCAL-CIT soft-gelatin caps ERAMET cap FANCAL tab GCSTAB tab GLADIS tab GLOCAL tab HG CAL tab IFCIT SYR syr IFCIT tab INCAL SUSP susp LEVICIT soft-gelatin caps MAGTRATE tab MEGACAL tab RADICAL tab REBONZ SUSP susp REBONZ tab REVOCAL tab SAYOCAL-FORT tab SIMCAL-ZM tab SKEL-C film-coated tab SOZITROL-CTZ tab SPERACAL tab STIBOMIN tab SUPRACAL TAB tab SUPRACAL-C chewable tab TONOCAL tab TOPCAL-M tab TRICIUM-XT tab VETOCAL-MZ tab VISCAL-ZM tab X-CAL tab XTRACAL film-coated tab XTRACAL-CT film-coated tab ZIC-D tab ZIUM tab ZOTACAL PLUS tab

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([all drugs])

calcium dobesilate

CIMS Class : (Phlebitis & Varicose Preparations) , (Anorectal Preparations)

calcium dobesilate

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related calcium dobesilate information

Indication & Dosage

Oral

Peripheral circulatory disorders

Adult: 0.5-1 g daily in divided doses. May also be given rectally for haemorrhoids.

Contraindications

Hypersensitivity. Pregnancy and lactation.

Special Precautions

Severe renal impairment. In case of skin rash, treatment should be stopped.

Adverse Drug Reactions

Nausea, diarrhoea, skin rash, fever, headache and vertigo

Mechanism of Action

Calcium dobesilate acts selectively on the capillary walls regulating their physiological functions of resistance and permeability. It lowers blood viscosity and restores normal blood flow. This action

is beneficial in all cases of capillary fragility due to metabolic disturbances (constitutional or acquired), and surgical stress or induced by certain medicines.

CIMS Class

Phlebitis & Varicose Preparations / Anorectal Preparations

ATC Classification

C05BX01 - calcium dobesilate; Belongs to the class of other sclerosing agent used in antivaricose therapy.

*calcium dobesilate information:
calcium dobesilate
calcium dobesilate brands available in India
Always prescribe with Generic Name : calcium dobesilate, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : CABISYL-500 cap CALDOB cap COCALATE tab DBS cap DOBESIL cap DOBESIL oint DOBEST cap DOBILET cap DOBKAIR cap DOSIL 500 cap DOXIUM cap EFLO

cap MOBIUM cap RHYTHM cap SMUTH CAP cap SWIFT CAP cap VARISIL cap VASOFLO cap

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([all drugs])

calcium folinate

CIMS Class : (Antidotes, Detoxifying Agents & Drugs Used in Substance Dependence) , (Supportive Care Therapy) , (Vitamins & Minerals (Pre & Post Natal) / Antianemics)

calcium folinate

P - Caution when used during pregnancy

related calcium folinate information

Indication & Dosage

Oral

Antidote for methotrexate toxicity

Adult: 15 mg every 6 hr for 10 doses starting 24 hr after the start of methotrexate infusion. Continue admin until serum levels of methotrexate is <0.05 micromolar. May also be given via IM/IV inj.

Oral

Folate-deficient megaloblastic anaemia

Adult: 15 mg daily.

Intravenous

Adjunct to fluorouracil in colorectal cancer

Adult: 200 mg/m2 BSA by slow IV inj over at least 3 min followed by 370 mg/m2 fluorouracil by IV inj. Treatment is given for 5 consecutive days and repeated at intervals of 28 days for 2 courses. Subsequently, may repeat at 4-5 wkly intervals if the patient has recovered completely from the toxic effects of the prior treatment course.

Intramuscular

Folate-deficient megaloblastic anaemia

Adult: Up to 1 mg/day.

Incompatibility: Incompatible with fluorouracil when mixed in various ratios and stored in PVC containers at various temperatures.

Contraindications

Hypersensitivity, pernicious anaemia and other megaloblastic anaemias secondary to vit B12-deficiency, intrathecal and intraventricular admin.

Special Precautions

Undiagnosed megaloblastic anaemia, folate dependent tumors; pregnancy. Monitor calcium levels in patients receiving combined 5-Fluorouracil/Folinic acid treatment. To be given parenterally in the presence of GI toxicity, nausea or vomiting. Monitor serum levels of methotrexate to determine the optimal dose and duration of folinic acid admin. Monitor CBC, electrolytes and liver function tests before and regularly during treatment.

Adverse Drug Reactions

Allergic sensitisation, rash, pruritus, eythema, urticaria, nausea, vomiting, pyrexia.

Drug Interactions

Reduces methotrexate toxicity. Enhances cytotoxic and anti-neoplastic effects of fluorouracil. Increases risk of seizures in epileptic patients treated with primidone, phenytoin, phenobarbital and succinimides.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are

no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intravenous: Store at 15-30°C. Oral: Store at 15-30°C.

Mechanism of Action

Calcium folinate enters the cells as 5-methyl tetrahydrofolate and supplies the cofactor blocked by methotrexate. It stabilises the binding of 5-dUMP and thrymidylate synthetase, enhances flourouracil activity and neutralises the effects of folic acid antagonists such as methotrexate but increases those of 5-fluorouracil.

Absorption: Well absorbed (oral, IM).

Distribution: Widely distributed; concentrated in the liver and CSF.

Metabolism: Hepatic, intestinal; converted to biologically active 5-methyltetrahydrofolate.

Excretion: Urine, faeces (small amounts).

CIMS Class

Antidotes, Detoxifying Agents & Drugs Used in Substance Dependence / Supportive Care Therapy / Vitamins & Minerals (Pre & Post Natal) /Antianemics

ATC Classification

V03AF03 - calcium folinate; Belongs to the class of detoxifying agents used in antineoplastic treatment.

*calcium folinate information:
Note that there are some more drugs interacting with calcium folinate
calcium folinate further details are available in official CIMS India
calcium folinate
calcium folinate brands available in India
Always prescribe with Generic Name : calcium folinate, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : BIOVORIN vial CAFONATE amp CALCIUM FOLINATE amp CALCIUM FOLINATE vial CALCIUM LEUCOVORIN inj COVORIN tab COVORIN vial DALISOL tab DALISOL vial FASTOVORIN amp LEUCORIN tab LEUCOVORIN

amp LEUCOVORIN CALCIUM amp NYRIN amp NYRIN tab RECOVORIN amp RECOVORIN tab RECOVORIN vial SANIFOLIN vial UNIFOLIN amp UNIFOLIN tab UNIFOLIN vial

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([all drugs])

camylofin

CIMS Class : (Antispasmodics)

camylofin

related camylofin information

Indication & Dosage

Parenteral

Intestinal colic, Biliary colic, Renal colic, Dysmenorrhoea

Adult: 1mL (25 mg) by IM or IV Inj up to a max of tid.

Contraindications

Narrow-angle glaucoma, prostatic hypertrophy, mechanical stenoses.

Special Precautions

Camylofin Inj must be administered with care in thyrotoxicosis, obstructive airway disease, during cardiac surgery, elderly or those with fever.

Adverse Drug Reactions

Injection may cause skin rashes, other allergic reactions and infrequently atropine-like side effects.

Drug Interactions

Camylofin Inj should be co-administered with caution in patients taking amantadine, quinidine and tricyclic antidepressants.

Mechanism of Action

Camylofin is a smooth muscle relaxant with both anticholinergic action as well as direct smooth muscle action. Anticholinergic action is produced by inhibiting the binding of acetylcholine to muscarinic receptors, but the action is less pronounced. Direct smooth muscle relaxation is achieved by inhibiting phosphodiesterase type IV, which leads to increased cyclic AMP

and eventually reduced cytosolic calcium. Thus camylofin has a comprehensive action to relieve smooth muscle spasm.

CIMS Class

Antispasmodics

ATC Classification

A03AA03 - camylofin; Belongs to the class of synthetic anticholinergics, esters with tertiary amino group. Used in the treatment of functional bowel disorders.

*camylofin information:
camylofin
camylofin brands available in India
Always prescribe with Generic Name : camylofin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ANAFORTAN amp ANAFORTAN drops ANAFORTAN TAB dry syr ANAFORTAN TAB syr ANAFORTAN TAB

tab ANAFORTAN vial ANAFORTAN-N tab ANASPAS inj ANASPAS tab SUMO-SPAS film-coated tab

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([all drugs])

candesartan

CIMS Class : (Angiotensin II Antagonists)

candesartan

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related candesartan information

Indication & Dosage

Oral

Hypertension

Adult: Initially, 8 mg once daily adjusted according to response. Maintenance: 8 mg once daily. Max: 32 mg daily.

Renal impairment: For patients with renal impairment or on haemodialysis: Initially, 4 mg once daily.

Hepatic impairment: Initially, 2 mg once daily. Avoid in severe impairment.

Oral

Heart failure

Adult: Initially, 4 mg once daily, may double dose at intervals of not <2 wk. Max: 32 mg daily.
Renal impairment: Reduce dose or discontinue treatment if renal function deteriorates.
Hepatic impairment: Initially, 2 mg once daily. Avoid in severe impairment.

Administration

May be taken with or without food.

Contraindications

Hypersensitivity. Pregnancy (2nd and 3rd trimester) and lactation.

Special Precautions

Volume or sodium depletion, preexisting renal insufficiency; aortic or mitral valve stenosis, hypertrophic obstructive cardiomyopathy, renal artery stenosis, primary hyperaldosteronism. Patients with a history of angioedema, urticaria. Monitor serum potassium levels especially in elderly and renally impaired patients. Hypotension

may occur during major surgery and anaesthesia due to suppression of the renin-angiotensin system.

Adverse Drug Reactions

Dizziness, headache, vertigo, depression, somnolence, fever, back pain, upper respiratory tract infections, 1st dose orthostatic hypotension, rash, diarrhoea, decreased haemoglobin, renal impairment, hepatitis.

Drug Interactions

Prior treatment with diuretics increases risk of excessive hypotension; use a lower initial dose. Potassium, potassium-sparing diuretics, trimethoprim or potassium supplements may increase risk of hyperkalaemia. NSAIDs may reduce antihypertensive response and increase risk of hyperkalaemia or acute renal failure. Excretion of lithium may be reduced; monitor lithium concentration.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are

no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

in 2nd & 3rd trimesters.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Candesartan inhibits the binding of angiotensin II to AT1 receptors in many tissues such as vascular smooth muscles and adrenal gland which leads to vasoconstriction blockade and aldosterone release.

Absorption: Absorbed from the GI tract (oral); peak plasma concentrations after 3-4 hr.

Distribution: Protein-binding: 99%.

Metabolism: Hydrolysed to the active form, candesartan.

Excretion: Via urine and bile (as unchanged drug and small amounts of inactive metabolites); 9 hr (elimination half-life).

CIMS Class

Angiotensin II Antagonists

ATC Classification

C09CA06 - candesartan; Belongs to the class of angiotensin II antagonists. Used in the treatment of cardiovascular disease.

*candesartan information:
Note that there are some more drugs interacting with candesartan
candesartan further details are available in official CIMS India
candesartan
candesartan brands available in India
Always prescribe with Generic Name : candesartan, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : CANDELONG tab CANDELONG-H tab CANDESAR tab CANDESAR-H tab CANDESTAN tab CANTAR tab IPSITA tab

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([all drugs])

capecitabine

CIMS Class : (Cytotoxic Chemotherapy)

capecitabine

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related capecitabine information

Indication & Dosage

Oral

Breast cancer

Adult: 1.25 g/m2 bid for 2 wk followed by a 1 wk rest period; therapy to be given in 3-wk cycles. Recommended treatment duration for colorectal cancer: 6 mth. May be used in combination with docetaxel at 75 mg/m2, given as a 1-hr IV infusion once every 3 wk for the treatment of breast cancer.

CrCl (ml/min)

Dosage Recommendation

51-80

No adjustment needed.

30-50

Reduce dose to 950 mg/m2 bid when starting dose is 1.25 g/m2 bid. No dose adjustment is needed when starting dose is 1 g/m2.

<30

Avoid use.

Oral

Colorectal cancer

Adult: 1.25 g/m2 bid for 2 wk followed by a 1 wk rest period; therapy to be given in 3-wk cycles. Recommended treatment duration for colorectal cancer: 6 mth. May be used in combination with docetaxel at 75 mg/m2, given as a 1-hr IV infusion once every 3 wk for the treatment of breast cancer.

CrCl (ml/min)

Dosage Recommendation

51-80

No adjustment needed.

30-50

Reduce dose to 950 mg/m2 bid when starting dose is 1.25 g/m2 bid. No dose adjustment is needed when starting dose is 1 g/m2.

<30

Avoid use.

Oral

Gastric cancer

Adult: Used in combination with a platinum-based compound, 1 g/m2 bid for 14 days, followed by a 7-day rest period. 1st dose is given on the evening of day 1 and the last dose on the morning of day 15.

CrCl (ml/min)

Dosage Recommendation

51-80

No adjustment needed.

30-50

Reduce dose to 950 mg/m2 bid when starting dose is 1.25 g/m2 bid. No dose adjustment is needed when starting dose is 1 g/m2.

<30

Avoid use.

Administration

Should be taken with food. (Take within ½ hr after meals.)

Overdosage

Acute overdose may lead to nausea, vomiting, diarrhoea, GI irritation and bleeding, and bone marrow depression. Treatment includes supportive medical interventions aimed at correcting the presenting clinical manifestations.

Contraindications

History of severe and unexpected reactions to fluoropyrimidine therapy; severe renal impairment; pregnancy, lactation. Hypersensitivity.

Special Precautions

Hepatic dysfunction, bone marrow suppression, poor nutritional status, warfarin therapy. Child, elderly, prior extensive pelvic radiation or alkylating therapy. Moderate renal impairment; CBC with differential; monitor hepatic and renal function. Discontinue

use if intractable diarrhoea, stomatitis, bone marrow suppression or MI develops.

Adverse Drug Reactions

Diarrhoea, nausea and vomiting, stomatitis, palmar-plantar syndrome, dermatitis. Fatigue, mucosal inflammation, pyrexia, asthenia and lethargy; headache, dizziness and insomnia; lower limb oedema, anorexia, dehydration.
Potentially Fatal: Cardiotoxicity, bone-marrow depression and hyperbilirubinaemia.

Drug Interactions

Antacids containing aluminum and magnesium, leucovorin, anticoagulants, phenytoin, allopurinol.

Food Interaction

Food reduces rate and absorption. Admin within 30 min after a meal.

Lab Interference

Elevation in serum concentrations of alkaline phosphatase and hepatic aminotransferases.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store at 25°C.

Mechanism of Action

Capecitabine is a prodrug that is converted to fluorouracil following oral administration, which in turn inhibits thymidylate synthetase, blocking the methylation of deoxyuridylic acid to thymidylic acid, interfering with DNA, and to a lesser degree, RNA synthesis.

CIMS Class

Cytotoxic Chemotherapy

ATC Classification

L01BC06 - capecitabine; Belongs to the class of antimetabolites, pyrimidine analogues. Used in the treatment of cancer.

*capecitabine information:
Note that there are some more drugs interacting with capecitabine
capecitabine further details are available in official CIMS India
capecitabine
capecitabine brands available in India
Always prescribe with Generic Name : capecitabine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : CAPECITE tab CAPIIBINE tab CAPTABIN tab CAPXCEL tab CAXETA tab CITABIN tab NAPROCAP filcotab XABINE tab XELOCEL film-coated tab XELODA tab ZOCITAB tab
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([all drugs])

capreomycin

CIMS Class : (Anti-TB Agents)

capreomycin

P - Caution when used during pregnancy

L - Caution when used during lactation

related capreomycin information

Indication & Dosage

Parenteral

Tuberculosis

Adult: 1 g daily by deep IM or IV Inj for 2-4 mth, then 2 or 3 times a wk for the remainder of therapy. Max: 20 mg/kg/day.

Child: and infants: 15-30 mg/kg daily. Max: 1 g/day.

Renal impairment: Dose reduction may be needed.

Contraindications

Hypersensitivity.

Special Precautions

Renal impairment; when given with other anti-TB drugs, pregnancy, lactation, childn, ototoxicity, hypokalaemia. Audiometry

and vestibular tests should be conducted at the start of and at regular intervals during treatment.

Adverse Drug Reactions

Toxic nephritis, electrolyte disturbances resembling Bartter's syndrome may occur, hearing loss, tinnitus, vertigo, hepatic impairment, leukocytosis or leukopenia, urticaria, maculopapular skin rashes associated with febrile reactions, pain and bleeding at Inj site, sterile abscesses.

Drug Interactions

Co-admin with aminoglycosides may increase the risk of ototoxicity, resp paralysis and renal dysfunction. Increased risk of nephrotoxicity and ototoxicity with cisplatin and vancomycin. Concurrent colistin increases the risk of nephrotoxicity.

Storage

Parenteral: Store at 15-30°C.

Mechanism of Action

Capreomycin is a cyclic polypeptide antimicrobial. It is bacteriostatic against various Mycobacteria, particularly those that have become resistant to primary anti-TB drugs.
Absorption: Poor absorption from GI tract.
Excretion: About 50% of a dose is removed unchanged by glomerular filtration within 12 hr.

CIMS Class

Anti-TB Agents

ATC Classification

J04AB30 - capreomycin; Belongs to the class of antibiotics. Used in the treatment of tuberculosis.

*capreomycin information:
Note that there are some more drugs interacting with capreomycin
capreomycin
capreomycin brands available in India
Always prescribe with Generic Name : capreomycin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CAPREO vial CAPREOMYCIN vial CAPREOTEC vial KAPOCIN vial

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([all drugs])

captopril

CIMS Class : (ACE Inhibitors)

captopril

P - Contraindicated in pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related captopril information

Indication & Dosage

Oral

Hypertension

Adult: Initially, 12.5 mg bid or 6.25 mg bid in combination with a diuretic, at bedtime to avoid precipitous fall in BP, gradually increased at 2-4-wk intervals according to response. Maintenance: 25-50 mg bid. Max: 50 mg tid.

Child: Neonate: Test dose: 10?50 mcg/kg (for neonates <37 wk postmenstrual age: 10 mcg/kg), monitor BP for 1?2 hr; if tolerated give 10?50 mcg/kg 2?3 times daily, increased if needed. Max: 2 mg/kg daily in divided doses (for neonates <37 wk postmenstrual age: 300 mcg/kg daily in divided doses). 1 mth?12 yr: Test dose: 100 mcg/kg (max: 6.25 mg), monitor BP for 1?2 hr; if tolerated give 100?300 mcg/kg 2?3 times daily, increased if needed. Max: 6 mg/kg daily in divided doses (for 1-12 mth: Max: 4 mg/kg daily in divided doses). 12?18 yr: Test dose: 100 mcg/kg or 6.25 mg, monitor BP for 1?2 hr; if tolerated give 12.5?25 mg 2?3 times daily, increased if needed. Max: 150 mg daily in divided doses.
Elderly: Initially, 6.25 mg bid.

CrCl (ml/min)
Dosage Recommendation
21-40
Initially, 25 mg daily. Max: 100 mg daily.
10-20
Initially, 12.5 mg daily. Max: 75 mg daily.
<10
Initially, 6.25 mg daily. Max: 37.5 mg daily.
Oral
Heart failure

Adult: Initially, 6.25-12.5 mg bid-tid. Maintenance: 25 mg bid-tid. Max: 50 mg tid.

Child: Neonate: Test dose: 10?50 mcg/kg (for neonates <37 wk postmenstrual age: 10 mcg/kg), monitor BP for 1?2 hr; if tolerated give 10?50 mcg/kg 2?3 times daily, increased if needed. Max: 2 mg/kg daily in divided doses (for neonates <37 wk postmenstrual age: 300 mcg/kg daily in divided doses). 1 mth?12 yr: Test dose: 100 mcg/kg (max: 6.25 mg), monitor BP for 1?2 hr; if tolerated give 100?300 mcg/kg 2?3 times daily, increased if needed. Max: 6 mg/kg daily in divided doses (for 1-12 mth: Max: 4 mg/kg daily in divided doses). 12?18 yr: Test dose: 100 mcg/kg or 6.25 mg, monitor BP for 1?2 hr; if tolerated give 12.5?25 mg 2?3 times daily, increased if needed. Max: 150 mg daily in divided doses.

CrCl (ml/min)

Dosage Recommendation

21-40

Initially, 25 mg daily. Max: 100 mg daily.

10-20

Initially, 12.5 mg daily. Max: 75 mg daily.

<10

Initially, 6.25 mg daily. Max: 37.5 mg daily.

Oral

Post myocardial infarction

Adult: May be started 3 days after MI. Initially, 6.25 mg/day increased after several wk to 150 mg daily in divided doses if tolerated.

CrCl (ml/min)

Dosage Recommendation

21-40

Initially, 25 mg daily. Max: 100 mg daily.

10-20

Initially, 12.5 mg daily. Max: 75 mg daily.

<10

Initially, 6.25 mg daily. Max: 37.5 mg daily.

Oral

Diabetic nephropathy

Adult: Proteinuria >500 mg per 24 hr (in patients with Type 1 diabetes mellitus and retinopathy): 25 mg tid. May be taken with other anti-hypertensives if patient requires further lowering of BP.

Child: Neonate: Test dose: 10?50 mcg/kg (for neonates <37 wk postmenstrual age: 10 mcg/kg), monitor BP for 1?2 hr; if tolerated give 10?50 mcg/kg 2?3 times daily, increased if needed. Max: 2 mg/kg daily in divided doses (for neonates <37 wk postmenstrual age: 300 mcg/kg daily in divided doses). 1 mth?12 yr: Test dose:

100 mcg/kg (max: 6.25 mg), monitor BP for 1?2 hr; if tolerated give 100?300 mcg/kg 2?3 times daily, increased if needed. Max: 6 mg/kg daily in divided doses (for 1-12 mth: Max: 4 mg/kg daily in divided doses). 12?18 yr: Test dose: 100 mcg/kg or 6.25 mg, monitor BP for 1?2 hr; if tolerated give 12.5?25 mg 2?3 times daily, increased if needed. Max: 150 mg daily in divided doses.

CrCl (ml/min)
Dosage Recommendation
21-40
Initially, 25 mg daily. Max: 100 mg daily.
10-20
Initially, 12.5 mg daily. Max: 75 mg daily.
<10
Initially, 6.25 mg daily. Max: 37.5 mg daily.
Administration

Should be taken on an empty stomach. (Take on an empty stomach 1 hr before or 2 hr after meals.)

Overdosage

Treatment includes correction of hypotension. Volume expansion with an IV infusion of normal saline may be used for restoration of BP.

Contraindications

Known hypersensitivity to the drug. Bilateral renal artery stenosis, hereditary angioedema; renal impairment; pregnancy.

Special Precautions

Patients on diuretics or with sodium depletion should discontinue diuretics or increase sodium intake prior to initiation of therapy. Renal impairment, SLE and other autoimmune collagen disorders and during concurrent use of immunosuppressant or leucopenic drugs, monitor WBC count and urinary protein before and during therapy. Lactation. Porphyria. Severe CHF.

Adverse Drug Reactions

Hypotension, tachycardia, chest pain, palpitations, pruritus, hyperkalaemia. Proteinuria; angioedema, skin rashes; taste disturbance, nonproductive cough, headache.

Potentially Fatal: Neutropenia, usually occurs within 3 mth of starting therapy especially in patients with renal dysfunction or collagen diseases. Hyperkalaemia. Anaphylactic reactions.

Drug Interactions

Concurrent treatment with diuretics increases the hypotensive action of ACE inhibitors hence, starting dose must be kept low.
Potentially Fatal: Risk of bone marrow depression increased with concomitant therapy with immunosuppressive drugs. Hyperkalaemia may result if used along with potassium supplements and potassium-sparing diuretics especially if renal function is impaired. Probenecid delays excretion of captopril thereby increasing blood levels. Analgesic and respiratory depression of morphine may be accentuated by captopril. NSAIDs may result in further deterioration of renal function.

Food Interaction

Concurrent admin with food may reduce serum levels of captopril. Avoid dong quai (if using for hypertension), ephedra, yohimbe,

ginseng (may worsen hypertension) and garlic (may increase antihypertensive effect).

Lab Interference

False-positive test for urinary nitrites and acetone. Increased BUN, creatinine and potassium.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

in 2nd & 3rd trimesters.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store below 30°C

Mechanism of Action

Captopril competitively inhibits the conversion of angiotensin I (ATI) to angiotensin II (ATII), thus resulting in reduced ATII levels and aldosterone secretion. It also increases plasma renin activity and bradykinin levels. Reduction of ATII leads to decreased sodium and water retention. By these mechanisms, captopril produces a hypotensive effect and a beneficial effect in congestive heart failure.
Absorption: 60-75% absorbed from the GI tract (oral); peak plasma concentrations after 1 hr. Absorption may be reduced in the presence of food.
Distribution: Protein-binding: 30%; crosses the placenta and enters breast milk at about 1% of maternal blood concentrations.
Excretion: Via urine (40-50% as unchanged, the rest as disulfide and other metabolites); 2-3 hr (elimination half-life), may be increased in renal impairment. Removed by haemodialysis.

CIMS Class

ACE Inhibitors

ATC Classification

C09AA01 - captopril; Belongs to the class of ACE inhibitors. Used in the treatment of cardiovascular disease.

*captopril information:
Note that there are some more drugs interacting with captopril
captopril further details are available in official CIMS India
captopril
captopril brands available in India
Always prescribe with Generic Name : captopril, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ACETEN tab CAPOTRIL tab
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([all drugs])
captopril + hydrochlorothiazide
CIMS Class : (ACE Inhibitors) , (Diuretics)
captopril + hydrochlorothiazide
P - Contraindicated in pregnancy
L - Contraindicated in lactation

Lab ¤ - Lab interference

related captopril + hydrochlorothiazide information

Indication & Dosage

Oral

Hypertension, Chronic heart failure

Adult: Per tablet contains captopril 25 mg and hydrochlorothiazide 15 mg: Initially, 1 tablet once daily. Daily dose should not exceed: 150 mg (captopril) and 50 mg (hydrochlorothiazide).

Administration

Should be taken on an empty stomach. (Take on an empty stomach 1 hr before meals.)

Contraindications

Hypersensitiviry, anuria and severe renal impairment, allergy to sulphonamide-related drugs, collagen - vascular disease, renal artery stenosis. Pregnancy (2nd and 3rd trimesters).

Special Precautions

Neonates and children, elderly patients, renal disease, liver disease, DM, gout, hyperlipidaemia, ECG evidence of LVH. Lactation.

Adverse Drug Reactions

Skin rashes, dysgeusia, cough, hypochloraemic alkalosis, rarely haemolytic anaemia, thrombocytopenia, jaundice, pancreatitis, noncardiogenic pulmonary oedema, hypomagnesaemia leading to fatigue, weakness and paralysis. Hyperuricaemia, impotence in diabetics, significant reduction in tear production and glucose tolerance and increase in plasma Ca concentrations.
Potentially Fatal: Hyperkalaemia in patients having renal impairment, rarely idiosyncratic hypersensitivity reactions like Stevens-Johnson syndrome, SLE and acute pancreatitis. Severe hyponatraemia.

Drug Interactions

Hypotensive action of captopril blunted by NSAIDs. Impairment in glycaemic control by thiazides. Decreased renal excretion of captopril byprobenecid. Hypotensive effect of captopril may be increased by other hypotensives. Symptomatic hyponatremia and impaired renal function may result with concomitant use

of carbamazepine and allopurinol. Thiazide absorption is increased and decreased by anticholinergics andcholestyramine respectively. May reduce clearance of lithium; monitor serum lithium levels when used together.

Potentially Fatal: Increase in bone marrow depression on concomitant therapy with immunosuppressants. Analgesic and resp depression effects of morphine potentiated. Potentiation of nephrotoxicity caused by aminoglycosides, precipitation of digitalis toxicity and lithium toxicity by thiazide diuretics.

Lab Interference

Captopril causes a false +ve test for urinary nitrites and acetone.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

in 2nd & 3rd trimesters.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Mechanism of Action

Captopril is an ACE inhibitor. It reduces angiotensin II (ATII) levels leading to fall in BP and reduced Na and water retention. Hydrochlorothiazide is a diuretic. It contributes to reduction of BP by its natriuretic and diuretic actions and reducing the vol factor.

CIMS Class

ACE Inhibitors / Diuretics

ATC Classification

C03AA03 - hydrochlorothiazide; Belongs to the class of low-ceiling thiazide diuretics. Used to promote excretion of urine.

C09AA01 - captopril; Belongs to the class of ACE inhibitors. Used in the treatment of cardiovascular disease.

*captopril + hydrochlorothiazide information:

Note that there are some more drugs interacting with captopril + hydrochlorothiazide

captopril + hydrochlorothiazide

captopril + hydrochlorothiazide brands available in India

Always prescribe with Generic Name : captopril + hydrochlorothiazide, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACEZIDE tab ANGIOPRIL- DU tab CAPOTRIL-H tab

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([all drugs])

carbamazepine

CIMS Class : (Anticonvulsants)

carbamazepine

P - Contraindicated in pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related carbamazepine information

Indication & Dosage

Oral

Epilepsy

Adult: Initially, 100-200 mg once or bid gradually increased by increments of 100-200 mg every 2 wk. Maintenance: 0.8-1.2 g daily in divided doses. Max dose: 2 g daily.

Child: =1 yr: 100-200 mg daily, 1-5 yr: 200-400 mg daily, 5-10 yr: 400-600 mg daily, 10-15 yr: 0.6-1 g daily. Alternatively, 10-20 mg/kg daily in divided doses.

Oral

Trigeminal neuralgia

Adult: Initially, 100 mg once or bid gradually increased as necessary. Maintenance: 400-800 mg daily in 2-4 divided doses. Max: 1.2 g daily.

Oral

Prophylaxis of bipolar disorder

Adult: Initially, 400 mg daily in divided doses gradually increased if necessary. Maintenance: 400-600 mg daily. Max: 1.6 g daily.

Rectal

Epilepsy

Adult: 250 mg every 6 hr for patients incapable of oral treatment.

Administration

Should be taken with food. (Avoid grapefruit juice.)

Contraindications

Hypersensitivity; bone marrow depression; porphyria, pregnancy.

Special Precautions

Lactation; CV disease, hepatic or renal disorders, history of blood disorders or haematological reactions to other drugs; glaucoma; skin disorders; elderly, patients on MAO inhibitors; abrupt withdrawal of treatment.

Adverse Drug Reactions

Dizziness, drowsiness, ataxia; dry mouth, abdominal pain, nausea, vomiting, anorexia; leucopenia, proteinuria, renal failure, heart failure and hyponatraemia.
Potentially Fatal: Agranulocytosis, aplastic anaemia, hepatic failure, severe exfoliative dermatitis and Stevens-Johnson syndrome.

Drug Interactions

Reduces tolerance to alcohol; shortens T1/2 of doxycycline. Decreased efficacy of oral contraceptives when used with carbamazepine. Increased plasma concentrations of carbamazepine by propoxyphene. Serum level decreases with phenytoin, phenobarbital, primidone.
Potentially Fatal: Neurotoxic reactions when combined with lithium.

Lab Interference

False-positive result in urine sugar, elevated serum alkaline phosphatase and serum bilirubin values.

Pregnancy Category (US FDA)
Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).
Storage

Oral: Store below 30°C Rectal: Store below 30°C

Mechanism of Action

Carbamazepine reduces polysynaptic responses and blocks post-tetanic potentiation. It is effective in partial and generalised convulsions as well as in mixed types but not in petit mal seizures. It reduces or abolishes pain in trigeminal and glossopharyngeal neuralgia.

Absorption: Slowly and irregularly absorbed from the GI tract (oral).

Distribution: Crosses the placenta; enters breast milk. Protein-binding: 75%. Well distributed in the body.

Metabolism: Hepatic; converted to its metabolites.

Excretion: Urine (as metabolites), faeces; 5-26 hr (elimination half-life).

CIMS Class

Anticonvulsants

ATC Classification

N03AF01 - carbamazepine; Belongs to the class of carboxamide derivatives antiepileptic. Used in the management of epilepsy.

*carbamazepine information:

Note that there are some more drugs interacting with carbamazepine

carbamazepine further details are available in official CIMS India

carbamazepine

carbamazepine brands available in India

Always prescribe with Generic Name : carbamazepine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACETOL tab ANTILEP CR-tab ANTILEP tab CARBADAC 200 tab CARBASURE SR-tab CARBATOL CR-tab CARBATOL tab CARIV tab CARIZINE tab CARMAZ KID DT-tab CARMAZ tab CARMEG tab CARZEP tab CARZINE tab CINCAR tab CIZETOL tab CORGONE SR-tab CORGONE tab EPINIL tab EPIX tab MAZE Kid-tab MAZE SR-tab MAZE tab MAZETOL chewable tab MAZETOL SR-tab MAZETOL syr MAZETOL tab MEZAPIN extentab MEZAPIN tab MEZARIL KID-tab MEZARIL SR-tab MEZARIL tab RISCARB tab SALICARB SR-tab SWIZTOL tab TEGRETOL chewable tab TEGRETOL syr TEGRETOL tab TEGRITAL CR tab TEGRITAL syr TEGRITAL tab VERSITOL tab VERSITOL-RTD SR-tab VERSIZUR tab ZEN

RETARD CR-tab ZEN tab ZEPCAR CR-tab ZEPCAR dispertab ZEPTOL CR-tab ZEPTOL tab ZIGMA CR-tab ZIGMA tab

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([all drugs])

carbidopa + levodopa

CIMS Class : (Antiparkinsonian Drugs)

carbidopa + levodopa

P - Caution when used during pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related carbidopa + levodopa information

Indication & Dosage

Oral

As monotherapy in Parkinson's disease

Adult: Per tablet contains L-dopa 100 mg and carbidopa 25 mg. Initially, 1 tab tid. Increase by 1 tab/day every 1-2 days up to a max. of 8 tabs of any strength/day. If the patient has been taking L-dopa alone, the combination should be started after a gap of at least 8 hr after stopping L-dopa.

Administration

Should be taken on an empty stomach. (Take on an empty stomach if possible. If GI distress occurs, take w/ food.)

Contraindications

Lactation, narrow angle glaucoma, melanoma, psychosis, severely decompensated endocrine.

Special Precautions

Heart disease, liver disease, dementia, psychosis, pregnancy, elderly, heart disease. Regular monitoring of renal and hepatic function is reccomended.

Adverse Drug Reactions

Nausea, vomiting, anorexia, increased risk of GI bleeding in peptic ulcer patients. Orthostatic hypotension, cardiac arrhythmias. Psychiatric symptoms (depression with or without suicidal tendency). Abnormal involuntary movements or dyskinesias,

delirium, hallucinations (elderly). Slight elevation of liver enzymes, leucopenia and thrombocytopenia.
Potentially Fatal: Severe postural hypotension in elderly.

Drug Interactions

Pyridoxine reverses effects of levodopa. Type-B MAOIs have synergistic effect. Effect reduced by phenothiazines, haloperidol, reserpine, pyridoxine, diazepam, oxazepam, chlordiazepoxide, phenobarbitone. Effects of levodopa enhanced by carbidopa, amantadine, anticholinergics, amphetamine. Effects of sympathomimetic agents enhanced.
Potentially Fatal: Enhances hypotensive effects of bethanidine, bretylium, guanethidine. Hypertensive crises with furazolidone or MAO inhibitors.

Food Interaction

Food reduces absorption of levodopa. Effects of levodopa reduced by beans, liver, skimmed milk, yeast and wheat germ. Large neutral amino acids reduce absorption and passage across blood-brain barrier.

Lab Interference

Interferes with serum tests for bilirubin, catecholamines, creatinine, glucose and uric acid & urine tests for creatinine, oestrogen, glucose, homogentisic acid, ketone and vanillylmandelic acid.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store below 30°C.

Mechanism of Action

Levodopa, a precursor of dopamine, crosses the blood-brain barrier and gets converted to dopamine in the basal ganglia while carbidopa is a dopa-decarboxylase inhibitor. The latter prevents

conversion of L-dopa to dopamine outside the brain and minimises side effects.

CIMS Class

Antiparkinsonian Drugs

ATC Classification

N04BA01 - levodopa; Belongs to the class of dopa and dopa derivative dopaminergic agents. Used in the management of parkinson's disease.

*carbidopa + levodopa information:
Note that there are some more drugs interacting with carbidopa + levodopa
carbidopa + levodopa
carbidopa + levodopa brands available in India
Always prescribe with Generic Name : carbidopa + levodopa, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : LCD tab LEVOPA-C tab NEOCARE PLUS tab NEOCARE tab PARDOPA tab PARKIMET tab SINEMET PLUS tab SYNDOPA CR-tab SYNDOPA PLUS tab SYNDOPA tab TIDOMET FORTE tab TIDOMET LS tab TIDOMET PLUS tab TIDOMET-CR tab

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([all drugs])

carbimazole

CIMS Class : (Antithyroid Agents)

carbimazole

P - Caution when used during pregnancy

L - Caution when used during lactation

related carbimazole information

Indication & Dosage

Oral

Hyperthyroidism, Preparation for thyroidectomy, Adjunct to radio-iodine therapy, Grave's disease

Adult: Initially, 20-60 mg daily as a single or divided dose, reduced gradually once euthyroidism is achieved. Maintenance: 5-15 mg daily for at least 1 yr or 18 mth.

Child: 4-12 yr: Initially, 15 mg daily.

Administration

May be taken with or without food. (Take consistently w/ or without meals.)

Contraindications

Hyperthyroidism due to nodular goitre.

Special Precautions

Liver diseases, pregnancy, lactation.

Adverse Drug Reactions

Mild leucopaenia, sore throat, mouth ulcers, fever, bruising, malaise; rarely cholestatic jaundice; nephrotic syndrome. Nausea, loss of taste, headache, arthralgia, alopoecia.
Potentially Fatal: Agranulocytosis, aplastic anaemia, hypoprothrombinaemia, neutropaenia; hypothyroidism and goitre.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store below 25°C.

Mechanism of Action

Carbimazole is metabolised to methimazole which is responsible for its antithyroid action. It blocks the production of thyroid hormones by inhibiting thyroid peroxidase.

Absorption: Rapid from the GIT (oral); peak plasma concentrations after 1-2 hrs.

Distribution: High concentrations in the thyroid gland; crosses the placenta; enters breast milk.

Metabolism: Hepatic; converted to methimazole.

Excretion: Urine (<12% unchanged drug); 3-6 hrs (elimination half-life).

CIMS Class

Antithyroid Agents

ATC Classification

H03BB01 - carbimazole; Belongs to the class of sulfur-containing imidazole derivative agents. Used in the management of thyroid diseases.

*carbimazole information:
Note that there are some more drugs interacting with carbimazole
carbimazole further details are available in official CIMS India
carbimazole
carbimazole brands available in India
Always prescribe with Generic Name : carbimazole, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ANTI-THYROX tab NEO-MERCAZOLE tab THYROCAB tab THYROZOLE tab
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([all drugs])

carboplatin

CIMS Class : (Cytotoxic Chemotherapy)

carboplatin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related carboplatin information

Indication & Dosage

Intravenous

Advanced ovarian carcinoma

Adult: As a single agent in previously untreated patients: 400 mg/m2. As a single agent in previously treated patients with recurrent disease: 360 mg/m2. When used with cyclophosphamide in previously untreated patients: 300 mg/m2. Doses to be given by IV infusion over 15-60 minutes and not more frequently than every 4 wk. Subsequent doses should be adjusted based on nadir of WBC and platelet counts.

CrCl (ml/min)

Dosage Recommendation

=40

Recommended dose: 400 mg/m2.

20-39

Recommended dose: 250 mg/m2.

Contraindications

Previous allergy; pregnancy, lactation; allergy to other platinum compounds; severe bone marrow depression; significant bleeding, aluminium containing needles and IV sets.

Special Precautions

Neonates; diminished renal function; neurotoxicity; liver function impairment.

Adverse Drug Reactions

Thrombocytopenia, neutropenia, leukopenia, anaemia; nausea, vomiting, central neurotoxicity, peripheral neuropathies, ototoxicity; elevation of ALT, AST, blood urea and bilirubin levels, electrolyte disturbances; alopecia; asthenia, pain; cardiac failure, embolism and cerebrovascular accidents may occur; mucositis.
Potentially Fatal: Bone marrow suppression and anaphylactic reactions.

Drug Interactions

Increased risk of ototoxicity when used with aminoglycosides.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Store at 25°C.

Mechanism of Action

Carboplatin is an alkylating agent which binds covalently to DNA. It modifies the cell cycle by interfering with DNA structure and function.

Excretion: About 70% of a dose is excreted unchanged in the urine.

Terminal half-life: 1.5-6 hr.

CIMS Class

Cytotoxic Chemotherapy

ATC Classification

L01XA02 - carboplatin; Belongs to the class of platinum-containing antineoplastic agents. Used in the treatment of cancer.

*carboplatin information:
Note that there are some more drugs interacting with carboplatin
carboplatin
carboplatin brands available in India
Always prescribe with Generic Name : carboplatin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : BIOCARB inj BLASTOCARB vial BLASTOPLATIN vial CARBOKEM vial CARBOPA vial CARBOPLAN inj CARBOPLATIN vial CARBOTEEN vial CARBOTINAL inj CYTOCARB inj DUCARB vial KARPLAT vial KEMOCARB vial NAPROPLAT vial NEOCARB INJ vial NEOPLATIN vial ONCOCARBIN AQ inj PARAPLATIN vial TEVACARB inj UNICARB vial WOMASTIN vial

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([all drugs])

carboprost

CIMS Class : (Drugs Acting on the Uterus)

carboprost

P - Contraindicated in pregnancy

related carboprost information

Indication & Dosage

Intramuscular

Pregnancy termination in the 2nd trimester

Adult: As tromethamine: 250 mcg deep IM, repeated at 1.5 to 3.5-hr intervals depending on uterine response. May be increased to 500 mcg if necessary. Max: 12 mg.

Intramuscular

Postpartum haemorrhage

Adult: As tromethamine: 250 mcg deep IM at 15- to 90-min intervals.

Max Dosage: 2 mg.

Contraindications

Hypersensitivity. Acute pelvic inflammatory disease. Patients with acute cardiac, pulmonary, renal or hepatic disease. History of caesarian, major uterine surgery. Pregnancy.

Special Precautions

Cardiopulmonary disorders, glaucoma, asthma, epilepsy, severe hepatic or renal dysfunction, labour.

Adverse Drug Reactions

Nausea, vomiting, diarrhoea, abdominal pain, flushing, shivering, headache, dizziness and hypotension, temporary pyrexia, dyspnoea, pulmonary oedema.
Potentially Fatal: Severe CVS disorders including fatal hypotension, tachypnea, pyrexia and MI (in patients with high risk factors) following intra-amniotic or intravaginal admin. Convulsions and ECG changes, amniotic fluid embolism and uterine rupture, foetal distress and rarely foetal death during induction of labour.

Drug Interactions

Action enhanced by prior inj of hyperosmolar urea.

Potentially Fatal: Enhances action of oxytocin hence both drugs should be used sequentially and carefully monitored.

Pregnancy Category (US FDA)

Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.

Storage

Intramuscular: Refrigerate at 2-8°C.

Mechanism of Action

Carboprost is a uterine stimulant which results in expulsion of the products of conception. It is also used to induce abortion between 13-20 wk of pregnancy. It produces myometrial contractions responsible for placental hemostasis.

CIMS Class

Drugs Acting on the Uterus

ATC Classification

G02AD04 - carboprost; Belongs to the class of prostaglandins. Used to induce abortion or augment labour and to minimize blood loss from the placental site.

*carboprost information:
Note that there are some more drugs interacting with carboprost
carboprost
carboprost brands available in India
Always prescribe with Generic Name : carboprost, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : DEVIPROST inj PROSTODIN amp
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([all drugs])
carisoprodol
CIMS Class : (Muscle Relaxants)
carisoprodol

P - Caution when used during pregnancy

L - Contraindicated in lactation

related carisoprodol information

Indication & Dosage

Oral

Painful muscle spasm associated with musculoskeletal conditions

Adult: 350 mg 3-4 times daily for up to 2-3 wk.

Elderly: Half of the usual dose.

Administration

May be taken with or without food.

Contraindications

Acute intermittent porphyria, hypersensitivity. Lactation.

Special Precautions

Renal and hepatic failure, childn <12 yrs. Pregnancy. Should be used with caution in addiction prone individuals.

Adverse Drug Reactions

Dizziness, drowsiness, nausea, epigastric distress, tachycardia, orthostatic hypotension, Hypersensitivity reactions, rash.
Potentially Fatal: Idiosyncratic reaction (rare).

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Carisoprodol blocks interneuronal synaptic activity in the descending reticular formation and spinal cord resulting in skeletal muscle relaxation.
Duration: 4-6 hrs.

Absorption: Absorbed from the GIT (oral); peak plasma concentrations after 30 min.
Distribution: Enters breast milk (significant amounts).
Metabolism: Hepatic; yields meprobamate.
Excretion: Via urine (as metabolites).

CIMS Class

Muscle Relaxants

ATC Classification

M03BA02 - carisoprodol; Belongs to the class of carbamic esters used as centrally-acting muscle relaxants.

*carisoprodol information:
Note that there are some more drugs interacting with carisoprodol
carisoprodol
carisoprodol brands available in India
Always prescribe with Generic Name : carisoprodol, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : CARISOMA COMPOUND tab CARISOMA tab SOMAFLAM tab

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([all drugs])

carvedilol

CIMS Class : (Beta-Blockers)

carvedilol

P - Caution when used during pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related carvedilol information

Indication & Dosage

Oral

Hypertension

Adult: Initially, 12.5 mg once daily increased to 25 mg once daily after 2 days. Alternatively, initial dose of 6.25 mg bid increased to 12.5 mg bid after 1-2 wk, increased further if necessary to 50 mg once daily or in divided doses.

Elderly: 12.5 mg once daily.

Oral

Angina pectoris

Adult: Initially, 12.5 mg bid increased to 25 mg bid after 2 days.

Oral

Heart failure

Adult: Initially, 3.125 mg bid, doubled to 6.25 mg bid after 2 wk if tolerated, then gradually increased to the max dose the patient can tolerate at intervals of not <2 wk. Max dose: >85 kg: 50 mg bid; <85 kg: 25 mg bid.

Oral

Left ventricular dysfunction post myocardial infarction

Adult: Initially: 6.25 mg bid, if tolerated, after 3-10 days, increase to 12.5 mg bid and then to a target dose of 25 mg bid.

Administration

Should be taken with food.

Overdosage

Symptoms include severe hypotension, bradycardia, cardiac insufficiency, cardiogenic shock and cardiac arrest. Respiratory problems, bronchospasms, vomiting, lapses of consciousness and generalised seizures may also occur. Place the patient in a supine

position. Gastric lavage or pharmacologically induced emesis may be used shortly after ingestion.

Contraindications

Hypersensitivity; severe chronic heart failure, bronchial asthma or related bronchospastic conditions; severe hepatic impairment. Patients with NYHA class IV cardiac failure, 2nd or 3rd ° AV block, sick sinus syndrome (unless a permanent pacemaker is in place), cardiogenic shock or severe bradycardia. Lactation.

Special Precautions

Avoid abrupt withdrawal as it may precipitate thyroid storm or exacerbate hyperthyroidism. Liver injury; vascular disease, renal failures, suspected phaeochromocytoma and prinzmetal's variable angina; worsening cardiac failure or fluid retention during increase in dosage of carvedilol; diabetic patients. Pregnancy.

Adverse Drug Reactions

Bradycardia, AV block, angina pectoris, hypervolaemia, leucopenia, hypotension, peripheral oedema, allergy, malaise, fluid overload,

melena, periodontitis, hyperuricaemia, hyponatraemia, increased alkaline phosphatase, glycosuria, prothrombin time, SGPT and SGOT levels, purpura, somnolence, impotence, albuminuria, hypokinesia, nervousness, sleep disorder, skin reaction, tinnitus, dry mouth, anaemia, sweating, fatigue, arthralgia, aggravation, dizziness. Diarrhoea, nausea, vomiting, insomnia, hypercholesterolaemia, weight gain, abnormal vision, rhinitis, pharyngitis and hypertriglyceridaemia.

Drug Interactions

Potentiates insulin-induced hypoglycaemic action. Concurrent use with catecholamine-depleting agents and ß-receptor blockers may cause marked hypotension. Serum levels may be increased by fluoxetine. May increase serum levels of ciclosporin and digoxin.
Potentially Fatal: Rifampin pretreatment results in a decreased Cmax and AUC. Combination with verapamil can lead to severe bradycardia and myocardial depression.

Food Interaction

Food reduces rate of absorption and risk of hypotension.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

in 2nd & 3rd trimesters.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store below 30°C.

Mechanism of Action

Carvedilol causes vasodilation by blocking the activity of a-blockers, mainly at alpha-1 receptors. It exerts antihypertensive effect partly by reducing total peripheral resistance and

vasodilation. It is used in patients with renal impairment, NIDDM or IDDM.

Absorption: Absorbed well from the GI tract (oral); peak plasma concentrations after 1-2 hr.

Distribution: Enters breast milk. Protein-binding: >98%.

Metabolism: Hepatic: Considerable first-pass effect.

Excretion: Via bile (as metabolites); 6-10 hr (elimination half-life).

CIMS Class

Beta-Blockers

ATC Classification

C07AG02 - carvedilol; Belongs to the class of alpha and beta blocking agents. Used in the treatment of cardiovascular diseases.

*carvedilol information:

Note that there are some more drugs interacting with carvedilol

carvedilol further details are available in official CIMS India

carvedilol

carvedilol brands available in India

Always prescribe with Generic Name : carvedilol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CADITONE tab CADMOS tab CARCA tab CARDIVAS tab CARELOL tab CARLOC tab CARTAB tab CARVAS tab CARVEDIL tab CARVEL tab CARVETREND tab CARVIL tab CARVIMED tab CARVIPRESS tab CARVIZEST tab CARZEC tab CASLOT tab CEVAS tab CONPRES tab CVL tab ORICAR tab VED tab

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([all drugs])

cefaclor

CIMS Class : (Cephalosporins)

cefaclor

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related cefaclor information

Indication & Dosage

Oral

Urinary tract infections, Upper and lower respiratory tract infections, Skin infections, Otitis media

Adult: As monohydrate: 250-500 mg every 8 hr. Max: 4 g daily.

Child: >1 mth: 20 mg/kg daily in 3 divided doses, increased to 40 mg/kg daily if necessary, <1 yr: 62.5 mg tid, 1-5 yr: 125 mg tid, >5 yr: 250 mg tid.

Administration

May be taken with or without food.

Contraindications

Known hypersensitivity to cephalosporins.

Special Precautions

Severe renal impairment; history of allergy to penicillin; pregnancy, lactation.

Adverse Drug Reactions

Allergic reactions; diarrhoea, nausea, vomiting; candidiasis, eosinophilia; elevated transaminases.
Potentially Fatal: Anaphylactic reaction; pseudomembranous colitis.

Drug Interactions

Probenecid slows tubular excretion.
Potentially Fatal: May enhance nephrotoxicity of aminoglycosides and furosemide. Bleeding may occur if taken with anticoagulants.

Food Interaction

Plasma levels slightly reduced.

Lab Interference

False-positive results for direct Coombs' test and urine sugar (Benedict's, Fehling's or other reagents but not with enzyme-based methods). Interferes with Jaffe method of measuring creatinine.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Cefaclor binds to one or more of the penicillin-binding proteins (PBPs) which inhibits the final transpeptidation step of peptidoglycan synthesis in bacterial cell wall, thus inhibiting biosynthesis and arresting cell wall assembly resulting in bacterial cell death. It has bactericidal activity against gm-ve bacteria including E. coli, S. pneumoniae, N. gonorrhoea, P. mirabilis and H. influenzae.

Absorption: Well absorbed from the GIT (oral); rate but not extent of absorption is altered by food.

Distribution: Widely distributed; crosses the placenta and enters breast milk (low concentrations). Protein-binding: 25%

Excretion: Via the urine by the kidneys within 8 hrs (as 85% unchanged); the greater part of the dose within 2 hrs. Elimination half-life: 0.5-1 hr, slightly prolonged in renal impairment. May be removed by haemodialysis.

CIMS Class

Cephalosporins

ATC Classification

J01DC04 - cefaclor;

*cefaclor information:
Note that there are some more drugs interacting with cefaclor
cefaclor further details are available in official CIMS India
cefaclor
cefaclor brands available in India
Always prescribe with Generic Name : cefaclor, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : ACTICLOR dry syr ARTICLOR dispertab ARTICLOR drops ARTICLOR dry syr CECEL dry syr CEFLORR cap CEFLORR dry syr CLORIV dispertab DISTACLOR cap DISTACLOR dispertab DISTACLOR drops DISTACLOR susp DISTACLOR-CD SR-tab ECLOR LA tab ECLOR PREMIX susp HALCLOR cap HALOCEF cap KEFLOR cap KEFLOR drops KEFLOR DT-tab KEFLOR susp KEFLOR tab KEFLOR-MR tab NAYACLOR dry syr RADICLOR cap RADICLOR dry syr RESCLOR dry syr SAYOCHLOR dry syr UNICLOR cap UNICLOR dispertab UNICLOR MR-tab VERCEF AF tab VERCEF cap VERCEF susp ZYCHLOR dry syr

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([all drugs])

cefadroxil

CIMS Class : (Cephalosporins)

cefadroxil

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related cefadroxil information

Indication & Dosage

Oral

Uncomplicated lower urinary tract infections

Adult: 1-2 g daily as a single or 2 divided doses.

Child: >6 yr: 500 mg bid; 1-6 yr: 250 mg bid; <1 yr: 25 mg/kg daily in divided doses.

CrCl (ml/min)

Dosage Recommendation

26-50

0.5-1 g bid.

11-25

0.5-1 g once daily.

=10

0.5-1 g every 36 hr.

Oral

Skin and skin structure infections

Adult: 1 g/day in single or divided doses.

Child: 30 mg/kg/day in equally divided doses every 12 hr.

CrCl (ml/min)

Dosage Recommendation

26-50

0.5-1 g bid.

11-25

0.5-1 g once daily.

=10

0.5-1 g every 36 hr.

Oral

Pharyngitis

Adult: For treatment of group A ß-haemolytic streptococcal pharyngitis and tonsillitis: 1 g/day in single or divided doses for 10 days.

Child: 30 mg/kg/day in equally divided doses every 12 hr for at least 10 days.

CrCl (ml/min)

Dosage Recommendation

26-50

0.5-1 g bid.

11-25

0.5-1 g once daily.

=10

0.5-1 g every 36 hr.

Oral

Tonsillitis

Adult: For treatment of group A ß-haemolytic streptococcal pharyngitis and tonsillitis: 1 g/day in single or divided doses for 10 days.
Child: 30 mg/kg/day in equally divided doses every 12 hr for at least 10 days.

CrCl (ml/min)
Dosage Recommendation
26-50
0.5-1 g bid.
11-25
0.5-1 g once daily.
=10
0.5-1 g every 36 hr.
Administration

May be taken with or without food. (May be taken w/ meals to reduce GI discomfort.)

Contraindications

Hypersensitivity to cephalosporins.

Special Precautions

Impaired renal function; pregnancy and lactation.

Adverse Drug Reactions

Nausea, vomiting, diarrhoea, abdominal discomfort; skin rash, angioedema; elevated liver enzyme values; superinfection with resistant organisms especially candida.
Potentially Fatal: Anaphylactic reaction; pseudomembranous colitis.

Drug Interactions

Prothrombin time prolonged; bleeding may occur when taken with anticoagulants. Decreased elimination with probenecid.

Lab Interference

False-positive results for direct Coombs' test and urine sugar (Benedict's, Fehling's or other reagents but not with enzyme-based methods). Interferes with Jaffe method of measuring creatinine.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Cefadroxil binds to one or more of the penicillin-binding proteins (PBPs) which inhibits the final transpeptidation step of peptidoglycan synthesis in bacterial cell wall, thus inhibiting biosynthesis and arresting cell wall assembly resulting in bacterial cell death. Cefadroxil is not active against Proteus, Pseudomonas, Enterobacter, Morganella, Serratia and Listeria monocytogenes.

Absorption: Well absorbed from the GI tract (oral); peak plasma concentrations after 1.5-2 hr.

Distribution: Body tissues and fluids (wide); crosses the placenta and enters breast milk. Protein-binding: 20%.

Excretion: Via urine by glomerular filtration and tubular secretion (90% as unchanged); 1.5 hr (elimination half-life), prolonged in renal impairment. Removed by dialysis.

CIMS Class

Cephalosporins

ATC Classification

J01DB05 - cefadroxil;

*cefadroxil information:
Note that there are some more drugs interacting with cefadroxil
cefadroxil further details are available in official CIMS India
cefadroxil
cefadroxil brands available in India
Always prescribe with Generic Name : cefadroxil, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ACTIDROX dispertab ACTIDROX dry syr ACTIDROX tab ACUDROX dispertab ACUDROX film-coated tab ADRIZ

tab APDIL dispertab APDIL dry syr APDIL tab BICEF dispertab BICEF susp BID cap BID KID-tab BID syr BIDROXIL dry syr BIODROX DRY SYRUP dry syr BIODROX-500 tab BIODROX-DT tab BIOPRO cap BLESS dispertab BLESS tab BLUDROX dispertab BLUDROX tab BLUDROX-P dispertab BLUDROX-P drops BLUDROX-P dry syr BROTZU syr BROTZU tab CAREDROX dispertab CAREDROX KID-dispertab CAREDROX tab CAREDROXYL-125 LB dispertab CAREDROXYL-250 LB dispertab CAREDROXYL-500 LB dispertab CAREDROXYL-LB dry syr CDCV dispertab CDCV film-coated tab C-DROX tab CEDBROX cap CEDBROX dispertab CEDBROX tab CEDIL dispertab CEDIL dry syr CEDIL tab CEDROX tab CEDROXIN tab CEFADROX cap CEFADROX dry syr CEFADROX KID-tab CEFADROX tab CEFADUR cap CEFADUR dispertab CEFADUR drops CEFADUR dry syr CEFADUR film-coated tab CEFADUR susp CEFASTAR dispertab CEFASTAR SYRUP dry syr CEFATAUR cap CEFATAUR dry syr CEFATAUR KID-tab CEFATAUR tab CEFDOX dry syr CEFDOX tab CEFMAC CAP cap CEFOXID dispertab CEFOXID drops CEFOXID dry syr CEFOXID tab CEFOXIL dispertab CEFOXIL dry syr CEFOXIL tab CEFTIC dispertab CEFTIC KID-tab CEFWIN dispertab CEFWIN dry syr CEFWIN P-drops CETRON dispertab CEXIL dispertab CEXIL

dry syr CEXIL KIDtab CEXIL tab CFFOXID dispertab CODROXIL KID-tab CODROXIL susp CODROXIL tab COSDROX dispertab COSDROX tab CUDROX syr CUDROX tab DAX dispertab DAX KID-tab DAX syr DAX tab DAX-LA tab DROFA dispertab DROMA dry syr DROMA KIDtab DROMA tab DROXBIT dispertab DROXBIT tab DROXFLORA cap DROXFLORA dispertab DROXIBID tab DROXYCAD tab DROXYCEPH cap DROXYCEPH dispertab DROXYL CLAV 250 tab DROXYL CLAV 500 tab DROXYL INSTAUSE syr DROXYL susp DROXYL tab DROZIL LB dry syr DROZIL-125 LB tab DROZIL-250 LB tab DROZIL-500 LB tab EDOXIL DRY SYRUP dry syr EDOXIL-500 tab EDOXIL-DT tab ELIMINATE dry syr ELIMINATE tab ENACXIL tab EUDROX dry syr EUDROX tab GIGACEF cap GIGACEF dry syr GIGACEF P-tab GIGACEF tab HINDROX cap HINDROX dispertab KEFDIL-AX tab KEFLOXIN cap KEFLOXIN susp KEFZEN dispertab KEFZEN tab KIDROX dispertab KIDROX drops KIDROX susp LACTOCEF dry syr LACTOCEF tab LACTODROX-DT tab LB DROX DPS drops LB DROX DPS tab LB DROX drops LYDROXIL cap LYDROXIL dispertab LYDROXIL syr MAPRADROX dry syr MAPRADROX tab MODCEF cap MODCEF dispertab MONODROX dispertab MONODROX tab MYDROX tab NEODROX dispertab NEODROX tab ODOXIL

dispertab ODOXIL dry syr ODOXIL KID-tab ODOXIL OD film-coated tab ODOXIL PREMIX DS-syr ODOXIL PREMIX syr ODOXIL susp ODOXIL tab OMIDROX tab PD-ROXIL cap PD-ROXIL dispertab PENDROX DT-tab PENDROX tab PETDROX tab PUREDROX dispertab PUREDROX film-coated tab QCEPH cap QCEPH dispertab QCEPH tab RIDROX KID-tab RIDROX tab RT CEF dispertab RT CEF dry syr SAFEDROX dry syr SAFEDROX KID-tab SAFEDROX tab SAYDROX dispertab SAYDROX KID-dispertab SERVOXIL PLUS tab SUNIDROX dispertab SUNIDROX tab SWICEFF dispertab SWICEFF dry syr SWICEFF RM-syr SWICEFF tab SYR LACTODROX LB syr TAB LACTODROX LB dispertab TAB LACTODROX LB KID-dispertab TAB LACTODROX tab VEPAN AX tab VEPAN dispertab VEPAN drops VEPAN dry syr VEPAN RU-syr VEPAN tab VISTADROX dispertab VISTADROX tab WALADROX AX tab WALADROX dispertab WALADROX susp WALADROX tab ZADRO CV dispertab ZADRO CV DS dry syr ZADRO CV tab ZADRO dispertab ZADRO drops ZADRO dry syr ZADRO film-coated tab ZEFCLAV tab ZOXIL susp ZOXIL tab f

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([all drugs])

cefalexin

CIMS Class : (Cephalosporins)

cefalexin

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related cefalexin information

Indication & Dosage

Oral

Susceptible infections

Adult: 1-2 g daily given in divided doses at 6-, 8-, 12-hr intervals, increased to 6 g in deep-seated infections.

Child: 25-100 mg/kg daily in divided doses. Max: 4 g daily.

CrCl (ml/min)

Dosage Recommendation

40-50

Max: 3 g daily.

10-40

Max: 1.5 g daily.

<10

Max: 750 mg daily.

Oral

Prophylaxis of recurrent urinary tract infections

Adult: 125 mg at night.

CrCl (ml/min)

Dosage Recommendation

40-50

Max: 3 g daily.

10-40

Max: 1.5 g daily.

<10

Max: 750 mg daily.

Administration

May be taken with or without food. (May be taken w/ meals to reduce GI discomfort.)

Contraindications

Hypersensitivity to cephalosporins.

Special Precautions

Hypersensitivity to penicillins; pseudomembranous colitis; renal failure; pregnancy and lactation.

Adverse Drug Reactions

Pain at inj site; hypersensitivity; GI disturbances; eosinophilia, neutropenia, leucopenia, thrombocytopenia.
Potentially Fatal: Anaphylactic reactions; nephrotoxicity.

Drug Interactions

Probenecid produces higher and prolonged serum levels.
Potentially Fatal: Increased nephrotoxicity with aminoglycosides and furosemide.

Food Interaction

Rate of absorption is delayed by food.

Lab Interference

False-positive for urine sugar, Coomb's test and serum or creatinine with Jaffe reaction.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store at 25°C.

Mechanism of Action

Cefalexin binds to one or more of the penicillin-binding proteins (PBPs) which inhibits the final transpeptidation step of peptidoglycan synthesis in bacterial cell wall, thus inhibiting biosynthesis and arresting cell wall assembly resulting in bacterial cell death.

Absorption: Almost completely absorbed from the GI tract with peak plasma concentrations after 1 hr (oral); may be delayed if taken with food.
Distribution: Widely distributed but does not penetrate the CSF; bile (therapeutic concentrations). Crosses the placenta and enters the breast milk (small amounts). Protein-binding: Up to 15%
Metabolism: Not metabolised.
Excretion: Via the urine within 6 hr by glomerular filtration and renal tubular secretion (>80% as unchanged); via the bile. May be removed by haemodialysis and peritoneal dialysis; 1 hr (elimination half-life).

CIMS Class

Cephalosporins

ATC Classification

J01DB01 - cefalexin;

*cefalexin information:
Note that there are some more drugs interacting with cefalexin
cefalexin further details are available in official CIMS India

cefalexin

cefalexin brands available in India

Always prescribe with Generic Name : cefalexin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ALCEPHIN cap ALCEPHIN dry syr ALCEPHIN KID-tab ALCEPHIN-LA tab ALEXIN cap ALEXIN dispertab ALEXIN syr ALLSAFE tab ANPHEXIN cap ANPHEXIN dispertab AXIN-LA tab BACTOCEP cap BACTOCEP dispertab BETASPORE cap BETASPORE dry syr BIOLEX cap BIOLEX dispertab BLUCEF cap BLUCEF dispertab BLUCEF-P dispertab CACEFF tab CARBICEF cap CARBICEF susp CECARB cap CEFACIN cap CEFACT cap CEFACT KID dispertab CEFACT SYR dry syr CEFACURE cap CEFACURE dispertab CEFALEX cap CEFALEX P-drops CEFALEX syr CEFALIN cap CEFALIN KID-tab CEFALONG-DS tab CEFAMAX cap CEFAMAX drops CEFAMAX KID-tab CEFAMAX syr CEFAX cap CEFBACT cap CEFCIDAL cap CEFCIDAL syr CEFCIDAL tab CEFEL cap CEFEL dry syr CEFEL KID-tab CEFEL tab CEFEL-B cap CEFF cap CEFF dispertab CEFF drops CEFF dry syr CEFF KID-tab CEFF-ER film-coated tab CEFF-LA tab CEFMIX cap CEFMIX dispertab CEFMIX dry syr CEFTOP RM-

syr CELEXIN dry syr CEP-BRO cap CEPHADEX cap CEPHADEX dispertab CEPHADEX drops CEPHADEX dry syr CEPHADEX LA-tab CEPHADEX-LB cap CEPHAL cap CEPHAL dispertab CEPHALEX dispertab CEPHALKEM cap CEPHALKEM drops CEPHALKEM dry syr CEPHALPET cap CEPHAMAX cap CEPHARIL cap CEPHARIL dispertab CEPHAXIN cap CEPHAXIN dispertab CEPHAXIN KID-tab CEPHAXIN syr CEPHAXTAR cap CEXIN cap CEXIN dispertab CEXIN dry syr CIDEXIN cap CIPHLENAT cap CIPHLENAT drops CIPHLENAT dry syr CITACEPH cap CITACEPH tab C-LEX dry syr CUCEF SYR syr CULEXIN cap DT LX-KID tab E CEF-OD ER-tab EMCEPH cap EQUITROL cap EQUITROL dispertab EQUITROL F-cap FAXE cap FAXE dispertab FAXE dry syr FEX dry syr FEX syr FEX tab GENCEF cap GEXIN dispertab GEXIN dry syr GEXIN tab HALEXIN dispertab HALEXIN dry syr HYCEF cap HYCEF KID-tab HYCEF tab KEFLEX extentab LECEF cap LECEF dispertab LECEF dry syr LECEF KID-tab LEXA cap LEXA dispertab LEXILLIN cap LEXILLIN dry syr LX cap MEXEF SR-tab MONACEF cap MONACEF dry syr NEOCEF cap NEOCEF syr NIPHEX cap NIPHEX dispertab NUFEX film-coated tab NUFEX P-tab NUFEX-SR film-coated tab ORIPHEX cap ORIPHEX syr PHEXIN cap PHEXIN dispertab PHEXIN dry syr PHEXIN P-

drops PHEXIN P-tab PHEXIN REDIMIX syr PHEXIN tab PHEXIN-BD tab PHEXTAR cap PHEXTAR dispertab PREMSPOR cap PREMSPOR dry syr PRILOCEF cap PRILOCEF P-tab RACEF cap RACEF dispertab RACEF dry syr REFLEXIN cap REFLEXIN dry syr RESPORAL cap RESPORAL dispertab RESPORAL DISP-TAB DISP-tab RESPORIDEX cap RESPORIDEX susp ROFEX cap ROFEX dry syr SAFEXIN dry syr SAFEXIN P-tab SAFEXIN tab SANCEPH P-tab SAYOLEXIN cap SAYOLEXIN dispertab SEPEXIN cap SEPEXIN dispertab SEPEXIN P-tab SEPEXIN syr SPOCELIN cap SPOCELIN F-cap SPOR cap SPOR dispertab SPOREN cap SPOREN tab SPORICEF dispertab SPORIDEX cap SPORIDEX dispertab SPORIDEX P-drops SPORIDEX REDIMIX drops SPORIDEX REDIMIX dry syr SPORIDEX REDIMIX susp SPORIDEX-AF ERfilm-coated tab SPORTEK dispertab SPORTEK dry syr SPORTEK tab THELEXIN ER-tab THREEOCEF tab UNICEPH 250/500 cap UNICEPH 250/500 tab UNICEPH dispertab UNICEPH dry syr UNIFEX CAP cap UNIFEX F-tab UNIFEX KID dispertab UNIFEX tab ZOTALEXIN cap ZOTALEXIN tab ZULEX dispertab

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([all drugs])

cefazolin

CIMS Class : (Cephalosporins)

cefazolin

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related cefazolin information

Indication & Dosage

Parenteral

Susceptible infections

Adult: As sodium: 0.5-1 g deep IM, slow IV Inj over 3-5 min or as iv infusion every 6-12 hr. Max: Up to 6-12 g daily for life-threatening infections.

Child: >1 mth: 25-50 mg/kg daily in 3 or 4 divided doses. Max: Up to 100 mg/kg daily for severe infections.

Renal impairment: Children: CrCl: 40-70 ml/min: 60% of normal daily dose given in 2 divided doses; 20-40 ml/min: 25% of normal daily dose given in 2 divided doses and 5-20 ml/min: 10% of normal daily dose every 24 hr. See table for adult dosing recommendations.

CrCl (ml/min)

Dosage Recommendation

35-54

Increase dosing interval to at least 8 hr.

11-34

Half the usual dose every 12 hr.

=10

Half the usual dose every 18-24 hr.

Parenteral

Prophylaxis of surgical infections

Adult: As sodium: 1 g given 0.5-1 hr before surgery followed by 0.5-1 g during surgery for lengthy procedures; 0.5-1 g every 6-8 hrly may be given after surgery for 24 hr or up to 5 days.

Elderly:

Renal impairment: Children: CrCl: 40-70 ml/min: 60% of normal daily dose given in 2 divided doses; 20-40 ml/min: 25% of normal daily dose given in 2 divided doses and 5-20 ml/min: 10% of normal daily dose every 24 hr. See table for adult dosing recommendations.

CrCl (ml/min)

Dosage Recommendation

35-54

Increase dosing interval to at least 8 hr.

11-34

Half the usual dose every 12 hr.

=10

Half the usual dose every 18-24 hr.

Contraindications

Hypersensitivity.

Special Precautions

Impaired renal function; pregnancy, lactation. Consider possibility of pseudomembranous colitis in patients who present with diarrhoea after antimicrobial usage. Risk of seizures in patients on high doses, especially in renally impaired patients. May decrease prothrombin activity; monitor prothrombin time in patients at risk e.g. those on anticoagulant treatment, prolonged antimicrobial treatment or those with renal or hepatic impairment.

Adverse Drug Reactions

Superinfection; nausea, vomiting, abdominal pain, anorexia, diarrhoea; rash, leukopenia, thrombocytopaenia, haemorrhage, elevated transaminases.

Potentially Fatal: Anaphylactic reaction; pseudomembranous colitis.

Drug Interactions

Probenecid reduces tubular secretion of cefazolin thereby prolonging its half-life. Disulfiram-like reaction with alcohol.
Potentially Fatal: Concurrent use with furosemide and aminoglycosides increase risk of nephrotoxicity.

Lab Interference

False-positive results for direct Coombs' test and urine sugar (Benedict's, Fehling's or other reagents but not with enzyme-based methods). Interferes with Jaffe method of measuring creatinine.

Pregnancy Category (US FDA)
Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Parenteral: Store at 25°C.

Mechanism of Action

Cefazolin binds to one or more of the penicillin-binding proteins (PBPs) which inhibits the final transpeptidation step of peptidoglycan synthesis in bacterial cell wall, thus inhibiting biosynthesis and arresting cell wall assembly resulting in bacterial cell death.

Absorption: Poorly absorbed from the GI tract (oral).

Distribution: Bile (high concentrations); bone; ascitic, pleural and synovial fluids; CSF (small amounts). Crosses the placenta into the foetal circulation; enters the breast milk (low concentrations).

Protein-binding: 85%

Excretion: Via the urine by glomerular filtration, with some renal tubular secretion (as unchanged); 80% of a dose within 24 hr (IM). Removed to some extent by haemodialysis.

CIMS Class

Cephalosporins

ATC Classification

J01DB04 - cefazolin;

*cefazolin information:
Note that there are some more drugs interacting with cefazolin
cefazolin
cefazolin brands available in India
Always prescribe with Generic Name : cefazolin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : AZOLIN vial CEFADIN vial CEZOLIN IM/IV vial CIPRID vial ORIZOLIN vial OZOLIN inj PREZOLIN vial REFLIN vial SEFAZOL vial
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([all drugs])
cefdinir
CIMS Class : (Cephalosporins)
cefdinir
P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related cefdinir information

Indication & Dosage

Oral

Susceptible infections

Adult: 600 mg once daily as a single or in 2 divided doses.

Child: 14 mg/kg daily. Max: 600 mg daily.

CrCl (ml/min)

Dosage Recommendation

<30

300 mg once daily.

Administration

May be taken with or without food.

Contraindications

Hypersensitivity.

Special Precautions

Penicillin-sensitive patients; superinfection; seizure; pseudomembranous colitis; pregnancy, lactation; renal or hepatic insufficiency.

Adverse Drug Reactions

Headache, dizziness, fever; nausea, vomiting, diarrhoea, abdominal pain; rash; leukopaenia, thrombocytopaenia, haemolytic anaemia. Potentially Fatal: Anaphylaxis; renal and hepatic failure.

Drug Interactions

Concomitant admin with antacids and Fe reduce the rate and extent of absorption. Probenecid reduces renal elimination. Antacids reduce rate and extent of absorption.

Lab Interference

Administration with Fe supplements may color the urine red.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store at 25°C.

Mechanism of Action

Cefdinir binds to one or more of the penicillin-binding proteins (PBPs) which inhibits the final transpeptidation step of peptidoglycan synthesis in bacterial cell wall, thus inhibiting biosynthesis and arresting cell wall assembly resulting in bacterial cell death.

Absorption: Absorbed from the GIT (oral); peak plasma concentrations after 2-4 hrs.

Distribution: Widely into body tissues. Protein-binding: 60-70%

Metabolism: Minimal metabolism.

Excretion: Via the urine; 1.7 hrs (elimination half-life). Removed by dialysis.

CIMS Class

Cephalosporins

ATC Classification

J01DD15 - cefdinir;

*cefdinir information:
Note that there are some more drugs interacting with cefdinir
cefdinir further details are available in official CIMS India
cefdinir
cefdinir brands available in India
Always prescribe with Generic Name : cefdinir, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ADCEF cap ADCEF dispertab ADCEF INSTAUSE syr ADINIR cap ALDINIR cap ALDINIR susp CEDNIR cap CEFCAS cap CEFDIEL cap CEFDIEL RM-drops CEFDIEL susp CEFDIEL tab CEFDIEL vial CEFRINE cap IDINIR dry syr IDINIR tab KEFDURE cap KEFNIR cap KEFNIR

susp MAXICEF-O cap OCEPH cap OCEPH dry syr RTIST cap RTIST susp RTIST-DT dispertab SEFDIN cap SEFDIN dry syr VIGNIR-LB cap ZEFDINIR cap ZEFDINIR susp ZINIR dispertab ZINIR dry syr ZINIR film-coated tab ZINIR-LB tab

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([all drugs])

cefepime

CIMS Class : (Cephalosporins)

cefepime

L - Caution when used during lactation

related cefepime information

Indication & Dosage

Intravenous

Urinary tract infections

Adult: 0.5-1 g every 12 hr for 7-10 days. May be given via direct inj over 5 minutes or infuse over 30 minutes.

Child: 2 mth - 16 yr: =40 kg: 50 mg/kg every 12 hr for 7-10 days. May be given via direct inj over 5 minutes or infuse over 30 minutes. Dose may also be given via IM inj for mild-moderate infections; for IM inj, it should be given via deep inj into large muscle mass.

Renal impairment: Haemodialysis: 1 g on the 1st day of treatment, followed by 500 mg every 24 hr; dose should be given after haemodialysis on dialysis days and preferably at the same time each day. CAPD: Normal recommended doses every 48 hr.

CrCl (ml/min)
Dosage Recommendation
30-60
0.5-1 g every 24 hr.
11-29
0.5 g every 24 hr.
=10
0.25 g every 24 hr.
Intravenous
Empiric therapy for febrile neutropenic patients
Adult: 2 g every 8 hr for 7 days or until resolution of neutrpenia. For patients who remain neutropenic for >7 days despite fever resolution, the need for continued anti-microbial treatment should be reviewed. May be given via direct inj over 5 minutes or infuse over 30 minutes.
Child: 2 mth - 16 yr: =40 kg: 50 mg/kg every 8 hr for 7 days or until neutropenia resolves. May be given via direct inj over 5 minutes or infuse over 30 minutes.

Renal impairment: Haemodialysis: 1 g every 24 hr, dose should be given after haemodialysis on dialysis days and preferably at the same time each day. CAPD: Normal recommended doses every 48 hr.

CrCl (ml/min)
Dosage Recommendation
30-60
2 g every 12 hr.
11-29
2 g every 24 hr.
=10
1 g every 24 hr.
Intravenous
Moderate to severe pneumonia
Adult: 1-2 g every 12 hr for 10 days. May be given via direct inj over 5 minutes or infuse over 30 minutes.
Child: 2 mth - 16 yr: =40 kg: 50 mg/kg every 12 hr for 10 days. May be given via direct inj over 5 minutes or infuse over 30 minutes.
Renal impairment: Haemodialysis: 1 g on the 1st day of treatment, followed by 500 mg every 24 hr; dose should be given after haemodialysis on dialysis days and preferably at the same time each day. CAPD: Normal recommended doses every 48 hr.

CrCl (ml/min)

Dosage Recommendation

30-60

1-2 g every 24 hr.

11-29

0.5-1 g every 24 hr.

=10

0.25-0.5 g every 24 hr.

Intravenous

Complicated intra-abdominal infections

Adult: 2 g every 12 hr for 7-10 days. Usually used in combination with metronidazole. May be given via direct inj over 5 minutes or infuse over 30 minutes.

Renal impairment: Haemodialysis: 1 g on the 1st day of treatment, followed by 500 mg every 24 hr; dose should be given after haemodialysis on dialysis days and preferably at the same time each day. CAPD: Normal recommended doses every 48 hr.

CrCl (ml/min)

Dosage Recommendation

30-60

2 g every 24 hr.

11-29

1 g every 24 hr.

=10

0.5 g every 24 hr.

Intravenous

Uncomplicated skin and skin structure infections

Adult: 2 g every 12 hr for 10 days. May be given via direct inj over 5 minutes or infuse over 30 minutes.

Child: 2 mth - 16 yr: =40 kg: 50 mg/kg every 12 hr for 10 days. May be given via direct inj over 5 minutes or infuse over 30 minutes.

Renal impairment: Haemodialysis: 1 g on the 1st day of treatment, followed by 500 mg every 24 hr; dose should be given after haemodialysis on dialysis days and preferably at the same time each day. CAPD: Normal recommended doses every 48 hr.

CrCl (ml/min)

Dosage Recommendation

30-60

2 g every 24 hr.

11-29

1 g every 24 hr.

=10

0.5 g every 24 hr.

Incompatibility: Y-site admin: Acyclovir, amphotericin B, amphotericin B cholesteryl sulfate complex, chlordiazepoxide, chlorpromazine, cimetidine, famotidine, ciprofloxacin, filgrastim, floxuridine, ganciclovir, haloperidol, hydroxyzine, idarubicin, ifosfamide, magnesium sulfate, mannitol, mechlorethamine, meperidine, metoclopramide, mitomycin, mitoxantrone, morphine, nalbuphine, ofloxacin, ondansetron, plicamycin, prochlorperazine edisylate, promethazine, streptozocin, vancomycin, vinblastine, vincristine, cisplatin, dacarbazine, daunorubicin, diazepam, diphenhydramine, dobutamine, dopamine, doxorubicin, droperidol, enalaprilat, etoposide, etoposide phosphate. Admixture incompatibility: Metronidazole, vancomycin, gentamicin, tobramycin, netilmicin sulfate, aminophylline or solutions of ampicillin at concentrations >40 mg/ml.

Overdosage

Symptoms include encephalopathy, myoclonus, seizures and neuromuscular excitability. Careful observation and supportive treatment are recommended. In the presence of renal insufficiency, haemodialysis may be used to remove cefepime from the body.

Contraindications

Hypersensitivity to cefepime or other cephalosporins.

Special Precautions

Renal impairment; history of penicillin or cephalosporin allergy; lactation, pregnancy. Caution when used in patients with history of GI diseases, especially colitis. May decrease prothrombin activity; monitor prothrombin time in patients with poor nutritional state, renal or hepatic impairment and those on prolonged treatment. Prolonged treatment may result in overgrowth of nonsusceptible organisms, resulting in superinfection. Consider the possibility of Clostridium difficile associated diarrhoea in patients who present with diarrhoea after treatment. Caution when used in patients with a history of seizures.

Adverse Drug Reactions

Positive Coombs' test without haemolysis; rash, pruritus; diarrhoea, nausea, vomiting; fever, headache; pain and erythema at inj site; agranulocytosis; anaphylactic shock; leucopenia; neutropenia; thrombocytopenia.

Drug Interactions

Increased effect with high-dose probenecid; increased nephrotoxic potential with aminoglycosides.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Intravenous: In dry state: Store at 2-25°C and protected from light. After reconstitution: Cefepime solution is stable for 24 hr at controlled room temperature (2-25°C) and for 7 days under refridgeration (2-8°C).

Mechanism of Action

Cefepime is a 4th generation cephalosporin which inhibits the final transpeptidation step of peptidoglycan synthesis in bacterial cell

wall by binding to one or more of the penicillin-binding proteins (PBPs).

Absorption: IM admin: Rapid and almost complete absorption.

Distribution: 16-19% bound to plasma proteins. Volume of distribution: 14-20 L; crosses the blood brain barrier. Penetrates into inflammatory fluid at concentrations of about 80% of serum levels.

Metabolism: Minimally hepatic.

Excretion: Plasma half-life: 2 hr. Excreted in urine with 85% as unchanged drug.

CIMS Class

Cephalosporins

ATC Classification

J01DE01 - cefepime;

*cefepime information:

Note that there are some more drugs interacting with cefepime

cefepime

cefepime brands available in India

Always prescribe with Generic Name : cefepime, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACTAMASE vial ADPIME vial BIOPIME vial CADPIME vial CALPIME inj CEFICAD vial CEFPIME vial CEFUDIX vial CEPIME INJ vial CEPIME vial CHASE vial C-PIME inj C-PIME-T inj EFFIMAX vial FORPAR inj GEFE-MAX vial INPIME vial INSIPIM inj IPACARE vial IVIPIME vial KAMPI inj KEFAGE vial KINGCEF vial KPM-1000 inj LEEPIME vial MAGNOVA vial MAGNOVA-500 vial MAPIME vial MAXICEF vial MAXIPIME vial MEGAPIME vial MICROPIME inj MIKAPIME tab NICPIME-AM IV/IMvial NITIPIME vial NOVAPIME vial ORPIME vial PATRIAT vial PIMACEF inj PIMERIV vial POTENTOX amp PRYME vial QUADROCEF vial RADIPIME vial SCUD vial SEFDIN INJ vial SEFPIN inj SEPIN vial S-PIME vial SUPIME vial SWIFT inj TEXTIME vial ULTIPIME vial VEGAPIME vial XEPIME vial XIOPEN inj ZWITER vial

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([all drugs])

cefetamet

CIMS Class : (Cephalosporins)

cefetamet

L - Caution when used during lactation

related cefetamet information

Indication & Dosage

Oral

Ear, nose and/or throat infections, Otitis media, Sinusitis, Pharyngo tonsillitis, Lower respiratory tract infections, Acute bacterial exacerbation of chronic bronchitis, Tracheobronchitis, Pneumonia, Urinary tract infections, Gonococcal urethritis in men

Adult: 500 mg bid.

Contraindications

Known hypersensitivity to cephalosporins.

Special Precautions

Hypersensitivity to penicillins. Renal insufficiency; lactation.

Adverse Drug Reactions

Diarrhoea, nausea, vomiting, hypersensitivity reactions.

Storage

Oral: Store at 25°C.

Mechanism of Action

Cefetamet is a 3rd generation cephalosporin. It inhibits the final transpeptidation step of peptidoglycan synthesis in the bacterial cell wall by binding to one or more of the penicillin-binding proteins (PBPs).

CIMS Class

Cephalosporins

ATC Classification

J01DD10 - cefetamet;

*cefetamet information:
Note that there are some more drugs interacting with cefetamet

cefetamet

cefetamet brands available in India

Always prescribe with Generic Name : cefetamet, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ALTAMET tab CEPIME-O tab PRYZM tab RECOCEF tab ULTIPIME-O tab

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([all drugs])

cefixime

CIMS Class : (Cephalosporins)

cefixime

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related cefixime information

Indication & Dosage

Oral

Susceptible infections

Adult: 200-400 mg/day as a single dose or in 2 divided doses.
Child: 8 mg/kg/day as a single dose or in 2 divided doses; <6 mth: Not recommended. Treatment should be continued for 48 hr after disappearance of symptoms.
Renal impairment: Dose reduction is necessary.

CrCl (ml/min)
Dosage Recommendation
<20
Max: 200 mg daily.
Oral
Uncomplicated gonorrhoea
Adult: 400 mg as a single dose.
Renal impairment: Dose reduction is necessary.

CrCl (ml/min)
Dosage Recommendation
<20
Max: 200 mg daily.
Administration

Should be taken with food.

Contraindications

Hypersensitivity to cephalosporin.

Special Precautions

History of allergy to penicillins; pregnancy, lactation; renal failure; GI disease.

Adverse Drug Reactions

Diarrhoea, nausea, vomiting, abdominal pain; headache, dizziness, thrombocytopenia, eosinophilia.
Potentially Fatal: Pseudomembranous colitis.

Drug Interactions

Increased concentrations with probenecid.
Potentially Fatal: May increase prothrombin time with anticoagulants.

Food Interaction

Absorption delayed in the presence of food.

Lab Interference

False-positive serum or urine creatinine with Jaffe reaction.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store below 25°C.

Mechanism of Action

Cefixime binds to one or more of the penicillin-binding proteins (PBPs) which inhibits the final transpeptidation step of peptidoglycan synthesis in bacterial cell wall, thus inhibiting

biosynthesis and arresting cell wall assembly resulting in bacterial cell death.

Absorption: Only 40-50% is absorbed from the GI tract (oral); rate may be decreased if taken with food. Greater absorption from oral suspension than tablets.

Distribution: Bile, urine (high concentrations); crosses the placenta.

Protein-binding: 65%.

Excretion: 20% of an oral dose excreted via urine unchanged; 60% nonrenal elimination; some is excreted via the faeces from the bile. Substantially removed by dialysis.

CIMS Class

Cephalosporins

ATC Classification

J01DD08 - cefixime;

*cefixime information:

Note that there are some more drugs interacting with cefixime

cefixime further details are available in official CIMS India

cefixime

cefixime brands available in India

Always prescribe with Generic Name : cefixime, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : 3a-XIM dispertab A.C.FORD KID tab A.C.FORD tab AB-CEF dispertab AB-CEF film-coated tab AB-CEF SYP dry syr AELXIM susp AELXIM tab AELXIM-CL tab AFIXIM CLAV tab AFIXIM dispertab AFIXIM susp AFIXIM tab ALFI-CV tab ALMOCEF dispertab ALMOCEF dry syr ALMOCEF tab ARCEF dispertab ARCEF tab ARICEF dispertab ARICEF dry syr AROXIM dispertab AROXIM dry syr AROXIM tab ASERT dispertab ASERT tab ASERT-D tab ASICEF tab ASTUTE SYR dry syr ASTUTE tab ASTUTE-CV tab ATOCEF dispertab ATOCEF dry syr AVCIF dry syr AVCIF tab AXIM amp AXIM-O tab AXIOM-OR dispertab AXIOM-OR dry syr BELFIX dispertab BELFIX dry syr BELFIX-CV dry syr BELFIX-CV tab BELFIX-DC tab BESTOCEF dispertab BESTOCEF dry syr BESTOCEF tab BESTOCEF-LB dry syr BILACTAM TAB tab BILACTAM-XL film-coated tab BIOTAX-O dry syr BIOTAX-O film-coated tab BIXIGARD tab BIXIGARD-C tab BRUFIX dry syr BRUFIX tab CADIFIX dispertab CADIFIX dry syr CANBICEF dry syr CANBICEF tab CANBICEF-DT tab CANDYCEF

dispertab CARCEF dispertab CASCLAV tab CASXIM cap CASXIM-DT 100 dispertab CASXIM-DT 200 dispertab CEBAY CAP cap CEBAY SYR dry syr CEBAY TAB dispertab CEEMI dry syr CEEMI tab CEFADEN-O dry syr CEFCAL film-coated tab CEFCEM dry syr CEFCEM tab CEFCON tab CEFESYM tab CEFEXY dry syr CEFEXY tab CEFEXY-CV tab CEFGLOBE cap CEFI dispertab CEFI dry syr CEFI tab CEFI XL 100 film-coated tab CEFI XL 200 film-coated tab CEFIA tab CEFIACT dispertab CEFIC tab CEFICACY dispertab CEFICACY syr CEFICIN dispertab CEFIGARD dispertab CEFIGARD syr CEFIGO dispertab CEFIGO dry syr CEFIGRAM dispertab CEFI-IV vial CEFIKAB tab CEFIME tab CEFIMED tab CEFIMO dry syr CEFIMO tab CEFINAR dispertab CEFIND 200 tab CEFIND dry syr CEFINE dry syr CEFINE tab CEFIO dry syr CEFIO tab CEFIPED dispertab CEFIRAP dispertab CEFISYM cap CEFIT dispertab CEFIT dry syr CEFIT tab CEFIT-OZ tab CEFIT-XL tab CEFIWEL dry syr CEFIWEL tab CEFIX dry syr CEFIX tab CEFIX TAB dispertab CEFIX-CV tab CEFIX-LB dispertab CEFIX-LB tab CEFIZA dry syr CEFLA tab CEFLIM tab CEFLINE 200 tab CEFLINE dry syr CEFLUV dispertab CEFLUV susp CEFLUV tab CEFLUV-OZ tab CEFLUV-XL tab CEFNET dispertab CEFNET tab CEFNIJ dispertab CEFNIJ tab CEFO dispertab CEFO syr CEFOCEF LB syr CEFOCEF LB

tab CEFOCEF LB TAB tab CEFOCEF-DXL tab CEFOCEF-XL cap CEFOCLAV dry syr CEFOCLAV tab CEFODIN film-coated tab CEFODIN tab CEFO-L dispertab CEFO-L REDIUSE syr CEFOLAC susp CEFOLAC tab CEFOLAC-DT dispertab CEFO-LX film-coated tab CEFOX dispertab CEFOX dry syr CEFOX tab CEFRUB dry syr CEFRUB tab CEFSON dry syr CEFSON-100 dispertab CEFSON-200 dispertab CEFSPAN cap CEFSPAN susp CEFTAS AL filcotab CEFTAS tab CEFTAS-LB 50 tab CEFTIWIN tab CEFTOBAC tab CEFUPOP dispertab CEFUPOP-CV tab CEFUPOP-XL tab CEFVEL dispertab CEFXI-O dispertab CEFXI-O dry syr CELITOL dispertab CELITOL SYRUP dry syr CEMAXIN dispertab CEMAXIN film-coated tab CEMAX-O dispertab CEMAX-O dry syr CEMAX-O tab CEME dry syr CEME tab CEME-CV tab CEPOXIT dry syr CEPOXIT tab CEVICIM dispertab CEVICIM dry syr CEVICIM tab CEXIM tab CEXIME dispertab CEXIME dry syr CEXIME tab CEXIME-CL tab C-FIX dry syr C-FIX tab C-FIX-XT SYR dry syr C-FIX-XT tab C-FX tab CIFGEN tab CIFILAC dry syr CIFILAC tab CIFILAC-CV tab CIFIVAR dry syr CIFIVAR-LB tab CIFZONE dispertab CIFZONE SYR dry syr CILOXIN tab CINXIM dispertab CINXIM syr CINXIM tab CIVIC dispertab CIVIC syr CLAFERON-O susp CLAFERON-O tab CLAVICEF tab CLAVTAX-O100 film-coated tab CLAVTAX-O200 film-coated

tab CLOMID tab CLOMID-CL tab CLOMID-LB dry syr COCEF dispertab COCEF dry syr COCEF tab COCEF-LB dry syr COMTRIX-O dispertab COMTRIX-O film-coated tab COMTRIX-O SYRUP dry syr C-TAX-O DPS susp C-TAX-O SYRUP dry syr C-TAX-O tab C-TAX-O XL 100MG film-coated tab C-TAX-O XL 200MG film-coated tab CX-ZIM-200 tab DACZIM tab DACZIM-CL tab DOTCEF dry syr DOTCEF tab ECOCEF dispertab ECOCEF film-coated tab ECOCEF susp EDEN tab EFELAC dispertab E-FIX 200 LB tab E-FIX LB tab E-FIX SYR dry syr EFOXIM tab ELCE tab ELCEF dispertab ELCEF syr ELCEF-LB tab ELFI dispertab ELFI dry syr ELFI-XL tab EMTAX dispertab EMTAX SYP dry syr EMTAX-CL film-coated tab ESFIX dispertab ESFIX dry syr ESFIX film-coated tab EUROX tab EVACEF O tab EXCEF-DT dispertab EXTACEF dispertab EXTACEF drops EXTACEF-LB dispertab EXTACEF-LB dry syr EXTACEF-P drops EXTACEF-P SYP dry syr FEMCEF tab FEVORIT dispertab FEVORIT dry syr FEVORIT-LB dispertab FEVORIT-LB syr FEVORIT-LB tab FEXIM 100 dispertab FEXIM 100 dry syr FEXITAGE dispertab FEXITAGE dry syr FEXITAGE tab FIMI tab FIMI-CV tab FIXCEF dispertab FIXCEF dry syr FIXCEF film-coated tab FIXCEF-CL tab FIXI dispertab FIXI dry syr FIXITAL SYR dry syr FIXITAL tab FIXITAL-100 tab FIXSANA tab FIXSANA-LB dry syr FIXSAV

dry syr FIXSAV tab FIXTRIM dispertab FIXTRIM dry syr FIXX CLAV tab FIXX dispertab FIXX dry syr FIXX LB DS amp FIXX LB DT tab FOCIME-L tab FORMIC-O film-coated tab FYDOCEF-200 tab GEFIX-100 DT tab GEFIX-200 tab GLOCEF dry syr GLOCEF P-tab GLOCEF tab GLOCEF-CL tab GRAMOCEF-CV dispertab GRAMOCEF-CV tab GRAMOCEF-O dispertab GRAMOCEF-O dry syr HALIXIM dry syr HALIXIM tab HIFEN DPS susp HIFEN DT dispertab HIFEN film-coated tab HIFEN LX film-coated tab HIFEN-CV 200 film-coated tab HIFEN-CV dispertab HIFEN-CV dry syr HIFEN-DS dry syr HiFi-L film-coated tab HOFIM dispertab HOFIM dry syr HOFIM-C tab INCEF dispertab INCEF dry syr INCEF-CL SR-tab INCEF-CV tab INCEF-LB dry syr INDCEF dry syr INDCEF-DT dispertab JANCEF D-susp JANCEF tab JEXIME-LB tab JIDOX 100 dispertab JIDOX 200 dispertab JIDOX-C tab KAPDOX CL tab KEFIX dispertab KEFIX FORTE tab KXIME dispertab KXIME dry syr LABOCEF dispertab LABOCEF tab LABOCEF-CV tab LAFIX dispertab LAFIX susp LAFIX tab LAXIMO dispertab LAXIMO dry syr LAXIMO tab LAXIMO-XL tab LAYCEF tab LBCEF 100 dispertab LBCEF 200 tab LBCEF susp L-CEF dry syr L-CEF TAB tab LETIX dispertab LETIX dry syr LETIX tab MAGNEXIM LB 200 tab MAGNEXIM LB dispertab MAGNEXIM LB SYP dry syr MAGNEXIM SYP dry

syr MAHACEF dispertab MAHACEF DRPS drops MAHACEF SYR dry syr MAHACEF vial MAHACEF-CV film-coated tab MAHACEF-OZ tab MAHACEF-XL film-coated tab MAHACEF-XL tab MDCEF dispertab MDCEF tab MDCEF-CV tab MEDICIP tab MEFI-100 tab MEFI-200 tab MICFOX tab MILIXIM dispertab MILIXIM dry syr MILIXIM-CV film-coated tab MILIXIM-LX tab MINTOCEF tab MUCOMELT FORTE tab MYTAX-O tab NAYAFIX dispertab NAYAFIX dry syr NBCEF cap NBCEF dry syr NITAXIM-O dispertab NITAXIM-O dry syr NITAXIM-O film-coated tab NIZOCEF dry syr NOVACEF dispertab NOVACEF syr NOVAFEX dry syr NOVAFEX film-coated tab NUCLEAR dispertab NUCLEAR dry syr NUCLEAR tab NUFEX BETA dry syr NUFEX BETA tab NUFIX tab OFLOMIX dry syr OFLOMIX tab OMNATAX-CV dispertab OMNATAX-CV tab OMNATAX-O BIOTAB tab OMNATAX-O dispertab OMNATAX-O dry syr OMNATAX-O tab O-POWERCEF dispertab O-POWERCEF syr ORCEF dry syr ORCEF tab ORFIX cap ORFIX dispertab ORITAXIM-O dispertab ORITAXIM-O susp ORNICEF dispertab ORNICEF film-coated tab PANCEF-O dry syr PANCEF-O LB cap PANCEF-O LB dry syr PANCEF-O tab PEDIXIM dry syr PEDIXIM tab P-FIX dispertab P-FIX dry syr P-FIX tab POLAXIM tab PROXIC tab PROXIC-D dry syr PROXIM tab PURESAFE syr PURESAFE tab PURESAFE-CV dry

syr PURESAFE-CV tab RAXIM tab REALCEF 100 DT dispertab REALCEF 200 film-coated tab REFIX P-dry syr REFIX tab REXIE tab RICIME-L dry syr RICIME-L tab RITE-O-CEF dispertab RITE-O-CEF dry syr RITE-O-CEF-CV dispertab RITE-O-CEF-CV film-coated tab SAFE tab SANICIF tab SANICIF-DT dispertab SANICIF-LB syr SATIXIME dispertab SATIXIME tab SECEF cap SECEF susp SEFIX dry syr SEFTICA dispertab SEFTICA tab SEFTICA-CV tab SEFXIM dry syr SEFXIM LB dispertab S-FIX DT dry syr S-FIX DT tab SIACEF tab SIFFY D syr SIFFY-100 dispersible cap SIFFY-200 dispertab SIFFY-50 dispertab SIFIX dry syr SIFIX tab SIFIX-CV dry syr SIFIX-CV tab SI-FIXIM dry syr SI-FIXIM film-coated tab SI-FIXIM-DT dispertab SOYCEX dispertab SOYCEX dry syr SOZICEF tab SPAN DRY SYR dry syr SPEEDOXIME syr SPEEDOXIME tab STARCLAV dispertab STARFIX dispertab STARFIX dry syr STARFIX-CV tab SUPRAX cap SWIFIX DRY SYR dry syr SYCEF TAB tab SYNOCEF cap SYNOCEF dry syr TAB SPAN dispertab TANFIX tab TAURCEF-O cap TAURCEF-O dispertab TAURCEF-O dry syr TAXCLAV tab TAXIM-O dispertab TAXIM-O dry syr TAXIM-O film-coated tab TAXPIC-CV tab TAXPIC-O dry syr TAXPIC-O tab TIFIX dry syr TIFIX tab TIXI dispertab TIXI dry syr TIXI tab TIXI-C tab TOPCARE dispertab TOPCARE tab TOPCEF CLAV tab TOPCEF

drops TOPCEF INSTA-USE susp TOPCEF PLUS tab TOPCEF tab TOPFIX dispertab TOPFIX dry syr TOPFIX-CL film-coated tab TOX-O drops TOX-O tab TRAXOL-O dispertab TRAXOL-O dry syr TRAXOL-O film-coated tab TRICEF dispertab TRICEF SYR dry syr TRICEF TAB tab TROXIM-DT cap TROXIM-DT dry syr TROXIM-DT tab U-FIXIM tab ULTIFIX-LB tab UNICIF dispertab UNICIF-CV tab UNISEC dry syr UNISEC tab VEFIX tab VEFIX-CV tab VENCEF tab VERIXIME syr VERIXIME tab VEXIM dispertab VEXIM tab VINFI tab VIZI dispertab VIZI dry syr VOITX-CV dispertab VOITX-CV dry syr VOITX-CV tab VOLTACEF dry syr VOLTACEF tab VOLTACLAV dry syr VOLTACLAV tab WICEF dispertab WICEF tab WICEF-LB dry syr WORCEF dry syr WORCEF tab WYCEF dry syr WYCEF tab XCEFT tab XCEFT-LB/DT 100mg dispertab XCEFT-LB/DT 200mg dispertab XIBIT-O dispertab XIBIT-O dry syr XIM film-coated tab XIM susp XIMECEFF dispertab XIMECEFF dry syr XIOTAC dispertab XIOTAC dry syr X-LIFE dispertab X-LIFE dry syr X-LIFE-CL tab XYM dispertab XYM SYR dry syr XYM tab ZEEFIX dry syr ZEEFIX tab ZEFAX tab ZEFIM dispertab ZEFIM susp ZEFIM-CV susp ZEFIM-CV tab ZIFI dispertab ZIFI DPS drops ZIFI dry syr ZIFI film-coated tab ZIFI-CV dispertab ZIFI-CV dry syr ZIFI-CV film-coated tab ZIFILAC dispertab ZIFI-RMX susp ZIM tab ZIME dry syr ZIME

tab ZIMFIX 200 film-coated tab ZIMFIX dispertab ZIMFIX SYR dry syr ZIPRAX dispertab ZIPRAX dry syr ZIPRAX-LB dispertab ZIPRAX-OD tab ZOFIXI dry syr ZOFIXI tab ZOFIXI-CL tab ZOTAXIME dispertab ZOTAXIME dry syr ZUCAF tab ZUFIX dispertab ZUFIX dry syr ZYFIX tab

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([all drugs])

cefoperazone

CIMS Class : (Cephalosporins)

cefoperazone

P - Caution when used during pregnancy

L - Caution when used during lactation

related cefoperazone information

Indication & Dosage

Parenteral

Susceptible infections

Adult: As sodium: 2-4 g daily in 2 divided doses, increased to 12 g daily in 2-4 divided doses for severe infections given as deep IM or IV infusion.

Renal impairment: With liver impairment: 1-2 g daily.

Hepatic impairment: Max dose for liver impairment or biliary obstruction: 4 g daily.

Contraindications

Hypersensitivity to cephalosporin.

Special Precautions

History of penicillin allergy; renal or hepatic impairment; pregnancy, lactation; cystic fibrosis.

Adverse Drug Reactions

Skin rash, urticaria; eosinophilia, diarrhoea, nausea, vomiting; phloebitis; hypoprothrombinaemia; superinfection.
Potentially Fatal: Neuromuscular hypersensitivity; nephrotoxicity.

Drug Interactions

Disulfiram-like reaction with alcohol. Potentiates anticoagulants.
Potentially Fatal: Enhances nephrotoxicity by aminoglycosides and furosemide.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Parenteral: Store below 25°C.

Mechanism of Action

Cefoperazone binds to one or more of the penicillin-binding proteins (PBPs) which inhibits the final transpeptidation step of peptidoglycan synthesis in bacterial cell wall, thus inhibiting biosynthesis and arresting cell wall assembly resulting in bacterial cell death.

Distribution: Widely distributed into body tissues and fluids; poor CSF penetration. Crosses the placenta and enters breast milk (low concentrations); bile (high concentrations). Protein-binding: 82-93%

Excretion: Mainly via the bile. Via the urine within 12-24 hrs by glomerular filtration (30% as unchanged); proportion may be increased in hepatic or biliary disease.

CIMS Class

Cephalosporins

ATC Classification

J01DD12 - cefoperazone;

*cefoperazone information:
Note that there are some more drugs interacting with cefoperazone
cefoperazone
cefoperazone brands available in India
Always prescribe with Generic Name : cefoperazone, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ALZONE-S inj CEFAKING vial CEFINA inj CEFOMYCIN vial CEFPAR vial CEPRAZO tab CIZON amp CT SPAR inj DALCEFA vial FRONE vial KEPHAZON vial MAGNAMYCIN

vial MEGACEF vial MYTICEF vial NEGAPLUS vial NKZONE vial NOVACIP vial NUPERAZONE vial OVER inj PERONIS vial PIRAZONE vial PURECEF inj SAFYDOX dispertab SAFYDOX dry syr SAFYDOX tab SUZON inj TRANSUF vial TWIBACT-C vial

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([all drugs])

cefoperazone + sulbactam

CIMS Class : (Cephalosporins)

cefoperazone + sulbactam

related cefoperazone + sulbactam information

Indication & Dosage

Intravenous

Skin and soft tissue infections, Respiratory tract infections, Meningitis, Intra-abdominal infections, Urinary tract infections,Septicaemia, Bone and joint infections, Gynaecological infections

Adult: Ratio of sulbactam:cefoperazone is 1:1. Doses are expressed in terms of cefoperazone. Mild to moderate infections: 1-2 g daily, given in equally divided doses every 12 hr. Severe infections: Up to

4 g daily, given in equally divided doses every 12 hr; max dose of sulbactam: 4 g daily.
Child: Ratio of sulbactam:cefoperaone is 1:1. Doses are expressed in terms of cefoperazone. Recommended doses: 20-40 mg/kg/day, given in equally divided doses every 6-12 hr. For serious infections: Up to 160 mg/kg/day, given in 2-4 equally divided doses may be used. Max dose of sulbactam: 80 mg/kg/day
Renal impairment: Dose adjustments may be needed.

Reconstitution: For IV infusion, each vial should be reconstituted with suitable amount of sterile water for inj, normal saline, 5% dextrose in water, and then diluted to 20 ml using the same diluent followed by admin over 15-60 minutes. For IV inj, each vial should be reconstituted as above and given over at least 3 minutes.

Contraindications

Hypersensitivity. Known allergy to penicillins.

Special Precautions

Pregnancy, lactation.

Adverse Drug Reactions

Rash, skin reactions, fever, eosinophilia, urticaria, and pruritus. Haematological - Slight decreases in Hb conc and haematocrit value. GI effects, diarrhoea or loose stools, nausea, and vomiting. Mild, transient elevations of serum SGOT, SGPT, and alkaline phosphatase concentrations. Renal effects - Transient elevations in BUN and serum creatinine concentrations.

Drug Interactions

With aminoglycosides: Concomitant admin may increase risk of nephrotoxicity. With heparin/warfarin: Concurrent use may cause marked hypoprothrombinemia and/or prolonged bleeding time.

Storage

Intravenous: Before reconstitution: Store below 25°C. Reconstituted solutions are stable for 7 days at 2-8°C and for 24 hr at 8-25°C. All unused portions after the above stated time periods should be discarded.

Mechanism of Action

Cefoperazone, a bactericidal antibiotic, inhibits bacterial cell wall synthesis of actively dividing cells by binding to one or more penicillin binding proteins (PBPs). Sulbactam is a ß-lactamase inhibitor and acts primarily by irreversible inactivation of ß-lactamases.

CIMS Class

Cephalosporins

ATC Classification

J01CG01 - sulbactam; Belongs to the class of beta-lactamase inhibitors. Used in the treatment of systemic infections.
J01DD12 - cefoperazone;

*cefoperazone + sulbactam information:
Note that there are some more drugs interacting with cefoperazone + sulbactam
cefoperazone + sulbactam
cefoperazone + sulbactam brands available in India

Always prescribe with Generic Name : cefoperazone + sulbactam, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : 3a-ZONE vial 3CEF NOVO 1.5 vial 3CEF NOVO 375 vial 3CEF NOVO 750 vial APOZONE-S vial ARIFZON-SB vial ATOZON-S inj BACTICID-CS vial BACTONIS vial BACTORUS vial BAHUTCEF-SL vial BURNEX vial CADCEF-S vial CAFAZONE-S vial C-BACT inj C-BACTUM vial CEBAC IM/IV inj CEBANEX 2 vial CEBANEX vial CEBECT INJ inj CEFAC INJ vial CEFACTAM vial CEFASUL vial CEFBECT vial CEFDINEX-SB vial CEFGLOBE-S vial CEFINA-SB vial CEFMATE vial CEFOBAC 1G vial CEFOBEL-S vial CEFOBETA inj CEFODEN-SB vial CEFOGARD-S inj CEFOM-S inj CEFONET-S vial CEFONEX-1000 vial CEFOREX inj CEFOSAL vial CEFOSUL vial CEFOSUN S inj CEFOZED-S vial CEFPAR SB vial CEFROBACTUM vial CEFROSAN vial CEFTOCIN vial CEFTOP INJ vial CEFUM inj CEFURAX-D inj CEFZON SB vial CEPRAZO-S tab CEPROZONE-S inj CERAZONE-S vial CESAL vial CEZON-S inj CIS-SL inj CIZON-SB vial C-LACTUM inj CT SPAR SM inj CUCEF-S vial CUREMAX inj DALCEFA-SB vial DECEF inj DUOZONE amp ECLIN vial FOFONE-S vial FRO-CEF vial FRONE-SL vial FUZOSUL vial FYTOBACT vial HOSIZONE

inj IMEX inj INBAC KIT vial INDOBACT inj ISZU-1GM vial KAIRCEF-S vial KEFBACTAM vial KEFCHEK vial KEFSURGE vial KEPHAZON-S FORTE vial KEPHAZON-S vial KRASULE vial LACTAGARD INJ vial L-CEF 1G vial MAGNAZONE inj MAGNEX FORTE vial MAGNEX vial MAGTAM vial MECEF-S vial MEDINEX vial MONOACT inj NEBECT vial NEFSUL vial NEFTUM-SB inj NOSOBAC vial NOVACIP-S vial NUBACT vial NUPERAZONE PLUS vial OCEFA SB vial ODOSPI-S vial OFIREX inj OROZONE-SB inj OSUL-S inj OVER-SB inj PARABACT vial PATHOSYS FORTE inj PEROCEF-SB vial PERZOATIVE-S inj PRECEF vial PURECEF S inj RACTICEF-S inj REGAMYCIN-S inj RIFONE-S inj RIFONE-SB inj ROVER inj SANBAX vial SANOZONE-S inj SAYOZONE-S vial SEAMAS vial SEPHOM-S inj SIFO-S vial SUBACT vial SULBACEF vial SULBANEX vial SULCEF vial SULZON inj SUNZONE-S vial SURAZ inj SUZON-S inj TAGNUM vial TAMZON vial TRANSUF-S vial TRAXOCEF-CS vial TRIBACT vial TUFZONE vial TWIBACT vial TYZONE-S vial VARZONES-S vial VAXONE-S vial VIATRAN vial ZOBERT inj ZOBETA vial ZONIK-S inj ZORAS-SB vial ZOSTUM vial ZOSUL inj ZOVEN-S vial

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([all drugs])

cefotaxime

CIMS Class : (Cephalosporins)

cefotaxime

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related cefotaxime information

Indication & Dosage

Parenteral

Septicaemia

Adult: 1-2 g every 4-12 hr depending on the severity of the infection. May be given via deep IM inj or slow IV inj over 3-5 minutes or by IV infusion over 20-60 minutes. Max: 12 g daily.

Child: =1 mth: 50 mg/kg/dose, given every 8-12 hr; 1 mth-12 yr and <50 kg: 50-180 mg/kg/day, given in 4-6 equally divided doses. Higher doses may be used in more severe infections. =50 kg: 1-2 g every 4-12 hr depending on the severity of the infection. May be given via deep IM inj or slow IV inj over 3-5 minutes or by IV infusion over 20-60 minutes.

Max Dosage: Adult: 12 g.

Renal impairment: Dose reduction is necessary.

Parenteral

Skin and skin structure infections

Adult: 1-2 g every 4-12 hr depending on the severity of the infection. May be given via deep IM inj or slow IV inj over 3-5 minutes or by IV infusion over 20-60 minutes. Max: 12 g daily.

Child: =1 mth: 50 mg/kg/dose, given every 8-12 hr; 1 mth-12 yr and <50 kg: 50-180 mg/kg/day, given in 4-6 equally divided doses. Higher doses may be used in more severe infections. =50 kg: 1-2 g every 4-12 hr depending on the severity of the infection. May be given via deep IM inj or slow IV inj over 3-5 minutes or by IV infusion over 20-60 minutes.

Max Dosage: Adult: 12 g.

Renal impairment: Dose reduction is necessary.

Parenteral

Central nervous system infections

Adult: 1-2 g every 4-12 hr depending on the severity of the infection. May be given via deep IM inj or slow IV inj over 3-5 minutes or by IV infusion over 20-60 minutes. Max: 12 g daily.

Child: =1 mth: 50 mg/kg/dose, given every 8-12 hr; 1 mth-12 yr and <50 kg: 50-180 mg/kg/day, given in 4-6 equally divided doses. Higher doses may be used in more severe infections. =50 kg: 1-2 g every 4-12 hr depending on the severity of the infection. May be given via deep IM inj or slow IV inj over 3-5 minutes or by IV infusion over 20-60 minutes.

Max Dosage: Adult: 12 g.

Renal impairment: Dose reduction is necessary.

Parenteral

Genitourinary infections

Adult: 1-2 g every 4-12 hr depending on the severity of the infection. May be given via deep IM inj or slow IV inj over 3-5 minutes or by IV infusion over 20-60 minutes. Max: 12 g daily.

Child: =1 mth: 50 mg/kg/dose, given every 8-12 hr; 1 mth-12 yr and <50 kg: 50-180 mg/kg/day, given in 4-6 equally divided doses. Higher doses may be used in more severe infections. =50 kg: 1-2 g every 4-12 hr depending on the severity of the infection. May be given via deep IM inj or slow IV inj over 3-5 minutes or by IV infusion over 20-60 minutes.

Max Dosage: Adult: 12 g.

Renal impairment: Dose reduction is necessary.

Parenteral

Gynaecological infections

Adult: 1-2 g every 4-12 hr depending on the severity of the infection. May be given via deep IM inj or slow IV inj over 3-5 minutes or by IV infusion over 20-60 minutes. Max: 12 g daily.

Child: =1 mth: 50 mg/kg/dose, given every 8-12 hr; 1 mth-12 yr and <50 kg: 50-180 mg/kg/day, given in 4-6 equally divided doses. Higher doses may be used in more severe infections. =50 kg: 1-2 g

every 4-12 hr depending on the severity of the infection. May be given via deep IM inj or slow IV inj over 3-5 minutes or by IV infusion over 20-60 minutes.

Max Dosage: Adult: 12 g.

Renal impairment: Dose reduction is necessary.

Parenteral

Intra-abdominal infections

Adult: 1-2 g every 4-12 hr depending on the severity of the infection. May be given via deep IM inj or slow IV inj over 3-5 minutes or by IV infusion over 20-60 minutes. Max: 12 g daily.

Child: =1 mth: 50 mg/kg/dose, given every 8-12 hr; 1 mth-12 yr and <50 kg: 50-180 mg/kg/day, given in 4-6 equally divided doses. Higher doses may be used in more severe infections. =50 kg: 1-2 g every 4-12 hr depending on the severity of the infection. May be given via deep IM inj or slow IV inj over 3-5 minutes or by IV infusion over 20-60 minutes.

Max Dosage: Adult: 12 g.

Renal impairment: Dose reduction is necessary.

Parenteral

Lower respiratory tract infections

Adult: 1-2 g every 4-12 hr depending on the severity of the infection. May be given via deep IM inj or slow IV inj over 3-5 minutes or by IV infusion over 20-60 minutes. Max: 12 g daily.

Child: =1 mth: 50 mg/kg/dose, given every 8-12 hr; 1 mth-12 yr and <50 kg: 50-180 mg/kg/day, given in 4-6 equally divided doses. Higher doses may be used in more severe infections. =50 kg: 1-2 g every 4-12 hr depending on the severity of the infection. May be given via deep IM inj or slow IV inj over 3-5 minutes or by IV infusion over 20-60 minutes.

Max Dosage: Adult: 12 g.

Renal impairment: Dose reduction is necessary.

Parenteral

Bacteraemia

Adult: 1-2 g every 4-12 hr depending on the severity of the infection. May be given via deep IM inj or slow IV inj over 3-5 minutes or by IV infusion over 20-60 minutes. Max: 12 g daily.

Child: =1 mth: 50 mg/kg/dose, given every 8-12 hr; 1 mth-12 yr and <50 kg: 50-180 mg/kg/day, given in 4-6 equally divided doses. Higher doses may be used in more severe infections. =50 kg: 1-2 g every 4-12 hr depending on the severity of the infection. May be given via deep IM inj or slow IV inj over 3-5 minutes or by IV infusion over 20-60 minutes.

Max Dosage: Adult: 12 g.

Renal impairment: Dose reduction is necessary.

Parenteral

Bone and joint infections

Adult: 1-2 g every 4-12 hr depending on the severity of the infection. May be given via deep IM inj or slow IV inj over 3-5 minutes or by IV infusion over 20-60 minutes. Max: 12 g daily.

Child: =1 mth: 50 mg/kg/dose, given every 8-12 hr; 1 mth-12 yr and <50 kg: 50-180 mg/kg/day, given in 4-6 equally divided doses. Higher doses may be used in more severe infections. =50 kg: 1-2 g every 4-12 hr depending on the severity of the infection. May be given via deep IM inj or slow IV inj over 3-5 minutes or by IV infusion over 20-60 minutes.

Max Dosage: Adult: 12 g.

Renal impairment: Dose reduction is necessary.

Parenteral

Prophylaxis of surgical infections

Adult: 1 g, given 30-90 minutes before surgery. May be given via IM or IV inj or infusion.

Renal impairment: Dose reduction is necessary.

Parenteral

Gonorrhoea

Adult: A single dose of 0.5-1 g, given via IM inj or slow IV inj or infusion.

Renal impairment: Dose reduction is necessary.

Contraindications

Hypersensitivity to cephalosporins.

Special Precautions

History of penicillin allergy; colitis; impaired renal function; pregnancy, lactation.

Adverse Drug Reactions

Pain at inj site; hypersensitivity reactions, rash, pruritus; diarrhoea, nausea, vomiting; candidiasis; eosinophilia, neutropenia, leucopenia, thrombocytopenia.
Potentially Fatal: Anaphylactic reaction; nephrotoxicity.

Drug Interactions

Probenecid decreases cefotaxime elimination.
Potentially Fatal: Nephrotoxicity with furosemide and aminoglycosides.

Lab Interference

False-positive result for urine-glucose, serum or urine creatinine with Jaffe reaction.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Parenteral: Store below 30°C.

Mechanism of Action

Cefotaxime binds to one or more of the penicillin-binding proteins (PBPs) which inhibits the final transpeptidation step of peptidoglycan synthesis in bacterial cell wall, thus inhibiting biosynthesis and arresting cell wall assembly resulting in bacterial cell death.

Absorption: Rapidly absorbed (IM); peak plasma concentrations after 30 min (IM), 4 hr (IV).

Distribution: Widely distributed into body tissues and fluids; CSF (therapeutic concentrations, esp when the meninges are inflamed). Crosses the placenta and enters breast milk. Protein-binding: 40%.
Metabolism: Hepatic (partial); converted to desacetylcefotaxime and inactive metabolites.
Excretion: Mainly by the kidneys via the urine (40% as unchanged drug within 24 hr); further 20% as desacetylcefotaxime. Removed by haemodialysis.

CIMS Class

Cephalosporins

ATC Classification

J01DD01 - cefotaxime;

*cefotaxime information:
Note that there are some more drugs interacting with cefotaxime
cefotaxime
cefotaxime brands available in India
Always prescribe with Generic Name : cefotaxime, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AMTAXIME tab AVICEF vial AXIOM inj BESTAX vial BIOTAX vial CEFADEN INJ inj CEFANTRAL vial CEFATOX INJ inj CEFLIN vial CEFOKIL vial CEFOTIM vial CEFTEX vial CLAFORAN vial C-TAX vial DESATAX vial EFOTAX vial EVACEF vial FAXIM inj FLAMOTAX vial HALTAX vial INTAX vial IVITAX vial LABICEF dry syr LABICEF tab LABICEF vial LYFORAN inj MUTAX vial NEPOTAX vial NITAXIM vial NOVATAX vial NUTAXIN vial OMINAX vial OMNATAX inj OMNICEF vial ORITAXIME vial OSOTAX tab POSTOP vial PROCEF inj RECOTAX inj SANOCEF vial SIFOTAXIM vial SPINOCEF vial SWIFTAX vial TAURCEF vial TAXIM vial TAX-O-BID vial TAZOX vial TOT inj TRITAXIN vial TROYCEF vial UNITOXIME vial VALOCEF inj WYTAX vial X-CEFF vial

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([all drugs])

cefotaxime + sulbactam

CIMS Class : (Cephalosporins)

cefotaxime + sulbactam

P - Caution when used during pregnancy

L - Caution when used during lactation

related cefotaxime + sulbactam information

Indication & Dosage

Oral

Genitourinary infections, Lower respiratory tract infections

Adult: Mild to moderate infections: 1/0.5 g to 2/1 g of cefotaxime/sulbactam every 8-12 hrs. Moderate to severe infections: 1/0.5 g to 2/1 g of cefotaxime/sulbactam every 6-8 hrs.

Child: 100/50 mg to 150/75 mg of cefotaxime/sulbactam /kg/day in 3 divided doses. Life-threatening infections: Dose of cefotaxime may be increased up to 12 g/day.

Max Dosage: Sulbactam: Adult: 4 g. Child: 80 mg/kg/day in divided doses.

Renal impairment: Dose adjustment may be needed.

Contraindications

Hypersensitivity to cefotaxime, sulbactam or the combination.

Special Precautions

Previous hypersensitivity to penicillins or other drugs; patients with renal insufficiency; history of GI disease, esp colitis. Pregnancy and lactation.

Adverse Drug Reactions

Local reactions including pain at the Inj site and phloebitis. Others: Skin rash, diarrhoea, nausea, vomiting and colitis.

Drug Interactions

Concomitant admin of cephalosporins and aminoglycoside antibiotics.

Mechanism of Action

Cefotaxime is a bactericidal drug, which inhibits the bacterial wall synthesis of the actively dividing cells by binding to one or more penicillin-binding proteins. Sulbactam is a semisynthetic ß-lactam sulphone, which inhibits ß-lactamases of the Richmond types II, III, IV and V (plasmid or chromosomally mediated). This inhibition is reported to be both reversible and irreversible. It acts as a suicide inhibitor by forming a reversible inactive enzyme-sulbactam

complex. This reversible acyl-intermediate may then revert to a more stable complex, which irreversibly inhibits the ß-lactamase. Sulbactam is able to protect the activity of various ß-lactam antibiotics by rendering ß-lactamases inactive.

CIMS Class

Cephalosporins

ATC Classification

J01CG01 - sulbactam; Belongs to the class of beta-lactamase inhibitors. Used in the treatment of systemic infections.
J01DD01 - cefotaxime;

*cefotaxime + sulbactam information:
Note that there are some more drugs interacting with cefotaxime + sulbactam
cefotaxime + sulbactam
cefotaxime + sulbactam brands available in India
Always prescribe with Generic Name : cefotaxime + sulbactam, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : 3a-SUL vial AUGTAX vial AVICEF-S 1500 vial AVICEF-S 375 vial AVICEF-S 750 vial CEFALIN-S inj CEFANTRAL-S vial CEFUP vial DUOTAX 1.5 vial DUOTAX 750 vial EFFIMAX PLUS vial EVACEF-S vial IVIMAX vial LABICEF-S vial MAGNATAX inj MAXITAX vial MONTERO inj MUTAX PLUS vial NUTAXIN-S vial ORITAXIMAX vial OSOTAX-S inj SANOCEF-S vial TAXIMAX vial TAXTAM 1.5 vial TAXTAM 750 vial TOFCO-S inj TUFTAX vial

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([all drugs])

cefpirome

CIMS Class : (Cephalosporins)

cefpirome

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related cefpirome information

Indication & Dosage

Intravenous

Susceptible infections

Adult: As sulfate: 1-2 g every 12 hr via IV inj over 3-5 minutes or infuse over 20-30 minutes.
Renal impairment: Loading dose: 1-2 g followed by a maintenance dose adjusted according to CrCl.

CrCl (ml/min)
Dosage Recommendation
20-50
0.5-1 g bid.
5-20
0.5-1 g once daily.
<5 (in haemodialysis patients)
0.5 or 1 g once daily with half-dose after each dialysis session.
Contraindications

Hypersensitivity; porphyria.

Special Precautions

Allergy to penicillin or to cephalosporins; renal impairment, monitor renal and haematological status; pregnancy and lactation.

Adverse Drug Reactions

Rash, pruritus, urticaria; nausea, vomiting, abdominal pain, diarrhoea; increased plasma levels of ASAT, ALAT, gamma-GT, LDH, bilirubin and/or alkaline phosphatase; interstitial nephritis, acute renal failure; thrombocytopaenia, eosinophilia, haemolytic anaemia, neutropaenia, agranulocytosis; thrombophloebitis, pain at Inj site; convulsions, fever; haemorrhage.
Potentially Fatal: Pseudomembranous colitis.

Drug Interactions

Reduced clearance with probenecid.

Lab Interference

Interferes with Jaffe method of creatinine conc measurement in determining renal function.

Storage

Intravenous: Store below 25°C.

Mechanism of Action

Cefpirome binds to one or more of the penicillin-binding proteins (PBPs) which inhibits the final transpeptidation step of peptidoglycan synthesis in bacterial cell wall, thus inhibiting biosynthesis and arresting cell wall assembly resulting in bacterial cell death.

Distribution: Widely distributed into body tissues and fluids; enters breast milk. Protein-binding: 10%

Excretion: Mainly by the kidneys via the urine (80-90% as unchanged); significantly removed by haemodialysis; 2 hrs (elimination half-life); prolonged in renal impairment.

CIMS Class

Cephalosporins

ATC Classification

J01DE02 - cefpirome;

*cefpirome information:

Note that there are some more drugs interacting with cefpirome

cefpirome

cefpirome brands available in India

Always prescribe with Generic Name : cefpirome, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ALLARD inj BACIROM vial CEF-4 vial CEFORTH vial CEFPH vial CEFROM vial CEPIROM vial C-ROME inj FORGEN vial FOROM vial IVCEF vial IVIROME vial NEOPIROME vial NISPIROME vial NITPIROME vial OMNIROM vial OPIROM inj PIROTUM vial PRADO INJ inj P-ROM vial REFZIL vial TAFROM vial

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([all drugs])

cefpodoxime

CIMS Class : (Cephalosporins)

cefpodoxime

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related cefpodoxime information

Indication & Dosage

Oral

Urinary tract infections

Adult: 100-200 mg every 12 hr.

Child: 8-10 mg/kg/day in 2 divided doses. Max dose: 400 mg daily.

Renal impairment: Patients on haemodialysis: Dose should be given after each dialysis session.

CrCl (ml/min)

Dosage Recommendation

10-39

Increase dosing intervals to 24 hrly.

<10

Increase dosing intervals to 48 hrly.

Oral

Respiratory tract infections

Adult: 100-200 mg every 12 hr.

Child: 8-10 mg/kg/day in 2 divided doses. Max dose: 400 mg daily.

Renal impairment: Patients on haemodialysis: Dose should be given after each dialysis session.

CrCl (ml/min)

Dosage Recommendation

10-39

Increase dosing intervals to 24 hrly.

<10

Increase dosing intervals to 48 hrly.

Oral

Skin infections

Adult: 200-400 mg every 12 hr.

Child: 8-10 mg/kg/day in 2 divided doses. Max dose: 400 mg/day.

Renal impairment: Patients on haemodialysis: Dose should be given after each dialysis session.

CrCl (ml/min)

Dosage Recommendation

10-39

Increase dosing intervals to 24 hrly.

<10

Increase dosing intervals to 48 hrly.

Oral

Otitis media

Child: 8-10 mg/kg/day in 2 divided doses. Max dose: 400 mg daily.

Renal impairment: Patients on haemodialysis: Dose should be given after each dialysis session.

CrCl (ml/min)

Dosage Recommendation

10-39

Increase dosing intervals to 24 hrly.

<10

Increase dosing intervals to 48 hrly.

Oral

Uncomplicated gonorrhoea

Adult: A single dose of 200 mg may be used.

Renal impairment: Dose reduction may be required.

Overdosage

Toxic symptoms may include nausea, vomiting, epigastric distress and diarrhoea. Haemodialysis or peritoneal dialysis may aid in the removal of cefpodoxime from the body, particularly if renal function is compromised.

Contraindications

Hypersensitivity.

Special Precautions

History of allergy to penicillin; severe renal impairment; pregnancy and lactation.

Adverse Drug Reactions

Anaphylactic shock; purpuric nephritis, skin rash, pruritus; diarrhoea, nausea, abdominal pain, vomiting.
Potentially Fatal: Pseudomembranous colitis; nephrotoxicity.

Drug Interactions

Antacids or H2-blockers may decrease the absorption of cefpodoxime. Probenecid inhibits renal excretion.
Potentially Fatal: Monitor renal function during admin. Additive nephrotoxic effects with furosemide.

Food Interaction

Food delays absorption; cefpodoxime levels may be increased with food.

Lab Interference

Urinary glucose test by Benedict's and Fehling's tests solution may produce false-positive result. May induce a positive direct Coombs' test.

Storage

Oral: Store at 20-25°C.

Mechanism of Action

Cefpodoxime binds to one or more of the penicillin-binding proteins (PBPs) which inhibits the final transpeptidation step of peptidoglycan synthesis in bacterial cell wall, thus inhibiting biosynthesis and arresting cell wall assembly resulting in bacterial cell death.

Absorption: Decreased absorption in conditions of low gastric acidity. Bioavailability: about 50%.

Distribution: Respiratory and GU tract (therapeutic concentrations); enters breast milk (low concentrations). Protein-binding: 20-30%.

Metabolism: De-esterified to cefpodoxime in the intestinal lumen.

Excretion: Via the urine (as unchanged); removed by dialysis; 2-3 hr (elimination half-life); prolonged in renal impariment.

CIMS Class

Cephalosporins

*cefpodoxime information:
Note that there are some more drugs interacting with cefpodoxime
cefpodoxime further details are available in official CIMS India
cefpodoxime
cefpodoxime brands available in India
Always prescribe with Generic Name : cefpodoxime, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : AKPOD dispertab AKPOD tab APODOX tab ARIPDOX dispertab ARIPDOX dry syr AROCEF tab ARODOX dispertab ARODOX dry syr ARODOX tab AUGPOD DS susp AUGPOD DT dispertab AUGPOD tab AVICEF-O 200 dry syr AVICEF-O 200 tab AVICEF-O dispertab BACTOGARD dispertab BACTOGARD tab BANIN tab BANIN-DS dry syr BANIN-DT tab BAROXIME dispertab BAROXIME dry

syr BAROXIME tab BELPRO dispertab BELPRO dry syr BELPRO tab BELPRO-CV dry syr BELPRO-CV tab BIOPROXE susp BIOPROXE tab BOBCEF SUSP susp CACEF film-coated tab CACEF susp CAFAGE-CL tab CAFAGE-CL-P P-tab CAFAGE-O syr CAFAGE-O tab CAPADEX dry syr CAPADEX tab CAPOTEN tab CASPOD dispertab CCL 200 tab C-DOX dispertab C-DOX dry syr C-DOX tab CEDON dispertab CEDON drops CEDON dry syr CEDON-LB 100 tab CEDON-LB 200 tab CEDON-LB 50 dispertab CEDON-P dry syr CEDOXIME susp CEDOXIME-LB film-coated tab CEFAKIND-P dispertab CEFAKIND-P dry syr CEFBIL dispertab CEFBIL dry syr CEFBIL tab CEFCHAMP dispertab CEFCHAMP tab CEFDOLIFE tab CEFECTIVE susp CEFECTIVE tab CEFETIL tab CEFJOY dispertab CEFJOY tab CEFMAG DT dispertab CEFMAG tab CEFOACT dispertab CEFOACT dry syr CEFOACT tab CEFOBIT dispertab CEFOBIT dry syr CEFOBIT tab CEFOLEX dispertab CEFOLEX dry syr CEFOLEX tab CEFONETIC tab CEFOPROX dispertab CEFOPROX dry syr CEFOPROX film-coated tab CEFORIZ dry syr CEFOSUN tab CEFPO dry syr CEFPO tab CEFPOCIN dispertab CEFPOCIN dry syr CEFPOGARD dispertab CEFPOGARD tab CEFPOLAR dry syr CEFPOLAR tab CEFTILS tab CEFTOP SYR dry syr CEFTOP-DT dispertab CEFTRU cap CEFTRU-DT dispertab CEFTYL

tab CEFTYL-CV tab CEFVIG dispertab CEFVIG dry syr CEFVIG tab CEFWAR dry syr CEFWAR tab CEPFOR dispertab CEPFOR dry syr CEPFOR film-coated tab CEPO dry syr CEPO tab CEPOCEF dry syr CEPOCEF tab CEPOCOR cap CEPOCOR susp CEPODEM dispertab CEPODEM film-coated tab CEPODEM susp CEPODEM-XP film-coated tab CEPODOT dispertab CEPODOT susp CEPODOT tab CEPODOX dry syr CEPODOX tab CEPORIZ tab CEPOTIL dry syr CEPOTIL tab CEPOTUF dispertab CEPOTUS dispertab CEPOTUS dry syr CEPOTUS film-coated tab CEPOX tab CEPOXIM dispertab CEPOXIM dry syr CIPONA tab CIPOTOZ dry syr CIPOZED dry syr CIPOZED tab CLAVPOD dispertab CLAVPOD tab CLIVER dry syr CLIVER tab CLIVER-DT tab CODIMOL dispertab CODIMOL susp CODIMOL tab CPOD cap CPOD dry syr C-PROX tab C-PROX-LB susp CV-CEF 128 tab CV-CEF 325 tab DECAPOD tab DOCSEF syr DOCSEF tab DOXCEF dry syr DOXCEF DT dispertab DOXCEF film-coated tab DOXICLAV tab DOXINIS dry syr DOXINIS tab DOXINIS-CV tab DOXIZ tab EDOXIM dispertab EDOXIM syr EDOXIM tab EDOXIM-CV SYR syr EDOXIM-CV tab EDRIGARD tab EFIBACT dispertab EFIBACT dry syr EFIBACT film-coated tab EFPODOX tab EMPROX dispertab EMPROX dry syr EMPROX film-coated tab EPODOX dispertab EPODOX dry syr EPODOX

film-coated tab EVERPOD dispertab EVERPOD dry syr EVERPOD tab EXPODOX dispertab EXPODOX dry syr EXPODOX tab EXPODOX-CV tab FASST dispertab FASST dry syr FELIX tab FINECEF AM tab FINECEF dispertab FINECEF syr FINECEF tab FIXTAN dispertab FIXTAN dry syr FIXTAN tab FYDOCEP-200 tab GSPROX tab GSPROX-D susp GUDCEF-XL tab HIPODOX dry syr HIPODOX tab INDPAD dry syr INFACTUM dispertab INFACTUM tab IPOD dry syr IPOD tab IPODEX dispertab IPODEX dry syr IPODEX-CV dry syr IPODEX-CV tab IPOD-KID tab KAPDOX dispertab KAPDOX dry syr KEFODIME dispertab KEFODIME dry syr KEFPOD DT dispertab KEFPOD susp KEFPOD tab KINDCEF tab KINOPOX SYR dry syr KINOPOX tab KINOPOX-CV tab KUDOX dry syr KUDOX tab KZIDIME dispertab KZIDIME dry syr LEZONE-LB tab MACCEF-LB tab MACCEF-O dry syr MEPODOX dry syr MEPODOX tab METOXIM dispertab METOXIM tab MICROCEF dispertab MICROCEF susp MICROCEF tab MINTODOX tab MINTODOX-CL tab MONOCEF-O P-tab MONOCEF-O susp MONOCEF-O tab MONOTAX-O cap MONOTAX-O dry syr MONOTAX-O tab MUCOCEF-O tab NAYACEF dispertab NAYACEF dry syr NIPP dispertab NIPP dry syr NIPP tab NIZODOX tab NOLIA dry syr NOLIA tab NOVODOXIM tab NUDOXIM dispertab NUDOXIM dry

syr NUDOXIM tab NUPOD dispertab NUPOD dry syr NUPOD tab NUPOD-CV dispertab NUPOD-CV tab ODOP dry syr ODOP tab ODOSPI dry syr ODOSPI tab OMNACEFPO dispertab OMNACEFPO SYR dry syr OMNACEFPO tab OPOX drops OPOX dry syr OPOX film-coated tab OPOX-CV 200 film-coated tab OPOX-CV dispertab OPOX-CV dry syr OPOX-DT dispertab ORIPOD dry syr ORIPOD tab OXIPOD dispertab OXIPOD drops OXIPOD film-coated tab OXIPOD susp OXIPOD-CV film-coated tab PANDOX dry syr PANDOX tab PAPCEF dispertab PAPCEF SYP dry syr PAPCEF-CV dispertab PAPCEF-CV tab PAXIA SYP dry syr PAXIA tab PEDOPROX dispertab PEDOPROX dry syr PEDOPROX tab PERGEN tab PERZEN dry syr PHARCEF-O dispertab PHARCEF-O tab PIPDOX dispertab PIPDOX dry syr POCEF tab POD PLUS dry syr POD PLUS tab PODENT dispertab PODENT tab PODIL dispertab PODIL tab PODIX dry syr PODIX tab PODO dispertab PODO dry syr PODO tab PODOCEF cap PODOCEF dry syr PODOCEF film-coated tab PODOM dispertab PODOM dry syr PODOM tab PODOMED dry syr PODOMED film-coated tab PODOM-KID dispertab PODORIV tab PODOX dispertab PODOX tab POLARES susp POLARES tab POROD dry syr POROD tab POXL dry syr POXL tab PREMICEF dry syr PREMICEF tab PRODOX

tab PRODOXIME tab PROXIND 200 tab PROXIND 50 dry syr PROXPLUS tab PROXTL tab PUREDOX syr PUREDOX tab PUREDOX-CV tab PYRICEP DT-tab PYRICEP tab RAPOD dispertab RAPOD dry syr R-CDOX dry syr R-CDOX tab REPOXIME dispertab REZIDOC tab RISPOD tab RYPODIX syr SACTUM-O dry syr SACTUM-O TAB dispertab SACTUM-O TAB tab SAFYDOX-LB dry syr SCLIV dispertab SEFDO susp SEFDO-L tab SEYTRI-O dispertab SEYTRI-O dry syr SOZIPOD tab SOZIPOD-CV tab SPECTRATIL susp SPECTRATIL tab SPIDO dispertab SPIDO dry syr SPIDO film-coated tab STARPOD dry syr STARPOD tab STARPOD-KID dispertab SUNPOD dispertab SUNPOD dry syr SWICH dispertab SWICH dry syr SWICH tab SYMOPROX dry syr SYMOPROX tab TAMBAC dispertab TAMBAC film-coated tab TAMBAC susp TOPDOX-A tab TOPDOX-C tab TOPDOX-T tab TRIPODOX dry syr TRIPODOX tab UNIPOD dispertab UNIPOD dry syr UNIPOD tab VANAIR tab VIKCEF-O tab VYOSEF-O dispertab VYOSEF-O tab WYPOD dry syr WYPOD tab XEFOTIL tab XIOTAC P dispertab XIOTAC P dry syr XOFDIM tab XOP dispertab XOP dry syr XOP tab XOP-CV tab XPOM dry syr XPOM tab XPRODOX dispertab XPRODOX tab XPRODOX-CV tab XTUM-O film-coated tab YOB dry syr YOB tab ZEFIRA dry syr ZEFIRA tab ZEPODOX susp ZEPODOX tab ZETACEF 100

tab ZETACEF 200 tab ZETACEF SYR dry syr ZEXTIL dry syr ZIMPOD dispertab ZIMPOD dry syr ZIMPOD film-coated tab ZIPOD dispertab ZIPOD dry syr ZIPOD tab ZIPOD-CV dispertab ZIPOD-CV dry syr ZIPOD-CV tab Z-POD dispertab Z-POD dry syr ZUEF-O dispertab ZUEF-O dry syr ZYPOD dispertab ZYPOD tab ZYPODOX dry syr

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([all drugs])

cefprozil

CIMS Class : (Cephalosporins)

cefprozil

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related cefprozil information

Indication & Dosage

Oral

Skin and soft tissue infections, Susceptible infections

Adult: 500 mg/day as a single dose or in 2 divided doses, increased to 500 mg bid if necessary.

Child: 20 mg/kg/day once or twice daily, up to a max dose of 500 mg once daily, if necessary, bid for otitis media.

CrCl (ml/min)
Dosage Recommendation
<30
Half normal dose.
Administration

May be taken with or without food. (May be taken w/ meals to reduce GI discomfort.)

Contraindications

Hypersensitivity.

Special Precautions

Hypersensitivity to penicillins; renal impairment; porphyria. Monitor renal and haematologic status. Pregnancy, lactation.

Adverse Drug Reactions

Nausea; vomiting; diarrhoea; hypersensitivity reactions; nephrotoxicity; convulsions; CNS toxicity; hepatic dysfunction; haematologic disorders; pain at Inj site (IM); thrombophloebitis (IV infusion); superinfection with prolonged use.
Potentially Fatal: Pseudomembranous colitis.

Drug Interactions

Renal excretion delayed by probenecid. Decreases contraceptive effect of oestrogen-containing oral contraceptives.

Lab Interference

Positive direct antiglobulin Coombs' test; falsely high values with Jaffe method of measuring creatinine concentrations; +ve reactions for false glucose using copper-reduction reactions; transient increases in liver enzyme values.

Pregnancy Category (US FDA)
Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not

confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Mechanism of Action

Cefprozil inhibits cell wall synthesis and has activity against a broad range of gram-positive and gram-negative bacteria.

Absorption: Well absorbed from the GI tract. Bioavailability: 90-95%.

Distribution: 35-45% bound to plasma proteins. Widely distributed in the body tissues.

Excretion: Plasma half-life: 1-1.4 hr; prolonged in renal impairment. About 60% excreted unchanged in the urine.

CIMS Class

Cephalosporins

ATC Classification

J01DC10 - cefprozil;

*cefprozil information:

Note that there are some more drugs interacting with cefprozil

cefprozil further details are available in official CIMS India

cefprozil

cefprozil brands available in India

Always prescribe with Generic Name : cefprozil, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : 3CEF film-coated tab ORPROZIL tab REFZIL-O dry syr REFZIL-O film-coated tab ZEMETRIL film-coated tab

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([all drugs])

ceftazidime

CIMS Class : (Cephalosporins)

ceftazidime

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related ceftazidime information

Indication & Dosage

Parenteral

Pseudomonal lung infections in cystic fibrosis

Adult: 90-150 mg/kg/day in 3 divided doses via IM or IV inj or IV infusion, up to 9 g/day. Doses >1 g should be given via IV route.
Max Dosage: 9 g daily. Doses >1 g should be administered IV.
Renal impairment: Loading dose: 1 g; maintenance doses based on CrCl. May need to increase doses by 50% in severe infections. Peritoneal dialysis: Loading dose is followed by 500 mg every 24 hr; may add ceftazidime to the dialysis fluid (usually 125-250 mg for 2 litres of dialysis fluid). Haemodialysis: Admin loading dose then 0.5-1 g after each dialysis period.

CrCl (ml/min)
Dosage Recommendation
31-50
1 g every 12 hr.
16-30
1 g every 24 hr.
6-15
500 mg every 24 hr.
<5
500 mg every 48 hr.
Parenteral
Prophylaxis of surgical infection in patients undergoing prostate surgery

Adult: 1 g at induction of anesth repeated if necessary upon removal of catheter.

Renal impairment: Loading dose: 1 g; maintenance doses based on CrCl. May need to increase doses by 50% in severe infections. Peritoneal dialysis: Loading dose is followed by 500 mg every 24 hr; may add ceftazidime to the dialysis fluid (usually 125-250 mg for 2 litres of dialysis fluid). Haemodialysis: Admin loading dose then 0.5-1 g after each dialysis period.

CrCl (ml/min)

Dosage Recommendation

31-50

1 g every 12 hr.

16-30

1 g every 24 hr.

6-15

500 mg every 24 hr.

<5

500 mg every 48 hr.

Parenteral

Endophthalmitis

Adult: 1-6 g daily in divided doses every 8 or 12 hr as deep IM, slow IV Inj over 3-5 min or infusion for up to 30 min.

Child: 30-100 mg/kg/day in 2 or 3 divided doses increased up to 150 mg/kg daily in severe cases. Neonates and infants =2 mth: 25-60 mg/kg/day in 2 divided doses. Max dose: 6 g daily in divided doses.

Elderly: Max dose: 3 g daily.

Renal impairment: Loading dose: 1 g; maintenance doses based on CrCl. May need to increase doses by 50% in severe infections. Peritoneal dialysis: Loading dose is followed by 500 mg every 24 hr; may add ceftazidime to the dialysis fluid (usually 125-250 mg for 2 litres of dialysis fluid). Haemodialysis: Admin loading dose then 0.5-1 g after each dialysis period.

CrCl (ml/min)

Dosage Recommendation

31-50

1 g every 12 hr.

16-30

1 g every 24 hr.

6-15

500 mg every 24 hr.

<5

500 mg every 48 hr.

Parenteral

Upper respiratory tract infections

Adult: 1-6 g daily in divided doses every 8 or 12 hr as deep IM, slow IV Inj over 3-5 min or infusion for up to 30 min.

Child: 30-100 mg/kg/day in 2 or 3 divided doses increased up to 150 mg/kg daily in severe cases. Neonates and infants =2 mth: 25-60 mg/kg/day in 2 divided doses. Max dose: 6 g daily in divided doses.

Elderly: Max dose: 3 g daily.

Renal impairment: Loading dose: 1 g; maintenance doses based on CrCl. May need to increase doses by 50% in severe infections. Peritoneal dialysis: Loading dose is followed by 500 mg every 24 hr; may add ceftazidime to the dialysis fluid (usually 125-250 mg for 2 litres of dialysis fluid). Haemodialysis: Admin loading dose then 0.5-1 g after each dialysis period.

CrCl (ml/min)

Dosage Recommendation

31-50

1 g every 12 hr.

16-30

1 g every 24 hr.

6-15

500 mg every 24 hr.

<5

500 mg every 48 hr.

Parenteral

Skin infections

Adult: 1-6 g daily in divided doses every 8 or 12 hr as deep IM, slow IV Inj over 3-5 min or infusion for up to 30 min.

Child: 30-100 mg/kg/day in 2 or 3 divided doses increased up to 150 mg/kg daily in severe cases. Neonates and infants =2 mth: 25-60 mg/kg/day in 2 divided doses. Max dose: 6 g daily in divided doses.

Elderly: Max dose: 3 g daily.

Renal impairment: Loading dose: 1 g; maintenance doses based on CrCl. May need to increase doses by 50% in severe infections. Peritoneal dialysis: Loading dose is followed by 500 mg every 24 hr; may add ceftazidime to the dialysis fluid (usually 125-250 mg for 2 litres of dialysis fluid). Haemodialysis: Admin loading dose then 0.5-1 g after each dialysis period.

CrCl (ml/min)

Dosage Recommendation

31-50

1 g every 12 hr.

16-30

1 g every 24 hr.

6-15

500 mg every 24 hr.

<5

500 mg every 48 hr.

Parenteral

Peritonitis

Adult: 1-6 g daily in divided doses every 8 or 12 hr as deep IM, slow IV Inj over 3-5 min or infusion for up to 30 min.

Child: 30-100 mg/kg/day in 2 or 3 divided doses increased up to 150 mg/kg daily in severe cases. Neonates and infants =2 mth: 25-60 mg/kg/day in 2 divided doses. Max dose: 6 g daily in divided doses.

Elderly: Max dose: 3 g daily.

Renal impairment: Loading dose: 1 g; maintenance doses based on CrCl. May need to increase doses by 50% in severe infections. Peritoneal dialysis: Loading dose is followed by 500 mg every 24 hr; may add ceftazidime to the dialysis fluid (usually 125-250 mg for 2 litres of dialysis fluid). Haemodialysis: Admin loading dose then 0.5-1 g after each dialysis period.

CrCl (ml/min)

Dosage Recommendation

31-50

1 g every 12 hr.

16-30

1 g every 24 hr.

6-15

500 mg every 24 hr.

<5

500 mg every 48 hr.

Parenteral

Pneumonia

Adult: 1-6 g daily in divided doses every 8 or 12 hr as deep IM, slow IV Inj over 3-5 min or infusion for up to 30 min.

Child: 30-100 mg/kg/day in 2 or 3 divided doses increased up to 150 mg/kg daily in severe cases. Neonates and infants =2 mth: 25-60 mg/kg/day in 2 divided doses. Max dose: 6 g daily in divided doses.

Elderly: Max dose: 3 g daily.

Renal impairment: Loading dose: 1 g; maintenance doses based on CrCl. May need to increase doses by 50% in severe infections. Peritoneal dialysis: Loading dose is followed by 500 mg every 24 hr; may add ceftazidime to the dialysis fluid (usually 125-250 mg for 2 litres of dialysis fluid). Haemodialysis: Admin loading dose then 0.5-1 g after each dialysis period.

CrCl (ml/min)

Dosage Recommendation

31-50

1 g every 12 hr.

16-30

1 g every 24 hr.

6-15

500 mg every 24 hr.

<5

500 mg every 48 hr.

Parenteral

Melioidosis

Adult: 1-6 g daily in divided doses every 8 or 12 hr as deep IM, slow IV Inj over 3-5 min or infusion for up to 30 min.

Child: 30-100 mg/kg/day in 2 or 3 divided doses increased up to 150 mg/kg daily in severe cases. Neonates and infants =2 mth: 25-60 mg/kg/day in 2 divided doses. Max dose: 6 g daily in divided doses.

Elderly: Max dose: 3 g daily.

Renal impairment: Loading dose: 1 g; maintenance doses based on CrCl. May need to increase doses by 50% in severe infections. Peritoneal dialysis: Loading dose is followed by 500 mg every 24

hr; may add ceftazidime to the dialysis fluid (usually 125-250 mg for 2 litres of dialysis fluid). Haemodialysis: Admin loading dose then 0.5-1 g after each dialysis period.

CrCl (ml/min)
Dosage Recommendation
31-50
1 g every 12 hr.
16-30
1 g every 24 hr.
6-15
500 mg every 24 hr.
<5
500 mg every 48 hr.
Parenteral
Infections in immunocompromised patients
Adult: 1-6 g daily in divided doses every 8 or 12 hr as deep IM, slow IV Inj over 3-5 min or infusion for up to 30 min.
Child: 30-100 mg/kg/day in 2 or 3 divided doses increased up to 150 mg/kg daily in severe cases. Neonates and infants =2 mth: 25-60 mg/kg/day in 2 divided doses. Max dose: 6 g daily in divided doses.
Elderly: Max dose: 3 g daily.

Renal impairment: Loading dose: 1 g; maintenance doses based on CrCl. May need to increase doses by 50% in severe infections. Peritoneal dialysis: Loading dose is followed by 500 mg every 24 hr; may add ceftazidime to the dialysis fluid (usually 125-250 mg for 2 litres of dialysis fluid). Haemodialysis: Admin loading dose then 0.5-1 g after each dialysis period.

CrCl (ml/min)
Dosage Recommendation
31-50
1 g every 12 hr.
16-30
1 g every 24 hr.
6-15
500 mg every 24 hr.
<5
500 mg every 48 hr.
Parenteral
Meningitis
Adult: 1-6 g daily in divided doses every 8 or 12 hr as deep IM, slow IV Inj over 3-5 min or infusion for up to 30 min.
Child: 30-100 mg/kg/day in 2 or 3 divided doses increased up to 150 mg/kg daily in severe cases. Neonates and infants =2 mth: 25-

60 mg/kg/day in 2 divided doses. Max dose: 6 g daily in divided doses.

Elderly: Max dose: 3 g daily.

Renal impairment: Loading dose: 1 g; maintenance doses based on CrCl. May need to increase doses by 50% in severe infections. Peritoneal dialysis: Loading dose is followed by 500 mg every 24 hr; may add ceftazidime to the dialysis fluid (usually 125-250 mg for 2 litres of dialysis fluid). Haemodialysis: Admin loading dose then 0.5-1 g after each dialysis period.

CrCl (ml/min)

Dosage Recommendation

31-50

1 g every 12 hr.

16-30

1 g every 24 hr.

6-15

500 mg every 24 hr.

<5

500 mg every 48 hr.

Parenteral

Bone and joint infections

Adult: 1-6 g daily in divided doses every 8 or 12 hr as deep IM, slow IV Inj over 3-5 min or infusion for up to 30 min.

Child: 30-100 mg/kg/day in 2 or 3 divided doses increased up to 150 mg/kg daily in severe cases. Neonates and infants =2 mth: 25-60 mg/kg/day in 2 divided doses. Max dose: 6 g daily in divided doses.

Elderly: Max dose: 3 g daily.

Renal impairment: Loading dose: 1 g; maintenance doses based on CrCl. May need to increase doses by 50% in severe infections. Peritoneal dialysis: Loading dose is followed by 500 mg every 24 hr; may add ceftazidime to the dialysis fluid (usually 125-250 mg for 2 litres of dialysis fluid). Haemodialysis: Admin loading dose then 0.5-1 g after each dialysis period.

CrCl (ml/min)

Dosage Recommendation

31-50

1 g every 12 hr.

16-30

1 g every 24 hr.

6-15

500 mg every 24 hr.

<5

500 mg every 48 hr.

Parenteral

Biliary tract infections

Adult: 1-6 g daily in divided doses every 8 or 12 hr as deep IM, slow IV Inj over 3-5 min or infusion for up to 30 min.

Child: 30-100 mg/kg/day in 2 or 3 divided doses increased up to 150 mg/kg daily in severe cases. Neonates and infants =2 mth: 25-60 mg/kg/day in 2 divided doses. Max dose: 6 g daily in divided doses.

Elderly: Max dose: 3 g daily.

Renal impairment: Loading dose: 1 g; maintenance doses based on CrCl. May need to increase doses by 50% in severe infections. Peritoneal dialysis: Loading dose is followed by 500 mg every 24 hr; may add ceftazidime to the dialysis fluid (usually 125-250 mg for 2 litres of dialysis fluid). Haemodialysis: Admin loading dose then 0.5-1 g after each dialysis period.

CrCl (ml/min)

Dosage Recommendation

31-50

1 g every 12 hr.

16-30

1 g every 24 hr.

6-15

500 mg every 24 hr.

<5

500 mg every 48 hr.

Parenteral

Urinary tract infections

Adult: 1-6 g daily in divided doses every 8 or 12 hr as deep IM, slow IV Inj over 3-5 min or infusion for up to 30 min.

Child: 30-100 mg/kg/day in 2 or 3 divided doses increased up to 150 mg/kg daily in severe cases. Neonates and infants =2 mth: 25-60 mg/kg/day in 2 divided doses. Max dose: 6 g daily in divided doses.

Elderly: Max dose: 3 g daily.

Renal impairment: Loading dose: 1 g; maintenance doses based on CrCl. May need to increase doses by 50% in severe infections. Peritoneal dialysis: Loading dose is followed by 500 mg every 24 hr; may add ceftazidime to the dialysis fluid (usually 125-250 mg for 2 litres of dialysis fluid). Haemodialysis: Admin loading dose then 0.5-1 g after each dialysis period.

CrCl (ml/min)

Dosage Recommendation

31-50

1 g every 12 hr.

16-30

1 g every 24 hr.

6-15

500 mg every 24 hr.

<5

500 mg every 48 hr.

Contraindications

Hypersensitivity to cephalosporins.

Special Precautions

History of penicillin allergy; severe renal impairment; pregnancy, lactation.

Adverse Drug Reactions

Hypersensitivity, dizziness, diarrhoea, nausea, vomiting, renal impairment, rash, erythema multiforme, thrombocytopaenia, superinfection, phloebitis and thrombophloebitis at the site of injection.

Potentially Fatal: Anaphylactic reactions, nephrotoxicity, pseudomembranous colitis.

Drug Interactions

Probenecid may decrease ceftazidime elimination time.
Potentially Fatal: Furosemide and aminoglycosides may increase nephrotoxicity.

Lab Interference

False-positives for Coombs' test and urinary glucose.

Pregnancy Category (US FDA)
Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).
Storage

Parenteral: Store at 15-30°C.

Mechanism of Action

Ceftazidime binds to one or more of the penicillin-binding proteins (PBPs) which inhibits the final transpeptidation step of peptidoglycan synthesis in bacterial cell wall, thus inhibiting biosynthesis and arresting cell wall assembly resulting in bacterial cell death.

Absorption: Peak plasma concentrations after 1 hr (IM), 5 min (IV bolus).

Distribution: Widely distributed in body tissues and fluids; CSF (therapeutic concentrations when meninges are inflamed). Crosses the placenta and enters breast milk. Protein-binding: 10%

Excretion: Mainly by the kidneys via the urine by glomerular filtration (80-90% as unchanged drug within 24 hr); passively excreted in bile but only a small proportion is eliminated. Clearance enhanced in cystic fibrosis; 2 hr (elimination half-life), prolonged in neonates and renal impairment.

CIMS Class

Cephalosporins

ATC Classification

J01DD02 - ceftazidime;

*ceftazidime information:

Note that there are some more drugs interacting with ceftazidime ceftazidime

ceftazidime brands available in India

Always prescribe with Generic Name : ceftazidime, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : 3a-TAZ vial AFZID vial AILZID inj AMCEFT tab ARITAZ vial AZID INJ vial BECTOZID vial BELZID vial BETASYS inj BINZID INJ vial CADZID vial CEFAZID vial CEFCURE FORTE inj CEFCURE inj CEFDINA vial CEF-G inj CEFID INJ vial CEFTABIT-1GM vial CEFTARIZ vial CEFTAVIR vial CEFTIDIN vial CEFZID 1000 vial CEFZID vial CEFZIDIME vial CEFZY inj COMBITAZ 250 vial COMBITAZ inj CUZID vial C-ZID vial CZIDNATE inj EFTA vial EUTUM inj EXALIZ vial FASST INJ vial FECTIM inj FOBIDIME vial FOBIDIME-TZ vial FORTACEF vial FORTUM vial FORZID inj FOTARAN vial GLIFEST inj INDOZID vial IZID vial KAYZID inj LABOCETA

vial LARZID inj LAZID vial MAGNAZIDE inj MANZID vial MEGAZID tab NANOCEF inj N-CIZ INJ inj NECEFT vial NEPOCEF vial NIDIM vial NKCEFTA vial NOVAZIDIM vial OMNAZIDE inj ORZID vial OSZID inj PIZIME vial PROCEFTA inj PSEUDOCEF vial RESCUCEF inj RESCUCEF-T inj SAHCEF inj SAHCEF-T inj SANTAZID vial SANZIF vial SAZID vial SCODIME vial SEFTAAZ vial SPECTRAZID vial STEF inj SUPERZID inj TAZID vial TAZIDIM vial TIZACEF inj TIZIME vial TOBRACEF vial TRECTA vial TUFZID vial XIZID-1G inj ZATSA inj ZIDDEN vial ZIDI vial ZIDIME vial ZIDIME-T IM/IVvial ZIDOS inj ZIDOS-T inj ZIMESURE vial ZOTADINE vial ZYDOTUM vial ZYTAZ vial

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([all drugs])

ceftizoxime

CIMS Class : (Cephalosporins)

ceftizoxime

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related ceftizoxime information

Indication & Dosage

Parenteral

Susceptible infections

Adult: 1-2 g every 8-12 hr given as deep IM or slow IV Inj over 3-5 min, increased to 2-4 g IV every 8 hr in severe infections. Max dose: 2 g every 4 hr.

Child: >6 mth: 50 mg/kg every 6-8 hr.

Renal impairment: Loading dose: 0.5-1 g. Maintenance dose: According to CrCl.

CrCl (ml/min)

Dosage Recommendation

50-79

0.5-1.5 g every 8 hr.

5-49

0.25-1 g every 12 hr.

<5

0.25-0.5 g every 24 hr or 0.5-1 g every 48 hr, after dialysis.

Parenteral

Uncomplicated urinary tract infections

Adult: 0.5 g every 12 hr.

Renal impairment: Loading dose: 0.5-1 g. Maintenance dose: According to CrCl.

CrCl (ml/min)

Dosage Recommendation

50-79

0.5-1.5 g every 8 hr.

5-49

0.25-1 g every 12 hr.

<5

0.25-0.5 g every 24 hr or 0.5-1 g every 48 hr, after dialysis.

Intramuscular

Uncomplicated gonorrhoea

Adult: 1 g as a single dose.

Contraindications

Hypersensitivity to cephalosporins.

Special Precautions

Hypersensitivity to penicillins; severe renal impairment; pregnancy, lactation.

Adverse Drug Reactions

Burning; rash, pruritus, fever; anorexia, nausea, vomiting, diarrhoea; rarely neutropaenia, leucopaenia, thrombocytopaenia. Transient elevations of transaminases (SGOT and SGPT) and alkaline phosphatase, transient rise in BUN and creatinine.
Potentially Fatal: Anaphylactoid reactions, nephrotoxicity, pseudomembranous colitis,

Drug Interactions

Renal clearance reduced with probenecid.
Potentially Fatal: Increased risk of nephrotoxicity with aminoglycosides and furosemide.

Lab Interference

False-positive for urine glucose and Coomb's test. False-positive serum or creatinine with Jaffe reaction.

Pregnancy Category (US FDA)
Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an

adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Intramuscular: Store at 15-30°C. Parenteral: Store at 15-30°C.

Mechanism of Action

Ceftizoxime binds to one or more of the penicillin-binding proteins (PBPs) which inhibits the final transpeptidation step of peptidoglycan synthesis in bacterial cell wall, thus inhibiting biosynthesis and arresting cell wall assembly resulting in bacterial cell death.

Absorption: Peak plasma concentrations after 1 hr.

Distribution: Distributed widely into body tissues and fluids; CSF (therapeutic concentrations). Crosses the placenta and enters the breast milk (low concentrations). Protein-binding: 30%

Excretion: Via the urine within 24 hrs by tubular and glomerular filtration (as unchanged); removed by dialysis. 1.7 hrs (elimination half-life).

CIMS Class

Cephalosporins

ATC Classification

J01DD07 - ceftizoxime;

*ceftizoxime information:
Note that there are some more drugs interacting with ceftizoxime
ceftizoxime
ceftizoxime brands available in India
Always prescribe with Generic Name : ceftizoxime, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : CEFIZOX vial ELDCEF vial EPOCELIN vial TRIZOX inj T-ZOX vial
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([all drugs])
ceftriaxone
CIMS Class : (Cephalosporins)
ceftriaxone

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related ceftriaxone information

Indication & Dosage

Intramuscular

Uncomplicated gonorrhoea

Adult: 250 mg as a single dose.

CrCl (ml/min)

Dosage Recommendation

<10

Max: 2 g daily.

Intramuscular

Prophylaxis of secondary meningococcal meningitis

Adult: 250 mg as a single dose.

Child: 125 mg as a single dose.

Max Dosage:

CrCl (ml/min)

Dosage Recommendation

<10

Max: 2 g daily.

Parenteral

Susceptible infections

Adult: 1-2 g daily as a single or in 2 divided doses given as deep IM inj or slow IV inj over 2-4 minutes or as infusion over at least 30 minutes, increased to 4 g daily in severe infections.

Child: <50 kg: 25-50 mg/kg once daily increased to 80 mg/kg in severe infections. Doses >50 mg/kg should be given as IV infusion. IV infusion in neonates should be given over 60 min. Max dose (neonates): 50 mg/kg/day.

CrCl (ml/min)

Dosage Recommendation

<10

Max: 2 g daily.

Parenteral

Prophylaxis of surgical infections

Adult: 1 g as a single dose given 0.5-2 hr prior to surgery via deep IM inj or slow IV inj over at least 2-4 minutes or IV infusion over at least 30 minutes. A 2 g dose is recommended for colorectal surgery.

CrCl (ml/min)

Dosage Recommendation

<10

Max: 2 g daily.

Intravenous

Typhoid fever

Adult: 2 g once daily for 14 days.

CrCl (ml/min)

Dosage Recommendation

<10

Max: 2 g daily.

Incompatibility: Y-site incompatibility: Alatrofloxacin, amphotericin B cholesteryl sulfate complex, pentamidine, parenteral nutrition solutions (containing calcium), amsacrine, azithromycin, calcium, filgrastim, fluconazole, Hartmann's solution, labetalol, vinorelbine. Admixture incompatibility: Aminophylline, amsacrine, fluconazole, linezolid, calcium, clindamycin, theophylline.

Contraindications

Hypersensitivity to cephalosporins; hyperbilirubinaemic neonates. Do not use calcium or calcium-containing solutions or products

with or within 48 hr of ceftriaxone administration due to risk of calcium-ceftriaxone precipitate formation.

Special Precautions

History of penicillin allergy; severe renal impairment; pregnancy and lactation; superinfection.

Adverse Drug Reactions

Superinfection; anaphylaxis; diarrhoea; local reactions; blood dyscrasias; rash, fever, pruritus; elevated transaminases and alkaline phosphatase; leucopenia, neutropenia.
Potentially Fatal: Pseudomembranous colitis; nephrotoxicity.

Drug Interactions

Disulfiram-like reaction with alcohol.
Potentially Fatal: Nephrotoxicity with aminoglycosides and furosemide.

Lab Interference

May interfere with urinary glucose test. False-positive Coomb's test.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Intramuscular: Store below 25°C. Intravenous: Store below 25°C. Parenteral: Store at 25°C.

Mechanism of Action

Ceftriaxone binds to one or more of the penicillin-binding proteins (PBPs) which inhibits the final transpeptidation step of peptidoglycan synthesis in bacterial cell wall, thus inhibiting biosynthesis and arresting cell wall assembly resulting in bacterial cell death.

Absorption: Peak plasma concentrations after 2 hr (IM).

Distribution: Distributed widely into body tissues and fluids; CSF (therapeutic concentrations). Crosses the placenta and enters breast milk; bile (high concentrations). Protein-binding: 85-95%.
Excretion: Via the urine (40-65% as unchanged); via the bile to the faeces (remainder as unchanged and microbiologically inactive compounds); 6-9 hr (elimination half-life).

CIMS Class

Cephalosporins

ATC Classification

J01DD04 - ceftriaxone;

*ceftriaxone information:
Note that there are some more drugs interacting with ceftriaxone
ceftriaxone
ceftriaxone brands available in India
Always prescribe with Generic Name : ceftriaxone, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : ACTICEF inj AFZONE vial ALITAX inj ALKACEFF inj ALNACEF inj ALTICEF inj AMCEF tab ARIXON vial AVCEF inj AXOCARE vial AXONE vial AXTRUM inj BECEF vial BINTRAX vial BROADCEF vial BRUCEF INJ inj C TRI INJ vial CADIZONE vial CAFAGE vial CAFZONE vial CAMEO inj CEBAY TRX inj CEF INJ inj CEFA KIT vial CEFADAY vial CEFAMED vial CEFAST vial CEFAXONE INJ vial CEFCIN vial CEFERA vial CEFEZONE vial CEFIRONE-V IVvial CEFMAC inj CEFMOL vial CEFOAT inj CEFOCEF vial CEFOGRAM vial CEFOTEC inj CEFRITZ vial CEFS vial CEFSET vial CEFSINE inj CEFTRASET vial CEFTRAX vial CEFTRIAN vial CEFTRICA vial CEFTRICA-S vial CEFTRIL vial CEFTRISONE inj CEFTROL vial CEFTRON vial CEFWON vial CEFXI vial CEFZOX vial CEPOXIT-CX vial CEPTRADIN vial CETAZONE vial CETRIAX vial CETZONE vial CEZONE vial CHAMPIONE vial CHUNCIF vial CIFORION vial CIPLACEF DP-inj COMTRIX vial CONTROX vial COSTREX inj COTYX inj CRUZONE vial CSI inj CT CEFF inj C-TECH vial C-TRI vial CTX vial CT-XONE vial CUCEF vial CUXONE vial CX-ONE inj DALTRIX vial D-CEF vial DECZONE vial DEWCEF vial E-CEF INJ vial E-CEF vial EFECTAL vial EFOCEFT vial EFTANU inj EKCEF vial EMTRI vial EMTRIAXONE INJ vial ERACEF inj ESTXONE vial EXTACEF-I vial FEXON inj FINETRIAX vial FIXI INJ

vial FORONE vial GEMINATE amp GLEN vial GLICEF inj GLORIAX vial GRAMOCEF vial GUTENCEF vial HAXONE vial HICEF inj HOCEF inj IFYTROX vial INCEF INJ vial INDOCEF inj INDOXONE inj INJ SAFELO vial I-TONE vial IVIXONE vial KAFI vial KEFTRA vial KEXONE inj LABXONE inj LEZONE dry syr LEZONE vial LIFECARE inj LISEL vial LYCEFT inj MAGTRAX vial MARCEF vial MEDICEFT vial MINTRAX inj MOCEF vial MONOCEF I.V vial MONOTAX vial MULTI-XONE vial NEFZON vial NEXEF-O vial NIZOTRAX vial NKCEF vial NOSOCEF vial NOVACEFT vial NOVATRAX inj NU AXIOM vial NUTRACIP inj O-CEF vial OFRAMAX vial OMISAFE inj OMNA ONE vial ONCEF vial OSTRI inj PANCEF vial PARCEF inj PETXONE inj PFITRAX inj PHARCEF inj POWERCEF vial POWERZIP vial PROXONE inj PUREDOX INJ vial PUREDOX-S vial RECOZONE inj REFZON vial ROBITRAX vial SAFEGARD vial SANCEFT vial SASUCEF vial SAYOTEX vial SCOTRUM vial SEFSAL vial SEFTA vial SEFTRIAX inj SEPTACEL inj SEYTRI inj SIACEF INJ inj SICEF vial SIMCEF vial SIOXON vial SOLOGARD inj SOLOTAZ vial STARONE inj STAX vial STERCEF vial SULBASURE-P vial SUNCEF vial SUNTRIX vial SUPERCEF inj SUPRAXONE vial SYMTRAX vial TAXONE vial TEXAR vial TGCEF vial THREFT inj TICEF vial TOROCEF vial TRAXOCEF vial TRAXOL vial TRAXTEL vial TRAXTON

vial TRIALEX inj TRIAX vial TRIAZID vial TRIB vial TRIKAIR vial TRILEX vial TRIXON vial TRIXONE vial TROXONE vial UNITRAX vial VANCO PLUS vial VARCEF vial VCEF vial VEGACEF vial VIKCEF inj VIREXIM vial VYOSEF inj WAVOCEF vial WELCEF vial WICEF INJ vial WYCEF INJ vial XARI inj XIXONE inj XONE vial XONECEFF vial XONEDEN vial X-ZONE vial ZEFONE vial ZENCEF inj ZETRI vial Z-ONE vial ZOTACEF vial ZUTEX vial ZYTRIX vial

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([all drugs])

ceftriaxone + tazobactam

CIMS Class : (Cephalosporins)

ceftriaxone + tazobactam

L - Caution when used during lactation

Lab ¤ - Lab interference

related ceftriaxone + tazobactam information

Indication & Dosage

Intravenous

Skin and skin structure infections, Bacterial septicaemia, Urinary tract infections, Lower respiratory tract infections, Intra-abdominal infections, Bacterial meningitis, Bone and joint

infections, Community-acquired pneumonia, Uncomplicatedgonorrhoea, Pelvic inflammatory disease

Adult: Expressed in terms of ceftriazone/tazobactam: 1000/125 mg once daily or in equally divided doses twice a day. Total daily dose should not exceed 4 g of ceftriaxone. Continue treatment for at least 2 days after the signs and symptoms have resolved. Usual duration: 7-14 days; longer treatment may be needed in more serious infections. For Streptococci pyogenes infections, treatment should continue for at least 10 days.

Child: Expressed in terms of ceftriaxone: Serious infections: 50-75 mg/kg/day, given in divided doses every 12 hr. Total daily dose should not exceed 2 g of ceftriaxone. Continue treatment for at least 2 days after the signs and symptoms have resolved. Usual duration: 7-14 days; longer treatment may be needed in more serious infections. For Streptococci pyogenes infections, treatment should continue for at least 10 days.

Incompatibility: Vancomycin and fluconazole are incompatible with ceftriaxone in admixture.

Overdosage

Symptomatic and supportive treatment should be initiated.

Contraindications

Hypersensitivity to cephalosporins and ß-lactamase inhibitors.

Special Precautions

History of penicillin allergy; lactation. Consider possibility of pseudomembranous colitis in patients who present with diarrhoea subsequent to the admin of antibacterial agents. Monitor prothrombin time in patients with impaired vit K synthesis or low vit K stores during treatment. Prolonged treatment may result in overgrowth of nonsusceptible organisms. Caution in patients with a history of GI disease, especially colitis. Discontinue treatment in patients who develop signs/symptoms suggestive of gallbladder disease. Not to be used in hyperbilirubinemic neonates, especially prematures.

Adverse Drug Reactions

Superinfection; anaphylaxis; diarrhoea; local reactions; blood dyscrasias; rash, fever, pruritus; elevated transaminases and alkaline phosphatase. GI effects; pseudomembranous colitis;

hematologic effects; hypersensitivity reactions; CNS disturbances; hypertension; chest pain; edema; moniliasis; rhinitis; dyspnea; hypotension; ileus; syncope; local Inj site reactions; rigors.
Potentially Fatal: Pseudomembranous colitis; nephrotoxicity.

Drug Interactions

Probenecid; aminoglycosides; vecuronium, methotrexate; oral anticoagulants; heparin.
Potentially Fatal: Disulfiram-like reaction with alcohol. Nephrotoxicity with aminoglycosides and furosemide.

Lab Interference

Ceftriaxone Na may interfere with urinary glucose test and gives false-positive Coomb's test. Transient increases in AST, ALT, alkaline phosphatase, bilirubin with Tazobactam.

Storage

Intravenous: Before reconstitution: Store below 25°C.

Mechanism of Action

Ceftriaxone interferes with the biosynthesis of the peptidoglycan component of the bacterial cell way by binding to and inactivating penicllin-binding proteins (PBPs). Tazobactam is a penicillanic acid sulfone derivative with ß-lactamase inhibitory properties. It enhances the activity of ß-lactam antibacterials against ß-lactamase-producing bacteria.

Distribution: Ceftriaxone: 98% bound to plasma proteins; crosses the blood brain barrier. Tazobactam: About 30% bound to plasma proteins; widely distributed to tissues and body fluids.

Excretion: Ceftriaxone: Elimination half-life is about 8.7 hr; 33-67% removed as unchanged drug. Tazobactam: Removed mainly via kidneys with 80% of an administered dose as unchanged drug.

CIMS Class

Cephalosporins

ATC Classification

J01CG02 - tazobactam; Belongs to the class of beta-lactamase inhibitors. Used in the treatment of systemic infections.

J01DD04 - ceftriaxone;

*ceftriaxone + tazobactam information:

Note that there are some more drugs interacting with ceftriaxone + tazobactam

ceftriaxone + tazobactam

ceftriaxone + tazobactam brands available in India

Always prescribe with Generic Name : ceftriaxone + tazobactam, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ALNACEF-T inj ALTICEF-TZ inj ARIXON-TZB vial AUGTAZ KID vial AUGTAZ vial AVCEF-TZ inj AXOCARE-T inj BROADCEF-T vial CADIZONE-XP vial CEFADAY-TZ vial CEFA-T KIT vial CEFCIN-TJ vial CEFIRONE T IM/IVvial CEFMOL-TZ vial CEFRITZ-TZ vial CEFSET-TX vial CEFSINE-TZ inj CEFS-T vial CEFZOX-TZ vial CESAFE-TZ vial CETZONE-TZ vial CRUCEF inj CT CEFF-TZ inj CTMOR-TZ vial CTX-TZ vial DECZONE-T vial DECZONE-TP vial DIBACT INJ vial EXTACEF-TAZO vial FINECEF-T IM/IV-vial GLEN-TZB vial GLICEF-T vial HICEF-T vial HOCEF-T inj IFYTROX-TB vial IFYTROX-TBL vial IFYTROX-TBM vial IFYTROX-TBS vial INCEF-TZ inj KAFI-TBZ vial LEZONE-XP vial LIFECARE-A inj LIFECARE-C inj LIFECARE-T inj LISEL-TBZ vial MOCEF-TZ

vial MONTAZ inj NEXEF-TBZ vial ORITIZ vial RITECEF-T vial RIXONE-TZ inj ROBITRAX-TZ inj SAXON-T vial SCOTRUM-TZ vial SEFXIM-TZ vial SEYTRI-T inj SIMTAZ vial SOLOGARD-T inj SUNTRIX-TBZ vial TACEHEXT inj TAZO-BEST inj TAZO-C vial TAZOCEF vial TAZOTRAX inj TAZOX INJ vial TRAXTON-Z vial TRIACTAM vial TRIAZID-TZ vial TRISYS-TZ inj TRIXO-TZ vial VIKCEF-T vial WICEF-SP vial XONE-XP inj XOP INJ vial XT-ZONE vial ZIFI-XP vial ZUBACEF 1G inj ZUBACEF 250MG inj ZUBACEF 500MG inj

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([all drugs])

cefuroxime

CIMS Class : (Cephalosporins)

cefuroxime

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related cefuroxime information

Indication & Dosage

Oral

Uncomplicated urinary tract infections

Adult: 125 mg bid.

Oral

Respiratory tract infections

Adult: 250-500 mg bid.

Child: >3 mth: 125 mg bid or 10 mg/kg bid. Max dose: 250 mg daily.

Oral

Uncomplicated gonorrhoea

Adult: 1 g as a single dose. 1 g oral probenecid may be given concurrently.

Oral

Otitis media

Child: >2 yr: 250 mg bid or 15 mg/kg bid up to 500 mg daily.

Intravenous

Meningitis

Adult: 3 g every 8 hr.

Child: 200-240 mg/kg/day in 3-4 divided doses, decreased to 100 mg/kg/day after 3 days or once symptoms have improved. Neonate: 100 mg/kg/day, decreased to 50 mg/kg/day when control has been achieved.

Renal impairment: Patients undergoing haemodialysis should receive an additional 750-mg dose after each dialysis; those

undergoing continuous peritoneal dialysis may be given 750 mg bid.

CrCl (ml/min)
Dosage Recommendation
10-20
750 mg bid.
<10
750 mg once daily.
Intramuscular
Gonorrhoea
Adult: 1.5 mg as a single dose divided between 2 inj sites. 1 g oral probenecid may be given concurrently.
Renal impairment: Patients undergoing haemodialysis should receive an additional 750-mg dose after each dialysis; those undergoing continuous peritoneal dialysis may be given 750 mg bid.

CrCl (ml/min)
Dosage Recommendation
10-20
750 mg bid.
<10

750 mg once daily.

Parenteral

Prophylaxis of surgical infections

Adult: 1.5 g IV before the procedure followed by 750 mg IM every 8 hr for up to 24-48 hr depending on the procedure. For total joint replacement, 1.5 g of cefuroxime may be mixed with methylmethacrylate cement.

Renal impairment: Patients undergoing haemodialysis should receive an additional 750-mg dose after each dialysis; those undergoing continuous peritoneal dialysis may be given 750 mg bid.

CrCl (ml/min)

Dosage Recommendation

10-20

750 mg bid.

<10

750 mg once daily.

Parenteral

Susceptible infections

Adult: 750 mg every 8 hr given as deep IM or slow IV inj over 3-5 min or IV infusion, increased to 1.5 g every 6-8 hr in severe infections.

Child: 30-60 mg/kg/day, may increase to 100 mg/kg/day if necessary. To be given in 3-4 divided doses or 2-3 divided doses in neonates.

Renal impairment: Patients undergoing haemodialysis should receive an additional 750-mg dose after each dialysis; those undergoing continuous peritoneal dialysis may be given 750 mg bid.

CrCl (ml/min)

Dosage Recommendation

10-20

750 mg bid.

<10

750 mg once daily.

Incompatibility: Incompatible with aminoglycosides.

Administration

Should be taken with food.

Contraindications

Hypersensitivity to cephalosporins.

Special Precautions

Severe renal impairment; pregnancy, lactation; hypersensitivity to penicillins.

Adverse Drug Reactions

Large doses can cause cerebral irritation and convulsions; nausea, vomiting, diarrhoea, GI disturbances; erythema multiforme, Stevens-Johnson syndrome, epidermal necrolysis.
Potentially Fatal: Anaphylaxis, nephrotoxicity, pseudomembranous colitis.

Drug Interactions

Probenecid decreases renal clearance of cefuroxime.
Potentially Fatal: Nephrotoxicity with aminoglycosides and furosemide.

Food Interaction

Oral cefuroxime axetil is better absorbed after food intake.

Lab Interference

False-positive for Coombs' test. It may interfere with urine-sugar estimation.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Intramuscular: Store at 15-30°C. Intravenous: Store at 15-30°C. Oral: Store at 15-30°C. Parenteral: Inj: Store at 15-30°C.

Mechanism of Action

Cefuroxime binds to one or more of the penicillin-binding proteins (PBPs) which inhibits the final transpeptidation step of peptidoglycan synthesis in bacterial cell wall, thus inhibiting

biosynthesis and arresting cell wall assembly resulting in bacterial cell death.

Absorption: Absorbed from the GI tract with peak plasma concentrations after 2-3 hr (oral); may be enhanced by the presence of food.

Distribution: Pleural and synovial fluid, sputum, bone and aqueous fluids; CSF (therapeutic concentrations). Crosses the placenta and enters breast milk. Protein-binding: Up to 50%.

Metabolism: Rapidly hydrolysed (intestinal mucosa and blood).

Excretion: Via the urine by glomerular filtration and renal tubular secretion (as unchanged); via bile (small amounts); 70 min (elimination half-life); prolonged in neonates and renal impairment.

CIMS Class

Cephalosporins

ATC Classification

J01DC02 - cefuroxime;

*cefuroxime information:

Note that there are some more drugs interacting with cefuroxime

cefuroxime further details are available in official CIMS India

cefuroxime

cefuroxime brands available in India

Always prescribe with Generic Name : cefuroxime, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : 3a-CEF dispertab AAXIM tab ACTUM tab ADEXIM tab ALTACEF susp ALTACEF tab ALTACEF vial ALTACEF-OD tab ALTUM film-coated tab ANOREX vial ANOREX-D tab ANOREX-S tab ARIXIME dry syr ARIXIME tab ARIXIME vial ATOM tab AUCEE tab AXACEF tab AXEPTIL film-coated tab AXERIS tab AXETIM tab AXTL tab BACTICEF tab BACTICEF vial BACTOCEF vial BAROCEF tab BENCEF inj BIGCEF dispertab BIGCEF tab BIGCEF vial BIOCEF tab BULLCEF tab CASCEF tab CEAX tab CEFAKIND tab CEFAM tab CEFAM vial CEFAR tab CEFASYN inj CEFASYN tab CEFEXL tab CEFIES tab CEFKING tab CEFKING vial CEFLET inj CEFOB cap CEFOGEN vial CEFOPRIM inj CEFOPRIM tab CEFOPRIT tab CEFOPRIT vial CEFORIM tab CEFORIM vial CEFOROX tab CEFOS inj CEFOS tab CEFOS-S inj CEFOXIM dry syr CEFOXIM tab CEFOXIM vial CEFPIL tab CEFRACE

tab CEFTA vial CEFTAB tab CEFTAL dispertab CEFTAL dry syr CEFTAL tab CEFTAL vial CEFTAZ inj CEFTRA tab CEFTUM tab CEFU vial CEFUBIR vial CEFUCIN tab CEFUCOS tab CEFUMAX tab CEFUNIS tab CEFUNIS vial CEFUPET tab CEFURICA film-coated tab CEFURICA vial CEFURIN dispertab CEFURIN tab CEFUSYM tab CEFUTAB-O dry syr CEFUTAB-O tab CEFUVIK tab CEFUVIK vial CEF-VEPAN DS susp CEF-VEPAN film-coated tab CEFYREX tab CEFYREX vial CEFZIM dry syr CEFZIM tab CEFZIM-750 inj CEPLEX dry syr CEPLEX inj CEPLEX tab CEPOKEM inj CEPOKEM susp CEPOKEM tab CEROM tab CEROXIM-XP tab CEROXITUM tab CESAI dry syr CETIL film-coated tab CETIL vial CEUROX FC-tab C-FURO film-coated tab C-FURO-CV film-coated tab CILIXEM tab COVATIL-CV film-coated tab C-TRI EM cap C-TRI-T film-coated tab C-TRI-T vial CTROX dry syr CTROX inj CTROX tab CUROXIM tab CUROXIM vial CUTIL vial CUXIM tab DALTUM inj DALTUM syr DALTUM tab DERICEF dispertab DIFU vial DUXIM tab EDUCEF tab ETHICEF tab EVERCEF tab EXEPTION tab EXEPTION vial EXIME vial FLAMICEF vial FORCEF tab FORCEF vial FORCEZ dispertab FORCEZ tab FOREX tab FORKEM tab FUCEF inj FUCEF tab FURION tab FUROBID tab FUROMAX inj FUROMAX tab FUROX tab FUROXIL vial FYDOROXIM

tab GLYPH-ZM tab GOCEF tab IFLACEF dry syr IFLACEF tab INSIFU inj INSIFU tab INTRACEF dispertab INTRACEF inj INTRACEF tab INTRACEF-CV tab IVIROXIME vial JOXCY inj KAIRCEF tab KAXITEL tab KEFSTAR tab KEFSTAR vial KEFUEL tab KEM vial KINCEF tab KLIME tab L-TUM tab LUROXIME tab MAGNA dispertab MAGNA tab MAGNACEF tab MAXIM tab MAXTUM tab METUMP vial MILCEF tab MILCEF vial NEFTUM-AXT tab NEROXIM film-coated tab NEROXIM vial NIFOXIME dry syr NIFOXIME tab NIFOXIME vial NOVAROXIM film-coated tab NOVAROXIM vial OCEF 250 vial OCEF 750 vial OCEF TAB tab OCEF-CV tab OMNIXIM tab ORUF tab POLOSEF dispertab PULMOCEF INJ inj PULMOCEF tab RELICEF dispertab RELICEF INJ vial RELICEF tab RIXIME inj RIXIME tab ROXIME D-syr ROXTIL tab SAFON tab SALCEF tab SAYFUR dispertab SCOTIL inj SCOTIL tab SEAZOX tab SIFUROXIM vial SOZIFUR tab SPECTRAXIME susp SPECTRAXIME tab SPECTRAXIME vial SPIZEF tab SPIZEF vial STACEY tab STAROX dry syr SUPACEF cap SUPACEF vial SVCEF tab SWECEF vial SWECEF-LB tab SYCEF tab TOPXIME inj TOPXIME tab TRAXOCEF-O tab TUFBACT tab ULTROXIME tab UMPIRE tab UREX tab UROX vial WIDECEF susp WIDECEF tab WIDECEF vial XE tab XE vial XIBID tab XIMBEL tab XTIL

tab X-TIL tab ZAXI tab ZEFU dispertab ZEFU dry syr ZEFU film-coated tab ZEFU-CV dry syr ZEFU-CV tab ZEFUR tab ZENOXIM tab ZITUM tab ZOCEF SYR dry syr ZOCEF tab ZOCEF vial ZOXTIL tab ZYMOCEF vial ZYTIL tab

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([all drugs])

celecoxib

CIMS Class : (Nonsteroidal Anti-inflammatory Drugs (NSAIDs))

celecoxib

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related celecoxib information

Indication & Dosage

Oral

Osteoarthritis

Adult: 200 mg as a single dose or in 2 divided doses. May increase to 200 mg bid if necessary.

Hepatic impairment: Child-Pugh category B: Reduce dose by 50%. Child-Pugh category C: Avoid use.

Oral

Rheumatoid arthritis

Adult: 100-200 mg bid.

Elderly: 100 mg bid.

Hepatic impairment: Child-Pugh category B: Reduce dose by 50%. Child-Pugh category C: Avoid use.

Oral

Pain relief

Adult: Initially, 400 mg followed by 200 mg if necessary on the 1st day. Maintenance: 200 mg bid.

Hepatic impairment: Child-Pugh category B: Reduce dose by 50%. Child-Pugh category C: Avoid use.

Oral

Dysmenorrhoea

Adult: Initially, 400 mg followed by 200 mg if necessary on the 1st day. Maintenance: 200 mg bid.

Hepatic impairment: Child-Pugh category B: Reduce dose by 50%. Child-Pugh category C: Avoid use.

Oral

Familial adenomatous polyposis

Adult: 400 mg bid.

Hepatic impairment: Child-Pugh category B: Reduce dose by 50%. Child-Pugh category C: Avoid use.

Administration

May be taken with or without food. (Dose for OA/RA may be given w/ or without meals, but doses for FAP must be given w/ meals.)

Overdosage

Symptoms include lethargy, drowsiness, nausea, vomiting, and epigastric pain, which are generally reversible with supportive care. GI bleeding may occur. Hypertension, acute renal failure, respiratory depression and coma may also occur.

Contraindications

Hypersensitivity including those in whom attacks of angioedema, rhinitis and urticaria have been precipitated by aspirin, NSAIDs or sulfonamides. Severe hepatic impairment; severe heart failure; inflammatory bowel disease; peptic ulcer; renal impairment (CrCl <30 ml/min); pregnancy and lactation.

Special Precautions

History of GI bleeding; renal/hepatic insufficiency; asthma or allergic disorders; hypertension; monitor haemoglobin or haematocrit levels for signs of anaemia. History of cerebrovascular disease or ischaemic heart disease.

Adverse Drug Reactions

Abdominal pain, diarrhea, nausea, oedema, dizziness, headache, insomnia, upper respiratory tract infections; rash.
Potentially Fatal: Serious skin reactions such as exfoliative dermatitis, Stevens-Johnson syndrome, and toxic epidermal necrolysis.

Drug Interactions

Co-admin with fluconazole increases plasma concentrations of celecoxib. Avoid co-admin with cytochrome P450 2C9 inhibitors. Increased risk of GI bleeding when used with oral corticosteroids, anticoagulants or alcohol.
Potentially Fatal: Co-admin with lithium salts may result in an increase in plasma-lithium concentrations.

Food Interaction

Increased absorption when taken with food.

Lab Interference

May cause BUN elevation.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

in 3rd trimester or near delivery.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store at 25°C.

Mechanism of Action

Celecoxib has COX-2 specific inhibitory activity. It inhibits the conversion of arachidonic acid to prostaglandins while having no effect on the formation of prostaglandins that mediate the normal homeostasis in the GI tract, kidneys and platelets catalysed by COX-1.

Absorption: Absorbed from the GI tract (oral); peak plasma concentrations after 3 hr.

Distribution: Protein-binding: 97%.

Metabolism: Hepatic; converted to inactive metabolites.

Excretion: Faeces and urine (as metabolites and unchanged drug); 11 hr (elimination half-life).

CIMS Class

Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

ATC Classification

L01XX33 - celecoxib; Belongs to the class of other antineoplastic agents. Used in the treatment of cancer.

M01AH01 - celecoxib; Belongs to the class of non-steroidal antiinflammatory and antirheumatic products, coxibs. Used in the treatment of inflammation and rheumatism.

*celecoxib information:

Note that there are some more drugs interacting with celecoxib

celecoxib further details are available in official CIMS India

celecoxib

celecoxib brands available in India

Always prescribe with Generic Name : celecoxib, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CE cap CELACT cap CELCIB cap CELCOX cap CELECAP cap CELEDOL tab CELEMAX cap CELETOP cap COBIX cap COLCIBRA cap COXIB cap ELOXIB cap ICEL cap ORTHOCEL cap REVIBRA cap SIONARA cap ZECOXIB cap ZYCEL cap

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([all drugs])

cetirizine hydrochloride

CIMS Class : (Antihistamines & Antiallergics)

cetirizine hydrochloride

P - Caution when used during pregnancy

L - Contraindicated in lactation

related cetirizine hydrochloride information

Indication & Dosage

Oral

Allergic conditions

Adult: 10 mg once daily or 5 mg bid.

Child: 6 mth-2 yr: 2.5 mg once daily (up to 2.5 mg bid in children =12 mth) ; 2-5 yr: 5 mg once daily or 2.5 mg bid; >6 yr: 10 mg once daily or 5 mg bid.

Elderly:

Renal impairment: Half the usual dose.

Hepatic impairment: Half the usual dose.

Contraindications

Hypersensitivity; lactation.

Special Precautions

Hepatic or renal impairment; elderly; tasks requiring mental alertness eg, driving or operating heavy machinery; pregnancy.

Adverse Drug Reactions

Somnolence, insomnia, malaise, headache, dizziness; GI discomfort, dry mouth, abdominal pain, diarrhoea, nausea, vomiting; occasional hypersensitivity; epistaxis, pharyngitis, bronchospasm.

Drug Interactions

Risk of increased INR and epistaxis when taken together with warfarin.
Potentially Fatal: CNS depressants and anticholinergics may potentiate CNS depression of cetirizine.

Storage

Oral: Store at 20-25°C. Syr: Can also refrigerate at 2-8°C.

Mechanism of Action

Cetirizine is a potent and highly selective antagonist of the peripheral histamine H1-receptor on effector cells in the GI tract, blood vessels and respiratory tract.

Absorption: Absorbed rapidly from the GI tract (oral); peak plasma concentrations after 1 hr. Rate, but not extent, of absorption altered by food.

Distribution: Enters breast milk; crosses the blood-brain barrier (insignificant amounts). Protein-binding: Highly bound.

Excretion: Via the urine (as unchanged); 10 hr (elimination half-life).

CIMS Class

Antihistamines & Antiallergics

*cetirizine hydrochloride information:

Note that there are some more drugs interacting with cetirizine hydrochloride

cetirizine hydrochloride

cetirizine hydrochloride brands available in India

Always prescribe with Generic Name : cetirizine hydrochloride, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : A-CET syr A-CET tab ACIT tab AGLOCET syr AGLOCET tab AIRTIS PLUS cap AIRTIS tab ALCARE tab ALCET tab ALERBLOC susp ALERBLOC tab ALERID COLD tab ALERID syr ALERID tab ALERID-D tab ALERVIN syr ALERVIN tab ALLERCET P-tab ALLERCET syr ALLERCET tab ALLERCET-DC tab ALLERZINE film-coated tab ALQUIT tab AMBCET TAB tab AMBROL-C liqd AMVEN-C syr ARZYT tab ASICET susp ASICET tab ATCET-MD tab AVCET tab AVIZIN syr AVIZIN tab BIO ACT tab BIOZIN tab CAR-OD TABS tab CEFID tab CERIZINE-FT dispertab CETARIV tab CETCARE dispertab CETCIP soft-gelatin caps CETCIP syr CETCIP tab CETGEL soft-gelatin caps CETICAD tab CETIN syr CETIN tab CETIRIZ syr CETIRIZ tab CETJUST tab CETLONG PLUS syr CETLONG syr CETLONG tab CETMAC syr CETMAC tab CETMET tab CETNAZ tab CETOS tab CETRA tab CETRACT tab CETREZOL syr CETREZOL tab CETREZOL-D FORTE tab CETREZOL-D tab CETRICARE tab CETRID-OD tab CETRIKEN tab CETRILIN syr CETRILIN tab CETRINA-MD tab CETRINE syr CETRINE tab CETRISAN tab CETRITOP filcotab CETRIWAL tab CETRIZET tab CETRIZINE film-coated tab CETTOP tab CETVEN-DT tab CETZINE syr CETZINE tab CETZINE-A film-coated tab CETZY tab CEZ tab CEZ-A

tab CEZIN tab CHESTON COLD susp CHESTON COLD tab CISTIN syr CISTIN tab CLARITEC tab COLDWAR TAB tab COPE tab COPE-D tab COSZIN syr COSZIN tab C-TRIZ dispertab CTZ tab CUCET-DT dispertab CZ-3 syr CZ-3 tab CZ-COLD tab CZN tab E-CET-MD dispertab EKON-DT dispertab ELGNIL film-coated tab ETRIC-DT tab EZE-DT dispertab FLAMOSET SYR syr FLORAMIN tab FOMICET tab FORZIN tab HICET tab HICET-AX syr HICET-DC tab HISNOFIL tab HISPOKYN tab IFYCET-DT dispertab INCEZ dispertab INCEZ syr INCID-L syr INCID-L tab INTAZIN syr INTAZIN tab LEZINE-DT dispertab LGNIL syr M-CET tab M-CIT dispertab MERIHIST tab MONCET tab MORAZIN syr MORAZIN tab NOALZY tab NOZIK syr NOZIK tab ODACET syr ODACET tab OKACET syr OKACET tab ONCET tab PANCET tab QR-EX syr QUZINE tab RAINCET tab RAINCET-A tab RELENT syr RELENT TAB tab RHINOCLEAR tab RHIZIN syr RHIZIN tab RHYNAL dispertab RINITRIN tab RYCEZ-A syr RYCEZ-D tab SATRIN syr SATRIN tab SIACET susp SIACET tab SINAHILL tab SIZON FORTE tab SIZON tab SNEEZREST JUN syr STARZINE tab SUPRES tab SYTRA film-coated tab TAURCET syr TAURCET tab TRILERT tab TRILERT-AX syr TRILERT-AX tab TRIZ syr TRIZ tab TROZAN-OD film-coated tab TROZAN-OD syr TURBOZINE tab UNICET syr UNICET tab VARCET MD

tab VENCET tab XERO-SED tab Z-CET tab ZECET tab ZETOP tab ZIMAT syr ZIMAT tab ZINTEN tab ZIRLON film-coated tab ZIRTIN tab ZOTACET tab ZUCOLD tab ZYNCET film-coated tab ZYNCET syr ZYNCET-D film-coated tab ZYRCOLD syr ZYRTEC syr ZYRTEC tab

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([all drugs])

cetirizine + pseudoephedrine

CIMS Class : (Cough & Cold Preparations)

cetirizine + pseudoephedrine

P - Caution when used during pregnancy

related cetirizine + pseudoephedrine information

Indication & Dosage

Oral

Allergic rhinitis

Adult: Each extended release tablet containing cetirizine 5 mg and pseudoephedrine 120 mg: 1 tablet bid.

Child: =12 yr: As extended release tablet each containing cetirizine 5 mg and pseudoephedrine 120 mg: 1 tablet twice daily.

Renal impairment: CrCl: 11?31 ml/min or patients on haemodialysis with CrCl <7 ml/min: 1 tablet once daily is recommended

Hepatic impairment: 1 tablet once daily is recommended.

Administration

Extended-release: May be taken with or without food. (Swallow whole, do not chew/ crush.)

Overdosage

Overdosage may lead to restlessness, irritability, giddiness, headache, nausea, vomiting, sweating, thirst, tachycardia, precordial pain, palpitations, difficulty in micturition, muscular weakness and tenseness, anxiety and insomnia. In severe cases, patients can present a toxic psychosis with delusions and hallucinations. Treatment is symptomatic or supportive.

Contraindications

Patients with narrow-angle glaucoma or urinary retention. Patients on MAOI treatment or within 14 days of stopping such treatment.

Patients with severe hypertension or severe coronary artery disease.

Special Precautions

Caution when used in patients with hypertension, DM, ischaemic heart disease, increased intraocular pressure, hyperthyroidism, renal impairment or prostatic hypertrophy. May cause CNS stimulation with convulsions or CV collapse with accompanying hypotension. Elderly are more prone to developing the adverse reactions. Pregnancy.

Adverse Drug Reactions

Insomnia, dry mouth, somnolence, fatigue.

Drug Interactions

Concurrent use with digitalis may increase ectopic pacemaker activity. Additive effects on the CV system may occur when used with sympathomimetic amines.
Potentially Fatal: Not to be used concurrently with MAOIs or within 14 days of stopping MAOI treatment.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 20-25°C.

Mechanism of Action

Cetirizine is an antihistamine that works mainly via selective inhibition of H1 receptors. Pseudoephedrine hydrochloride is an orally active sympathomimetic amine that exerts a decongestant action on the nasal mucosa. It is used for the relief of nasal congestion due to allergic rhinitis.

Absorption: Cetirizine: Rapidly absorbed from the GI tract after oral admin. Pseudoephedrine: Readily absorbed after oral admin.

Distribution: Cetirizine: About 93% bound to plasma proteins.

Metabolism: Cetirizine: Limited metabolism by oxidative O-dealkylation to a metabolite with little or no antihistaminic activity.

Pseudoephedrine: About 1-7% of a dose is metabolised to nor-pseudoephedrine by N-demethylation.
Excretion: Mean elimination half-life: 7.9 hr (cetirizine) and 6 hr (pseudoephedrine).

CIMS Class

Cough & Cold Preparations

ATC Classification

R01BA02 - pseudoephedrine; Belongs to the class of systemic sympathomimetic preparations used as nasal decongestants.
R06AE07 - cetirizine; Belongs to the class of piperazine derivatives used as systemic antihistamines.

*cetirizine + pseudoephedrine information:
Note that there are some more drugs interacting with cetirizine + pseudoephedrine
cetirizine + pseudoephedrine
cetirizine + pseudoephedrine brands available in India

Always prescribe with Generic Name : cetirizine + pseudoephedrine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : A'COLD susp A'COLD tab ALCOLD tab AMBROLITE-D syr ASICOLD PLUS tab ASICOLD syr BIO-COLD tab CETIN PLUS SUSP susp CETIRIZ-D tab CETRIFED-D ER-tab CETRIZET-D film-coated tab CEZ-D tab COLDWAR syr COMBIT tab COZINE tab COZYMIN-AF tab CTZ PLUS tab IKA tab KOLD TIME tab LEZINE-P tab NAM COLD tab NIMUCOLD tab NOALZY PLUS tab NOZIK-P syr NOZIK-P tab RELIF tab SIACOLD PLUS syr SIACOLD PLUS TAB tab SINOCLEAR TAB tab SNEEZREST syr STCOLD tab SUDOPHIN tab TAB ARID tab TREZIX PLUS tab TURBO COUGH liqd TUSSAL syr WINTWIN tab ZETOP DUOLET cap

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([all drugs])

cetrimide

CIMS Class : (Skin Antiseptics & Disinfectants)

cetrimide

related cetrimide information

Indication & Dosage

Topical/Cutaneous

Wound cleansing

Adult: Apply 0.1-1% aqueous solution or 0.5% cream onto affected area.

Topical/Cutaneous

Seborrhoeic dermatitis

Adult: Apply 10% shampoo solution onto the scalp.

Incompatibility: Incompatible with soaps and other anionic surfactants, bentonite, iodine, phenylmercuric nitrate and alkali hydroxides.

Contraindications

Hypersensitivity; contact with eyes, brain, meninges and middle ear; use in body cavities or as an enema; sterilising surgical instruments and heat-labile articles; disinfection of soft contact lenses.

Special Precautions

Prolonged usage may increase risk of hypersensitivity reactions. To be used externally only.

Adverse Drug Reactions

Oral: Nausea and vomiting, oesophageal damage and necrosis. IV/Intrauterine: Haemolysis. Topical: Rarely, burns.

Mechanism of Action

Cetrimide has actions and uses typical of cationic surfactants which dissociates in aqueous soln into a smaller inactive anion and into a large and complex cation responsible for the surface activity. It has bactericidal activity against gram-positive bacteria.

CIMS Class

Skin Antiseptics & Disinfectants

ATC Classification

D08AJ04 - cetrimide; Belongs to the class of quaternary ammonium compound antiseptics. Used in the treatment of dermatological diseases.
D11AC01 - cetrimide; Belongs to the class of medicated shampoos. Used in the treatment of dermatological diseases.

*cetrimide information:
cetrimide
cetrimide brands available in India
Always prescribe with Generic Name : cetrimide, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ACEPTIK liqd ACEPTIK-HC liqd ACEPTIK-LA liqd CETAVLON-CONC. soln CETRILAK MILD soln CETRILAK SOLN soln CETRILAK-C soln CETRIM soap CETRIMIDE soln CORAL soap DERMOGARD liqd ENDRUFF cream ESCAB-PLUS lotion FREESCAB lotion GEMIDE lotion GYNOCREAM cream INTALON topical soln ITEOL-3 soln NEW ITEOL-3 jar NEW ITEOL-3 soln O2-FRESH-GP topical soln SANSOAP soap SAVLON liqd
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([all drugs])

chlorambucil

CIMS Class : (Cytotoxic Chemotherapy)

chlorambucil

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related chlorambucil information

Indication & Dosage

Oral

Hodgkin's disease

Adult: 200 mcg/kg daily. Not to exceed 100 mcg/kg/day if the bone marrow is hypoplastic or if there is lymphocytic infiltration in the bone marrow. Once remission is establised, start maintenance at 30-100 mcg/kg/day.

Oral

Non-Hodgkin?s lymphoma

Adult: 100 mcg/kg daily. Not to exceed 100 mcg/kg/day if the bone marrow is hypoplastic or if there is lymphocytic infiltration in the bone marrow. Once remission is establised, start maintenance at 30-100 mcg/kg/day.

Oral

Chronic lymphocytic leukaemia

Adult: 100-200 mcg/kg daily (usually 4-10 mg once daily) for 3-8 wk. Not to exceed 100 mcg/kg/day if the bone marrow is hypoplastic or if there is lymphocytic infiltration in the bone marrow. Once remission is establised, start maintenance at 30-100 mcg/kg/day.
Elderly:
Oral
Waldenstrom's macroglobulinaemia
Adult: Initially, 6-12 mg daily until leucopenia develops. Maintenance: 2-8 mg daily.

Administration

Should be taken on an empty stomach. (Take on an empty stomach. Ensure adequate hydration. Swallow whole, do not chew/crush.)

Overdosage

May cause reversible pancytopenia. Neurological toxicity ranging from agitated behavior and ataxia to multiple grand mal seizures may also occur. Management includes monitoring CBC closely and general supportive measures. Appropriate blood transfusions may be given, if necessary. Chlorambucil is not dialysable.

Contraindications

Hypersensitivity. Pregnancy and lactation. Porphyria.

Special Precautions

Renal or hepatic dysfunction. Perform blood counts regularly. Seizure disorder, bone marrow suppression. Patient who has received radiation therapy, myelosuppressive drugs or has a depressed baseline leukocyte/platelet count within the previous 4 wk. Increased incidence of acute leukaemias and other secondary malignancies.

Adverse Drug Reactions

Reversible progressive lymphocytopenia and neutropenia; GI disturbances; hepatotoxicity; skin rashes; peripheral neuropathy; central neurotoxicity including seizures; interstitial pneumonia, pulmonary fibrosis. High doses may produce azoospermia and amenorrhoea. Sterility when given to boys at or before puberty.
Potentially Fatal: Severe bone marrow suppression, carcinogenic and human infertility.

Drug Interactions

Impairs immune response to vaccines, possible infection after admin of live vaccines.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Refrigerate at 2-8°C.

Mechanism of Action

Chlorambucil interferes with DNA replication and RNA transcription by alkylation and cross-linking cellular DNA strands, thus leading to disruption of the nucleic acid function.

Absorption: Rapid and almost complete from the GI tract (oral).

Distribution: Protein-binding: Extensive.

Metabolism: Extensively hepatic; converted to phenylacetic acid mustard.
Excretion: Urine (as metabolites and unchanged drug); 1.5 hr (elimination half-life).

CIMS Class

Cytotoxic Chemotherapy

ATC Classification

L01AA02 - chlorambucil; Belongs to the class of alkylating agents, nitrogen mustard analogues. Used in the treatment of cancer.

*chlorambucil information:
Note that there are some more drugs interacting with chlorambucil
chlorambucil
chlorambucil brands available in India
Always prescribe with Generic Name : chlorambucil, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : CLOKERAN tab LEUKERAN tab

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([all drugs])

chloramphenicol

CIMS Class : (Chloramphenicols) , (Eye Anti-infectives & Antiseptics) , (Ear Anti-infectives & Antiseptics)

chloramphenicol

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related chloramphenicol information

Indication & Dosage

Oral

Bacterial meningitis

Adult: 50 mg/kg/day in 4 divided doses increased to 100 mg/kg/day for meningitis or severe infections due to moderately resistant organisms. Continue treatment after the patient's temperature has normalised for a further 4 days in rickettsial disease and 8-10 days in typhoid fever.

Child: Premature and full-term neonates: 25 mg/kg/day in 4 divided doses. Full-term infants >2 wk: 50 mg/kg/day in 4 divided doses. Children: 50 mg/kg/day in 4 divided doses increased to 100 mg/kg/day for meningitis or severe infections.

Elderly:

Renal impairment: Dose reduction may be required.

Hepatic impairment: Dose reduction may be required.

Oral

Whipple's disease

Adult: 50 mg/kg/day in 4 divided doses increased to 100 mg/kg/day for meningitis or severe infections due to moderately resistant organisms. Continue treatment after the patient's temperature has normalised for a further 4 days in rickettsial disease and 8-10 days in typhoid fever.

Child: Premature and full-term neonates: 25 mg/kg/day in 4 divided doses. Full-term infants >2 wk: 50 mg/kg/day in 4 divided doses. Children: 50 mg/kg/day in 4 divided doses increased to 100 mg/kg/day for meningitis or severe infections.

Elderly:

Renal impairment: Dose reduction may be required.

Hepatic impairment: Dose reduction may be required.

Oral

Severe systemic infections with Camphylobacter fetus

Adult: 50 mg/kg/day in 4 divided doses increased to 100 mg/kg/day for meningitis or severe infections due to moderately resistant organisms. Continue treatment after the patient's

temperature has normalised for a further 4 days in rickettsial disease and 8-10 days in typhoid fever.

Child: Premature and full-term neonates: 25 mg/kg/day in 4 divided doses. Full-term infants >2 wk: 50 mg/kg/day in 4 divided doses. Children: 50 mg/kg/day in 4 divided doses increased to 100 mg/kg/day for meningitis or severe infections.

Elderly:

Renal impairment: Dose reduction may be required.

Hepatic impairment: Dose reduction may be required.

Oral

Infections caused by H. influenzae

Adult: 50 mg/kg/day in 4 divided doses increased to 100 mg/kg/day for meningitis or severe infections due to moderately resistant organisms. Continue treatment after the patient's temperature has normalised for a further 4 days in rickettsial disease and 8-10 days in typhoid fever.

Child: Premature and full-term neonates: 25 mg/kg/day in 4 divided doses. Full-term infants >2 wk: 50 mg/kg/day in 4 divided doses. Children: 50 mg/kg/day in 4 divided doses increased to 100 mg/kg/day for meningitis or severe infections.

Elderly:

Renal impairment: Dose reduction may be required.

Hepatic impairment: Dose reduction may be required.

Oral

Ehrlichiosis

Adult: 50 mg/kg/day in 4 divided doses increased to 100 mg/kg/day for meningitis or severe infections due to moderately resistant organisms. Continue treatment after the patient's temperature has normalised for a further 4 days in rickettsial disease and 8-10 days in typhoid fever.

Child: Premature and full-term neonates: 25 mg/kg/day in 4 divided doses. Full-term infants >2 wk: 50 mg/kg/day in 4 divided doses. Children: 50 mg/kg/day in 4 divided doses increased to 100 mg/kg/day for meningitis or severe infections.

Elderly:

Renal impairment: Dose reduction may be required.

Hepatic impairment: Dose reduction may be required.

Oral

Severe gastroenteritis

Adult: 50 mg/kg/day in 4 divided doses increased to 100 mg/kg/day for meningitis or severe infections due to moderately resistant organisms. Continue treatment after the patient's temperature has normalised for a further 4 days in rickettsial disease and 8-10 days in typhoid fever.

Child: Premature and full-term neonates: 25 mg/kg/day in 4 divided doses. Full-term infants >2 wk: 50 mg/kg/day in 4 divided

doses. Children: 50 mg/kg/day in 4 divided doses increased to 100 mg/kg/day for meningitis or severe infections.

Elderly:

Renal impairment: Dose reduction may be required.

Hepatic impairment: Dose reduction may be required.

Oral

Severe melioidosis

Adult: 50 mg/kg/day in 4 divided doses increased to 100 mg/kg/day for meningitis or severe infections due to moderately resistant organisms. Continue treatment after the patient's temperature has normalised for a further 4 days in rickettsial disease and 8-10 days in typhoid fever.

Child: Premature and full-term neonates: 25 mg/kg/day in 4 divided doses. Full-term infants >2 wk: 50 mg/kg/day in 4 divided doses. Children: 50 mg/kg/day in 4 divided doses increased to 100 mg/kg/day for meningitis or severe infections.

Elderly:

Renal impairment: Dose reduction may be required.

Hepatic impairment: Dose reduction may be required.

Oral

Plague

Adult: 50 mg/kg/day in 4 divided doses increased to 100 mg/kg/day for meningitis or severe infections due to moderately

resistant organisms. Continue treatment after the patient's temperature has normalised for a further 4 days in rickettsial disease and 8-10 days in typhoid fever.

Child: Premature and full-term neonates: 25 mg/kg/day in 4 divided doses. Full-term infants >2 wk: 50 mg/kg/day in 4 divided doses. Children: 50 mg/kg/day in 4 divided doses increased to 100 mg/kg/day for meningitis or severe infections.

Elderly:

Renal impairment: Dose reduction may be required.

Hepatic impairment: Dose reduction may be required.

Oral

Granuloma inguinale

Adult: 50 mg/kg/day in 4 divided doses increased to 100 mg/kg/day for meningitis or severe infections due to moderately resistant organisms. Continue treatment after the patient's temperature has normalised for a further 4 days in rickettsial disease and 8-10 days in typhoid fever.

Child: Premature and full-term neonates: 25 mg/kg/day in 4 divided doses. Full-term infants >2 wk: 50 mg/kg/day in 4 divided doses. Children: 50 mg/kg/day in 4 divided doses increased to 100 mg/kg/day for meningitis or severe infections.

Elderly:

Renal impairment: Dose reduction may be required.

Hepatic impairment: Dose reduction may be required.

Oral

Brain abscess

Adult: 50 mg/kg/day in 4 divided doses increased to 100 mg/kg/day for meningitis or severe infections due to moderately resistant organisms. Continue treatment after the patient's temperature has normalised for a further 4 days in rickettsial disease and 8-10 days in typhoid fever.

Child: Premature and full-term neonates: 25 mg/kg/day in 4 divided doses. Full-term infants >2 wk: 50 mg/kg/day in 4 divided doses. Children: 50 mg/kg/day in 4 divided doses increased to 100 mg/kg/day for meningitis or severe infections.

Elderly:

Renal impairment: Dose reduction may be required.

Hepatic impairment: Dose reduction may be required.

Oral

Anthrax

Adult: 50 mg/kg/day in 4 divided doses increased to 100 mg/kg/day for meningitis or severe infections due to moderately resistant organisms. Continue treatment after the patient's temperature has normalised for a further 4 days in rickettsial disease and 8-10 days in typhoid fever.

Child: Premature and full-term neonates: 25 mg/kg/day in 4 divided doses. Full-term infants >2 wk: 50 mg/kg/day in 4 divided doses. Children: 50 mg/kg/day in 4 divided doses increased to 100 mg/kg/day for meningitis or severe infections.

Elderly:

Renal impairment: Dose reduction may be required.

Hepatic impairment: Dose reduction may be required.

Oral

Gas gangrene

Adult: 50 mg/kg/day in 4 divided doses increased to 100 mg/kg/day for meningitis or severe infections due to moderately resistant organisms. Continue treatment after the patient's temperature has normalised for a further 4 days in rickettsial disease and 8-10 days in typhoid fever.

Child: Premature and full-term neonates: 25 mg/kg/day in 4 divided doses. Full-term infants >2 wk: 50 mg/kg/day in 4 divided doses. Children: 50 mg/kg/day in 4 divided doses increased to 100 mg/kg/day for meningitis or severe infections.

Elderly:

Renal impairment: Dose reduction may be required.

Hepatic impairment: Dose reduction may be required.

Oral

Listeriosis

Adult: 50 mg/kg/day in 4 divided doses increased to 100 mg/kg/day for meningitis or severe infections due to moderately resistant organisms. Continue treatment after the patient's temperature has normalised for a further 4 days in rickettsial disease and 8-10 days in typhoid fever.

Child: Premature and full-term neonates: 25 mg/kg/day in 4 divided doses. Full-term infants >2 wk: 50 mg/kg/day in 4 divided doses. Children: 50 mg/kg/day in 4 divided doses increased to 100 mg/kg/day for meningitis or severe infections.

Elderly:

Renal impairment: Dose reduction may be required.

Hepatic impairment: Dose reduction may be required.

Oral

Anaerobic bacterial infections

Adult: 50 mg/kg/day in 4 divided doses increased to 100 mg/kg/day for meningitis or severe infections due to moderately resistant organisms. Continue treatment after the patient's temperature has normalised for a further 4 days in rickettsial disease and 8-10 days in typhoid fever.

Child: Premature and full-term neonates: 25 mg/kg/day in 4 divided doses. Full-term infants >2 wk: 50 mg/kg/day in 4 divided doses. Children: 50 mg/kg/day in 4 divided doses increased to 100 mg/kg/day for meningitis or severe infections.

Elderly:

Renal impairment: Dose reduction may be required.

Hepatic impairment: Dose reduction may be required.

Oral

Q fever

Adult: 50 mg/kg/day in 4 divided doses increased to 100 mg/kg/day for meningitis or severe infections due to moderately resistant organisms. Continue treatment after the patient's temperature has normalised for a further 4 days in rickettsial disease and 8-10 days in typhoid fever.

Child: Premature and full-term neonates: 25 mg/kg/day in 4 divided doses. Full-term infants >2 wk: 50 mg/kg/day in 4 divided doses. Children: 50 mg/kg/day in 4 divided doses increased to 100 mg/kg/day for meningitis or severe infections.

Elderly:

Renal impairment: Dose reduction may be required.

Hepatic impairment: Dose reduction may be required.

Oral

Psittacosis

Adult: 50 mg/kg/day in 4 divided doses increased to 100 mg/kg/day for meningitis or severe infections due to moderately resistant organisms. Continue treatment after the patient's

temperature has normalised for a further 4 days in rickettsial disease and 8-10 days in typhoid fever.

Child: Premature and full-term neonates: 25 mg/kg/day in 4 divided doses. Full-term infants >2 wk: 50 mg/kg/day in 4 divided doses. Children: 50 mg/kg/day in 4 divided doses increased to 100 mg/kg/day for meningitis or severe infections.

Elderly:

Renal impairment: Dose reduction may be required.

Hepatic impairment: Dose reduction may be required.

Oral

Tularaemia

Adult: 50 mg/kg/day in 4 divided doses increased to 100 mg/kg/day for meningitis or severe infections due to moderately resistant organisms. Continue treatment after the patient's temperature has normalised for a further 4 days in rickettsial disease and 8-10 days in typhoid fever.

Child: Premature and full-term neonates: 25 mg/kg/day in 4 divided doses. Full-term infants >2 wk: 50 mg/kg/day in 4 divided doses. Children: 50 mg/kg/day in 4 divided doses increased to 100 mg/kg/day for meningitis or severe infections.

Elderly:

Renal impairment: Dose reduction may be required.

Hepatic impairment: Dose reduction may be required.

Ophthalmic

Ocular infections

Adult: Instill 1 drop of a 0.5% solution every 2 hr. Increase dosage interval upon improvement. To continue treatment for at least 48 hr after complete healing. Reduce dose once symptoms are controlled or apply a 1% ointment 3-4 times daily.

Renal impairment: Dose reduction may be required.

Hepatic impairment: Dose reduction may be required.

Otic/Aural

Otitis externa

Adult: Instill 2-3 drops of a 5% solution into the ear bid-tid.

Renal impairment: Dose reduction may be required.

Hepatic impairment: Dose reduction may be required.

Administration

Should be taken on an empty stomach. (Take on an empty stomach 1 hr before or 2 hr after meals.)

Contraindications

History of hypersensitivity or toxic reaction to the drug; pregnancy, lactation; porphyria; parenteral admin for minor infections or as

prophylaxis; preexisting bone marrow depression or blood dyscrasias.

Special Precautions

Impaired renal or hepatic function; premature and full-term neonates. Monitor plasma concentrations to avoid toxicity.

Adverse Drug Reactions

GI symptoms; bleeding; peripheral and optic neuritis, visual impairment, blindness; encephalopathy, confusion, delirium, mental depression, headache. Haemolysis in patients with G6PD deficiency. ophthalmic application: Hypersensitivity reactions including rashes, fever and angioedema. Ear drops: Ototoxicity.
Potentially Fatal: Bone marrow suppression and irreversible aplastic anaemia. Neutropenia, thrombocytopenia. Grey baby syndrome. Rarely, anaphylaxis.

Drug Interactions

Decreased effects of iron and vitamin B12 in anaemic patients. Phenobarbitone and rifampin reduce efficacy of chloramphenicol. Impairs the action of oral contraceptives.
Potentially Fatal: Increases the effect of oral anticoagulants, oral hypoglycaemic agents, phenytoin. Avoid concomitant administration with drugs that depress bone marrow function.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.
Storage

Ophthalmic: Refrigerate at 2-8°C. Do not freeze. Oral: Store at 15-25°C. Otic/Aural: Refrigerate at 2-8°C. Do not freeze.

Mechanism of Action

Chloramphenicol inhibits bacterial protein synthesis by binding to 50s subunit of the bacterial ribosome, thus preventing peptide bond formation by peptidyl transferase. It has both bacteriostatic

and bactericidal action against H. influenzae, N. meningitidis and S. pneumoniae.

Duration: Typhoid: 8-10 days; meningitis: 7-10 days; brain abscess: Up to 4 wk.

Absorption: Readily absorbed with peak plasma concentrations after 1 or 2 hr (oral).

Distribution: Distributed widely into tissues and fluids, CSF (up to 50% even in the absence of meningitis), eye (aqueous and vitreous humours); crosses the placenta and enters the breast milk. Protein-binding: 60%.

Metabolism: Hydrolysed to the free drug in the GI tract (palmitate); liver by conjugation with glucuronic acid, lungs and kidneys after parenteral admin (sodium succinate).

Excretion: Via the urine (30% as unchanged before hydrolysis, 5-10% of an oral dose), via the bile (3%), via the faeces (1% as inactive form); 1.5-4 hr (elimination half-life).

CIMS Class

Chloramphenicols / Eye Anti-infectives & Antiseptics / Ear Anti-infectives & Antiseptics

ATC Classification

D06AX02 - chloramphenicol; Belongs to the class of other topical antibiotics used in the treatment of dermatological diseases.

D10AF03 - chloramphenicol; Belongs to the class of topical antiinfective preparations used in the treatment of acne.

G01AA05 - chloramphenicol; Belongs to the class of antibiotics. Used in the treatment of gynecological infections.

J01BA01 - chloramphenicol; Belongs to the class of amphenicols. Used in the treatment of systemic infections.

S01AA01 - chloramphenicol; Belongs to the class of antibiotics. Used in the treatment of eye infections.

S02AA01 - chloramphenicol; Belongs to the class of antiinfectives used in the treatment of ear infections.

S03AA08 - chloramphenicol; Belongs to the class of antiinfectives used in ophthalmologic and otologic preparations.

*chloramphenicol information:

Note that there are some more drugs interacting with chloramphenicol

chloramphenicol

chloramphenicol brands available in India

Always prescribe with Generic Name : chloramphenicol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ADCORT eye drops AGLOMYCETIN cap AGLOMYCETIN susp AMPHEN susp ANDRECIN eye drops ANDRECIN eye oint ARIMA ear drops BESTEC DPS ear drops BIOMYCETIN ear drops BIOPHENICOL SUCCINATE vial CBL ear drops CHEMOCETIN susp CHLORAMPHENICOL SOD. SUCCINATE inj CHLORAMPHENICOL susp CHLORAMPHENICOL-INJ vial CHLORAMSONE eye/ear drops CHLORAXIN cap CHLORMET eye drops CHLORMET-DM eye drops CHLOROCIN cap CHLOROCIN susp CHLOROMYCETIN APPLICAPS Applicap CHLOROMYCETIN CAP cap CHLOROMYCETIN DPS ear drops CHLOROMYCETIN KAPSEALS cap CHLOROMYCETIN PALMITATE susp CLCD ear drops CLOBIOTIC ear drops DACLOR cap DECO eye/ear drops DECO-AT eye drops DECOL cap DEXOREN eye drops DEXOREN-S eye/ear drops ELIGAO ear drops ENCLOR cap ENTEROMYCETIN cap ENTEROMYCETIN DROPS eye drops ENTEROMYCETIN inj ENTEROMYCETIN OTIC ear drops ENTEROMYCETIN syr EPTICO eye drops EPTICO-D eye/ear drops EXCAN DPS ear drops FENCOL cap FENCOL susp FLUBICHLOR eye drops L.B.C. ear drops LABCHLOR cap LABCHLOR vial LARMYCETIN cap LARMYCETIN susp MYCIN EYE DPS eye drops OCUCHLOR eye drops OCULOR

drops OCUPOL DPS eye/ear drops OCUPOL eye oint OCUPOL-D DPS eye/ear drops OCUPOL-D eye oint OLOTIC ear drops OPTOCOL drops OTIDEN ear drops OTOCIN EAR DROPS ear drops OTOCOS ear drops OTOSYM ear drops PARAXIN cap PARAXIN DROPS drops PARAXIN DROPS oint PARAXIN inj PARAXIN sugar-coated tab PARAXIN susp PECOL cap PHENIMYCIN SUCCINATE vial PROVIDEX ear drops PROVIDEX EYE drops PULSE-B eye/ear drops PULSE-BD eye/ear drops RECLOR cap RENICOL eye drops RENICOL eye oint RENICOL-E eye drops RENICOL-P eye drops RENICOL-PX eye drops STARBIOTIC eye drops STARPHENICOL cap STARPHENICOL DPS eye drops STARPHENICOL-D eye drops STEDEX eye/ear drops TAURCOL cap TAURCOL susp TRICLOR D eye/ear drops TROMYCETIN vial TYCOL cap TYDE-S vial TYMPALIN-C ear drops VANMYCETIN OPTI- cap VECOL eye drops VITAMYCETIN cap VITAMYCETIN syr ZYCOL susp

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([all drugs])

chlordiazepoxide

CIMS Class : (Anxiolytics)

chlordiazepoxide

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related chlordiazepoxide information

Indication & Dosage

Oral

Anxiety

Adult: 30 mg daily in divided doses, up to 100 mg daily in severe conditions.

Elderly: and debilitated patients: Dose reduction may be needed.

Oral

Muscle spasms

Adult: 10-30 mg daily in divided doses.

Elderly: and debilitated patients: Dose reduction may be needed.

Oral

Acute symptoms of alcohol withdrawal

Adult: 25-100 mg daily repeated as necessary. Max dose: 300 mg daily.

Elderly: and debilitated patients: Dose reduction may be needed.

Oral

Insomnia

Adult: 10-30 mg before bedtime.

Elderly: and debilitated patients: Dose reduction may be needed.

Parenteral

Acute anxiety

Adult: Initially, 50-100 mg followed by 25-50 mg 3-4 times daily if necessary. May be given via deep IM or slow IV inj.

Elderly: and debilitated patients: Dose reduction may be needed.

Parenteral

Severe symptoms of alcohol withdrawal

Adult: Initially, 50-100 mg, if necessary, repeat dose after 2-4 hr. May be given via deep IM or slow IV inj.

Elderly: and debilitated patients: Dose reduction may be needed.

Intramuscular

Premedication before anaesthesia

Adult: 50-100 mg given 1 hr before surgery.

Elderly: and debilitated patients: Dose reduction may be needed.

Administration

May be taken with or without food.

Contraindications

Acute pulmonary insufficiency, resp depression, patients with marked neuromuscular resp weakness; hypersensitivity to benzodiazepines; chronic psychosis; porphyria; pregnancy and lactation.

Special Precautions

Alcohol; sedation, dependence. Elderly and debilitated patients. Liver or kidney dysfunction. Avoid prolonged usage.

Adverse Drug Reactions

Physical and psychological dependence; withdrawal syndrome; impairs psychomotor performance, aggression (in predisposed individuals esp in combination with alcohol); sedation; blood dyscrasias, jaundice, hepatic dysfunction.
Potentially Fatal: May rarely cause hypoplastic or haemolytic anaemia.

Drug Interactions

Cimetidine increases serum conc of chlordiazepoxide. Potentiates action of major neuroleptics.

Potentially Fatal: Alcohol potentiates CNS-depressant effect of chlordiazepoxide.

Food Interaction

Alcohol: additive CNS effects, grape juice may increase serum levels and toxicity

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intramuscular: Store at 25°C. Oral: Store at 15-25°C. Parenteral: Store at 25°C.

Mechanism of Action

Chlordiazepoxide enhances activity of the inhibitory transmitter GABA in different parts of CNS by increasing neuronal-membrane

permeability to chloride ions resulting to hyperpolarisation and stabilisation. It has some muscle relaxant and anticonvulsant activity.

Absorption: Almost complete (oral); peak plasma concentrations after 1-2 hrs.

Distribution: Crosses the placenta, diffuses into CSF, enters breast milk. Protein-binding: 96%

Metabolism: Hepatic; converted to desmethyldiazepam.

Excretion: Urine (as unchanged drug and metabolites; faeces (conjugated metabolites); 5-30 hrs (elimination half-life).

CIMS Class

Anxiolytics

ATC Classification

N05BA02 - chlordiazepoxide; Belongs to the class of benzodiazepine derivatives anxiolytics. Used in the management of anxiety, agitation or tension.

*chlordiazepoxide information:

Note that there are some more drugs interacting with chlordiazepoxide

chlordiazepoxide further details are available in official CIMS India

chlordiazepoxide

chlordiazepoxide brands available in India

Always prescribe with Generic Name : chlordiazepoxide, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ANXIZIDE tab ANXTRI tab BELREST tab CEBRUM film-coated tab CLOXIDE film-coated tab CLOXIDE PLUS film-coated tab CYNOSLEEP tab DORPEP tab EBRIUM tab EQUILIBRIUM tab LIB-CT tab LIBRIUM tab LIBROSYM tab LIBROTOP film-coated tab RESTAB tab SEREPOSE tab SEREPOSE-2 tab TRIXIA tab WELDIP tab XTRACALM tab ZOSAR tab

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([all drugs])

chlordiazepoxide + clidinium bromide

CIMS Class : (Antispasmodics)

chlordiazepoxide + clidinium bromide

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related chlordiazepoxide + clidinium bromide information

Indication & Dosage

Oral

Irritable bowel syndrome

Adult: Each capsule containing chlordiazepoxide 5 mg and clidinium 2.5 mg: 1-2 capsule 3-4 times a day, before meals and at bedtime.

Elderly: Minimal effective dose.

Administration

Should be taken on an empty stomach. (Take ½-1 hr before meals.)

Contraindications

Hypersensitivity, myasthenia gravis, pregnancy and lactation, glaucoma, obstructive uropathy, GI obstruction, paralytic ileus, unstable CVS status, acute hemorrhage, acute resp conditions.

Special Precautions

Driving, hazardous work, elderly, renal disease, hepatic disease, hypertension, CVS disease, ulcerative colitis, hernia, reflux esophagitis, elderly and debilitated, autonomic neuropathy.

Adverse Drug Reactions

Mouth dryness, blurring, hesitancy and urgency in micturition, constipation, rise in body temperature, heat stroke, tachycardia, mydriasis, headache, nervousness, drowsiness, weakness, nausea, aggression, dependence, mild skin rashes and impaired psychomotor performance.
Potentially Fatal: Severe hypersensitive reaction, hemolytic anemia (rarely).

Drug Interactions

Cimetidine increases T1/2 of chlordiazepoxide. Absorption of chlordiazepoxide enhanced by metoclopramide and aluminum hydroxide. Chlordiazepoxide absorption hindered by Mg trisilicate, morphine and pethidine. Clidinium faces additive anticholinergic effects with antidepressants, quinidine and some antihistamines.

Potentially Fatal: Alcohol potentiates chlordiazepoxide and concurrent use of both can be potentially dangerous.

Storage

Oral: Store at 25°C.

Mechanism of Action

Chlordiazepoxide exerts anxiolytic effect by stimulating the GABA receptor-complex activity. Clidinium is an anticholinergic agent. This combination can control some emotional and somatic factors in GI disease.

CIMS Class

Antispasmodics

ATC Classification

N05BA02 - chlordiazepoxide; Belongs to the class of benzodiazepine derivatives anxiolytics. Used in the management of anxiety, agitation or tension.

*chlordiazepoxide + clidinium bromide information:

Note that there are some more drugs interacting with chlordiazepoxide + clidinium bromide

chlordiazepoxide + clidinium bromide

chlordiazepoxide + clidinium bromide brands available in India

Always prescribe with Generic Name : chlordiazepoxide + clidinium bromide, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACIREX tab ALSPAS FORTE tab CEBREX FORTE tab CEBREX tab CIBIS film-coated tab CLIDOX tab COLINORM tab EQUIREX tab IBS tab LIBRAX tab LIBROSPAS film-coated tab NEUROSPAS-CD tab NORMAXIN tab NORMAXIN-RT tab ORLIDOX tab SERECON tab SERECON-D tab SIPOSPAS tab SOLIBS tab SPASRAX sugar-coated tab SPASRIL film-coated tab STAMUR tab ULCIPEP tab ZIBRA tab

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([all drugs])

chlorhexidine

CIMS Class : (Mouth/Throat Preparations)

chlorhexidine

Lab ¤ - Lab interference

related chlorhexidine information

Indication & Dosage

Mouth/Throat

Gingivitis, Oral hygiene

Adult: Rinse mouth with 10 ml of a 0.2% soln for 1 minute bid-tid.

Contraindications

Brain, meninges, middle ear or sensitive tissues.

Special Precautions

Avoid contact with eyes except when dilute solutions are used.

Adverse Drug Reactions

Skin sensitivity; irritation of conjunctiva, mucosal irritation; reversible brown staining of the teeth; tongue discoloration; parotid gland swelling.

Lab Interference

Interferes with stix tests for proteinuria.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Chlorhexidine, is a very potent, cationic chemoprophylactic agent. It has a broad-spectrum action, and is more effective against gm+ve than gm-ve bacteria. It acts by binding to negatively charged bacterial cell wall thereby disrupting membrane integrity and

affecting its functions. In high concentrations, chlorhexidine is bactericidal.
Absorption: Poor (oral, topical).

CIMS Class

Mouth/Throat Preparations

ATC Classification

A01AB03 - chlorhexidine; Belongs to the class of local antiinfective and antiseptic preparations. Used in the treatment of diseases of the mouth.
B05CA02 - chlorhexidine; Belongs to the class of antiinfectives used as irrigating solutions.
D08AC02 - chlorhexidine; Belongs to the class of biguanide and amidine antiseptics. Used in the treatment of dermatological diseases.
D09AA12 - chlorhexidine; Belongs to the class of ointment dressings with antiinfectives. Used in treatment of wounds.
R02AA05 - chlorhexidine; Belongs to the class of antiseptics used in throat preparations.

S01AX09 - chlorhexidine; Belongs to the class of other antiinfectives. Used in the treatment of eye infections.
S02AA09 - chlorhexidine; Belongs to the class of antiinfectives used in the treatment of ear infections.
S03AA04 - chlorhexidine; Belongs to the class of antiinfectives used in ophthalmologic and otologic preparations.

*chlorhexidine information:
chlorhexidine
chlorhexidine brands available in India
Always prescribe with Generic Name : chlorhexidine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : 32 CARE mouthwash A'FRESH mouthwash AFRESHO mouthwash AROFIL MOUTH WASH mouthwash CHLORHEXIDINE mouthwash CLOHEX 150 mouthwash CLOHEX PLUS mouthwash CMW mouthwash C-NATE mouthwash COGLU mouthwash DENCURE mouthwash DENTASEP dental gel DENTASEP-F mouthwash DENTRA mouthwash DENTROSYM mouthwash EVERGAURD mouthwash FOGUM gel FRESHEX mouthwash GLIHEX paint HAA topical soln HEXABIR

mouthwash HEXATRIN mouthwash HEXIDE LIQ liqd HEXIDINE mouthwash HEXIGEL dental gel HEXIMET GEL gel HEXIPREP soln HYGEEN mouthwash INDENT mouthwash INHEX mouthwash MAGHEX M-WASH mouthwash MAGHEX-M gel ME FRESH mouthwash METROGYL-DG dental gel MEXIDIN GEL gel MICROGARD soln MICROSHIELD ANTISEPTIC CONC. topical soln MICROSHIELD topical soln MOUDEN mouthwash M-RINSE mouthwash NITRA-HEX mouthwash NITRA-MET gel NUSEPT mouthwash O2-FRESH mouthwash ORAHEX GEL gel ORAHEX ORAL RINSE mouthwash ORAN mouthwash ORBIZ mouthwash ORINSE mouthwash OSIHEX mouthwash PEARLCARE mouthwash PENDIN mouthwash QUADRAJEL gel REFRESH mouthwash REXIDIN mouthwash REXIDIN PLUS mouthwash REXIDIN-M dental gel RINSODINE PLUS liqd SENSE-32 M-WASH mouthwash SEPTACARE-M gel SILRON PLUS dental gel SKEEN SOAP cake STEL scrub SURGISCRUB soln SYMODENT M-WASH mouthwash TANGIM soln THERMOKIND mouthwash TIDEOL mouthwash TOPFRESH mouthwash TOSS-K MOUTH WASH mouthwash TPHEXID M-WASH mouthwash TRIGUARD MOUTHWASH mouthwash TROEIT mouthwash TROGYL-DENTA dental gel VAKFRESH mouthwash XIDINE-G mouthwash

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([all drugs])

chloroquine

CIMS Class : (Antimalarials) , (Disease-Modifying Anti-Rheumatic Drugs (DMARDs)) , (Antiamoebics)

chloroquine

P - Caution when used during pregnancy

L - Caution when used during lactation

related chloroquine information

Indication & Dosage

Oral

Acute malaria

Adult: As base: Initially, 600 mg followed by 300 mg 6-8 hr later on day 1. On days 2 and 3, single doses of 300 mg/day.

Child: Initially, 10 mg base/kg (max 600 mg base) followed by 5 mg base/kg (max 300 mg base) after 6 hrs. Single doses of 5 mg base/kg on days 2 and 3.

Elderly:

Oral

Prophylaxis of malaria

Adult: As base: 300 mg once wkly, starting 1 wk before exposure, continuing throughout on a wkly basis and for at least 4 wk after exposure.

Child: 5 mg/kg weekly.

Oral

Discoid and systemic lupus erythematosus

Adult: As base: Initially, 150 mg once daily, reduce gradually after maximal response. Max dose: 2.5 mg/kg daily.

Child: 3 mg/kg daily.

Elderly:

Oral

Hepatic amoebiasis

Adult: As base: 600 mg daily for 2 days then 300 mg daily for 2 or 3 wk given with emetine or dehydroemetine.

Child: 6 mg/kg daily. Max dose: 300 mg daily.

Oral

Rheumatoid arthritis

Adult: As base: 150 mg daily. Max: 2.5 mg/kg daily. Discontinue treatment if there is no improvement after 6 mth.

Child: Up to 3 mg/kg/day. Discontinue treatment if there is no improvement after 6 mth.

Renal impairment: May need to reduce dose in prolonged treatment.

Intravenous

Severe and complicated malaria

Adult: As base: 25 mg/kg given in several infusions over 30-32 hr at a slow rate. May start on oral therapy once patient is able to tolerate oral doses.

Administration

Should be taken with food.

Overdosage

Symptoms include headache, drowsiness, visual disturbances, nausea and vomiting, CV collapse, shock and convulsions followed by sudden and early respiratory and cardiac arrest. ECG may reveal atrial standstill, nodal rhythm, prolonged intraventricular conduction time and progressive bradycardia leading to ventricular fibrillation and/or arrest. Treatment is symptomatic and should be prompt with immediate evacuation of the stomach by emesis or gastric lavage. Finely powdered, activated charcoal may be used within 30 min after ingestion of the antimalarial to reduce intestinal absorption of the drug. To be effective, the dose of

activated charcoal should be at least five times the estimated dose of chloroquine ingested.

Contraindications

Hypersensitivity, known or suspected resistant P. falciparum infection, porphyria, retinal damage, concurrent hepatotoxic drugs.

Special Precautions

Psoriasis, diseases of the haematopoietic or CNS systems, myasthenia gravis, hepatic or renal impairment, G6PD deficiency, epilepsy, childn. Pregnancy and lactation. Slow infusion is used upon IV admin to prevent cardiotoxicity.

Adverse Drug Reactions

Retinopathy, hair loss, photosensitivity, tinnitus, myopathy (long-term therapy). Psychosis, seizures, leucopenia and rarely aplastic anaemia, hepatitis, GI upsets, dizziness, hypokalaemia, headache, pruritus, urticaria, difficulty in visual accommodation.

Potentially Fatal: Cardiac and respiratory arrest, CV collapse, convulsions, coma.

Drug Interactions

Concomitant therapy with phenylbutazone predisposes to dermatitis, antagonises effect of neostigmine and pyridostigmine, reduces bioavailability of ampicillin. Cimetidine inhibits metabolism of chloroquine raising plasma levels.
Potentially Fatal: Increased risks of inducing ventricular arrhythmias with halofantrine or other arrhythmogenic drugs eg, amiodarone. Increased risk of convulsions with mefloquine. Antacids reduce absorption of chloroquine hence admin should be separated by 4 hrs. Rarely Stevens-Johnson syndrome, when administered with pyrimethamine/sulphadoxine. Increased toxicity with quinacrine.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intravenous: Store at 15-30°C. Oral: Store at 15-30°C.

Mechanism of Action

Chloroquine is used for malarial prophylaxis (as a suppressive) and in managing acute attacks of malaria. It is highly active against erythrocytic forms of P. vivax, P. malariae and P. falciparum. It influences Hb digestion by increasing intravesicular pH in malaria parasite cells and interferes with the nucleoprotein synthesis of the patient. It is also effective in extra intestinal amoebiasis. In RA chloroquine and more effectively hydroxychloroquine have a disease-modifying effect.

Absorption: Rapid and complete (oral); rapid (IM/SC).

Distribution: Widely distributed; high concentrations in kidneys, liver, lungs and spleen; crosses the placenta; enters breast milk.

Metabolism: Extensively hepatic; converted to monodesethylchloroquine.

Excretion: Urine (as unchanged drug and metabolite).

CIMS Class

Antimalarials / Disease-Modifying Anti-Rheumatic Drugs (DMARDs) / Antiamoebics

ATC Classification

P01BA01 - chloroquine; Belongs to the class of aminoquinoline antimalarials. Used in the management of malarial infections.

*chloroquine information:
Note that there are some more drugs interacting with chloroquine
chloroquine further details are available in official CIMS India
chloroquine
chloroquine brands available in India
Always prescribe with Generic Name : chloroquine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : BITAQUINE drops BITAQUINE syr BITAQUINE tab CADIQUIN tab CHLOROLEX tab CHLOROQUINE inj CLOKIT JUNIOR kit CLOKIT kit CLOQUIN film-coated tab CLOQUIN susp CLOQUIN-DS film-coated tab C-QUIN SUSP susp EMQUIN dispertab EMQUIN inj EMQUIN susp EMQUIN tab E-VIVAX inj E-VIVAX tab E-VIVAX vial IDIQUIN syr IDIQUIN

tab INGAQUINE tab JAGQUIN liqd JAGQUIN syr JAGQUIN tab LA-QUIN syr LARIAGO dispertab LARIAGO inj LARIAGO susp LARIAGO tab LARIAGO-DS tab LAROVER tab MALAQUIN tab MALIAGO tab MALIGON cap MALSWIFT inj MELUBRIN tab NEOQUINE inj NEOQUINE tab NIVAQUINE-P amp NIVAQUINE-P film-coated tab NIVAQUINE-P susp NIVAQUINE-P vial PARAQUIN film-coated tab PARAQUIN inj PARAQUIN susp PREMOQUIN inj QUINOWIN susp QUINOWIN tab QUINROSS dispertab QUINROSS syr QUINROSS tab RADIQUIN film-coated tab RADIQUIN-DS film-coated tab RESOCHIN DS-tab RESOCHIN inj RESOCHIN susp RESOCHIN tab RIMOQUIN-DS tab RIMOQUIN-DS vial ROSQ amp ROSQ susp ROSQ tab ROSQ vial UV-LUBE UNIMS eye drops WINMAL C amp

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([all drugs])

chlorphenamine

CIMS Class : (Antihistamines & Antiallergics)

chlorphenamine

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related chlorphenamine information

Indication & Dosage

Oral

Allergic conditions

Adult: 4 mg every 4-6 hr. Max: 24 mg daily.

Child: 1-2 yr: 1 mg bid, 2-5 yr: 1 mg every 4-6 hr, 6-12 yr: 2 mg every 4-6 hr. Max: 6 mg daily (1-5 yr); 12 mg daily (6-12 yr).

Parenteral

Adjunct in the emergency treatment of anaphylactic shock

Adult: 10-20 mg IM, SC, or slow IV inj over 1 min. Max dose: 40 mg daily.

Child: 87.5 mcg/kg SC 4 times daily

Incompatibility: Incompatible with calcium chloride, kanamycin sulfate, noradrenaline acid tartrate, pentobarbital sodium and meglumine adipiodone.

Incompatibility: Incompatible with calcium chloride, kanamycin sulfate, noradrenaline acid tartrate, pentobarbital sodium and meglumine adipiodone.

Administration

May be taken with or without food.

Contraindications

Hypersensitivity, neonates.

Special Precautions

Elderly, pylori duodenal obstruction, angle-closure glaucoma, urinary retention, prostatic hyperplasia, epilepsy, renal and hepatic impairment. May affect performance of skilled tasks. BPH, bladder neck obstruction, hypertension. Pregnancy, lactation.

Adverse Drug Reactions

CNS depression, sedation, drowsiness, lassitude, dizziness. GI upsets, anorexia, or increased appetite, epigastric pain, blurring of vision, dysuria, dryness of mouth, tightness in chest, hypotension, muscular weakness, tinnitus, euphoria, headache, paradoxical CNS stimulation.
Potentially Fatal: CV collapse and respiratory failure.

Drug Interactions

Potentiates sedative effect of psychotropic drugs e.g. barbiturates, hypnotics, opiod analgesics, anxiolytics and antipsychotics. Interaction with alcohol could be dangerous (sedation/excitation).

Food Interaction

Reduced bioavailability

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store below 25°C. Parenteral: Store below 25°C.

Mechanism of Action

Chlorphenamine is an H1-receptor antagonist which competetively blocks H1-receptor sites on tissues.

Duration: 4-6 hr.

Absorption: Absorbed relatively slowly from the GI tract (oral); peak plasma concentrations after 2.5-6 hr.

Distribution: Widely distributed; CNS. Protein-binding: 70%.

Metabolism: Extensive; converted to desmethyl- and didesmethylchlorphenamine.

Excretion: Via urine (as unchanged drug and metabolites).

CIMS Class

Antihistamines & Antiallergics

ATC Classification

R06AB04 - chlorphenamine; Belongs to the class of substituted alkylamines used as systemic antihistamines.

*chlorphenamine information:

Note that there are some more drugs interacting with chlorphenamine

chlorphenamine

chlorphenamine brands available in India

Always prescribe with Generic Name : chlorphenamine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AGLOTON syr ASICOLD RELIEF syr AVICOF syr BAROHIST-AC syr CADISTIN tab CEBRINE drops CEBRINE PLUS syr CEBRINE PLUS tab CEBRINE syr CEBRINE tab CEPIAM TR TR-cap CESIRAN INJ inj CHLORAM INJ inj CHLORPHENIRAMINE tab COCOREX syr CODYLEX PLUS tab COFTON tab CORICO syr CORIMINIC tab FEBREX PLUS DS syr FEBREX PLUS ORAL DROPS drops FEBREX PLUS SYRUP syr FEBREX PLUS tab HEPASULFOL-AA sugar-coated tab KHASIGO COUGH SYRUP syr LEMO-P DPS P-drops MAXTRA DPS drops MAXTRA drops NILHIST syr NOXA drops PANTHOR liqd PIRITON tab POLARAMINE syr POLARAMINE tab PROMINIC syr TRIGENIC DROPS drops

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([all drugs])

chlorpromazine

CIMS Class : (Antipsychotics) , (Antiemetics)

chlorpromazine

P - Caution when used during pregnancy

L - Contraindicated in lactation

related chlorpromazine information

Indication & Dosage

Oral

Intractable hiccup

Adult: Initially, 25-50 mg 3-4 times daily for 2-3 days; if unresponsive, may admin 25-50 mg via IM inj. If still necessary, 25-50 mg in 500-1000 ml of normal saline may be given via slow IV infusion.

Child: 1-12 yr: 500 mcg/kg every 4-6 hr. Max: >5 yr: 75 mg daily; 1-5 yr: 40 mg daily.

Elderly: Initially, 1/3-½ the normal adult dose.

Oral

Psychoses

Adult: 25 mg tid; may be given as a single 75 mg dose at night. Maintenance: 25-100 mg tid increased to =1 g daily as required in psychotic patients.

Child: 1-12 yr: 500 mcg/kg every 4-6 hr. Max: >5 yr: 75 mg daily; 1-5 yr: 40 mg daily.

Elderly: Initially, 1/3-½ the normal adult dose.

Intramuscular

Psychoses

Adult: 25-50 mg repeated every 6-8 hr. Substitute with oral therapy as soon as possible.

Child: 1-12 yr: 500 mcg/kg every 4-6 hr. Max: >5 yr: 75 mg daily; 1-5 yr: 40 mg daily.

Elderly: Initially, 1/3-½ the normal adult dose.

Intramuscular

Nausea and vomiting

Adult: Initially, 25 mg via IM inj, followed by 25-50 mg every 3-4 hr until vomiting stops.

Child: 1-12 yr: 500 mcg/kg every 4-6 hr. Max: >5 yr: 75 mg daily; 1-5 yr: 40 mg daily.

Elderly: Initially, 1/3-½ the normal adult dose.

Rectal

Psychoses

Adult: 100 mg every 6-8 hr as suppositories.

Administration

May be taken with or without food. (May be taken w/ meals to reduce GI discomfort.)

Overdosage

Symptoms include somnolence, coma, hypotension and extrapyramidal symptoms. Other possible manifestations include agitation and restlessness, convulsions, fever, autonomic reactions such as dry mouth and ileus, EKG changes and cardiac arrhythmias. Treatment is symptomatic and supportive. Early gastric lavage may be helpful. Observe patient and maintain an open airway.

Contraindications

Hypersensitivity; preexisting CNS depression, coma, bone-marrow supression; phaeochromocytoma; lactation.

Special Precautions

Parkinson's disease; CV disease; renal or hepatic impairment; cerebrovascular and respiratoty disease; jaundice; DM; hypothyroidism; paralytic ileus; prostatic hyperplasia or urinary retention; epilepsy or history of seizures; myasthenia gravis; pregnancy; elderly (especially with dementia), and debilitated patients. Avoid direct sunlight.

Adverse Drug Reactions

Tardive dyskinesia (on long-term therapy). Involuntary movements of extremities may also occur. Dry mouth, constipation, urinary retention, mydriasis, agitation, insomnia, depression and convulsions; postural hypotension, ECG changes. Allergic skin reaction, amenorrhoea, gynaecomastia, weight gain. Hyperglycaemia and raised serum cholesterol.
Potentially Fatal: Agranulocytosis. Instantaneous deaths associated with ventricular tachyarrhythmias. Marked elevation of body temperature with heat stroke. Neuroleptic malignant syndrome, extrapyramidal dysfunction.

Drug Interactions

Potentiation of anticholinergic effects of antiparkinson agents and TCAs may lead to an anticholinergic crisis. Additive orthostatic hypotensive effect in combination with MAOIs. Reverses antihypertensive effect of guanethidine, methyldopa and clonidine.
Potentially Fatal: Additive depressant effect with sedatives, hypnotics, antihistamines, general anaesthetics, opiates and alcohol.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intramuscular: Store at 15-30°C. Oral: Store at 15-30°C.

Mechanism of Action

Chlorpromazine is a neuroleptic that acts by blocking the postsynaptic dopamine receptor in the mesolimbic dopaminergic system and inhibits the release of hypothalamic and hypophyseal hormones. It has antiemetic, serotonin-blocking, and weak antihistaminic properties and slight ganglion-blocking activity.

Onset: 15 min (IM); 30-60 min (oral).

Absorption: Readily but sometimes erratically absorbed from the GI tract (oral); peak plasma concentrations after 2-4 hr.

Distribution: Widely distributed; crosses the blood-brain barrier and placenta; enters breast milk.

Metabolism: Extensively hepatic by hydroxylation and conjugation with glucuronic acid, N-oxidation, oxidation of a sulfur atom and dealkylation.
Excretion: Urine and faeces (as active and inactive metabolites); 30 hr (elimination half-life).

CIMS Class

Antipsychotics / Antiemetics

ATC Classification

N05AA01 - chlorpromazine; Belongs to the class of phenothiazine antipsychotics with aliphatic side-chain. Used in the management of psychosis.

*chlorpromazine information:
Note that there are some more drugs interacting with chlorpromazine
chlorpromazine
chlorpromazine brands available in India
Always prescribe with Generic Name : chlorpromazine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CAIN tab CAIN vial CHLORECTIL PLUS tab CHLORPROMAZINE inj CHLORPROMAZINE tab CHLORPROMAZINE TAB tab CLOZINE FORTE tab CLOZINE PLUS tab CLOZINE tab EMETIL DS tab EMETIL PLUS tab EMETIL tab LACALM FORTE tab MEGATIL inj MEGATIL tab PSYZINE PLUS tab RELICLAM FORTE tab RELICLAM-SF tab RELITIL FORTE tab RELITIL inj RELITIL PLUS tab RELITIL tab SER tab SERECTIL tab SUN PRAZIN tab TRANCHLOR tab TRINICALM FORTE tab

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([all drugs])

chlortalidone

CIMS Class : (Diuretics)

chlortalidone

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related chlortalidone information

Indication & Dosage

Oral

Hypertension

Adult: 25 mg daily given alone or with other antihypertensives, increased to 50 mg daily if necessary.

Child: 2 mg/kg/day or on alternate days.

Oral

Oedema

Adult: Initially, 25-50 mg daily up to 100-200 mg daily in severe cases. Maintenance: 25-50 mg daily or on alternate days.

Oral

Diabetes insipidus

Adult: Initially, 100 mg bid reduced gradually. Maintenance: 50 mg daily.

Contraindications

Severe renal impairment or anuria. Severe hepatic impairment, addison's disease, preexisting hypercalcaemia, asthma; hypersensitivity; severe allergy. Pregnancy and lactation.

Special Precautions

Existing fluid and electrolyte disturbances, hepatic cirrhosis, severe heart failure, hyperuricaemia, mild to moderate renal impairment.

Elderly. Monitor fluid and electrolyte balance. Kidney or liver disease; diabetes; gout; hyperlipidaemia and ventricular extra systoles.

Adverse Drug Reactions

Dry mouth, thirst, weakness, lethargy, drowsiness, restlessness, seizures, oliguria, hypotension, fatigue, muscle cramps and GI disturbances, nausea, vomiting, constipation, diarrhoea, anorexia. Diabetes and gout may be precipitated. Impotence. Raised blood levels of glucose, urates, lipids and calcium. Reduced levels of K and magnesium. Raised CPK levels.
Potentially Fatal: Rare. Severe hyponatraemia and idiosyncratic hypersensitivity.

Drug Interactions

NSAIDs antagonise hypotensive action. Suppresses action of oral anticoagulants due to reduced prothrombin activity. Increased risk of hypokalaemia when corticosteroids are given concurrently.
Potentially Fatal: Potentiates bone marrow suppression caused by anticancer drugs. Diuretic-induced vol depletion can potentiate aminoglycoside nephrotoxicity. Impairs action of oral

hypoglycaemic agents. Enhances digitalis toxicity due to hypokalaemia. vol depletion enhances lithium toxicity, conversely, sudden withdrawal of diuretics may result in subtherapeutic levels of circulating lithium. Prolonged paralysis with tubocurarine due to hypokalaemia.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

if used in pregnancy-induced hypertension.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Chlortalidone is an oral, long acting antihypertensive/diuretic. It is a monosulfamyl diuretic that acts by enhancing the excretion of sodium and chloride ions, and water by interfering with the transport of sodium ions across the renal tubular epithelium. Their primary site of action appears to be at the cortical diluting segment in the nephron of the loop of Henle.

Onset: 2 hr.

Duration: 48-72 hr.

Absorption: Erratic absorption from the GI tract (oral).

Distribution: Binds to red blood cells; crosses the placenta and enters breast milk. Protein-binding: Weak.

Excretion: Urine (as unchanged drug); 40-60 hr (elimination half-life).

CIMS Class

Diuretics

ATC Classification

C03BA04 - chlortalidone; Belongs to the class of low-ceiling sulfonamide diuretics. Used to promote excretion of urine.

*chlortalidone information:
Note that there are some more drugs interacting with chlortalidone
chlortalidone further details are available in official CIMS India
chlortalidone
chlortalidone brands available in India
Always prescribe with Generic Name : chlortalidone, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : HYDRAZIDE tab HYTHALTON tab THALIZIDE tab
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([all drugs])
chlorzoxazone
CIMS Class : (Muscle Relaxants)
chlorzoxazone
P - Caution when used during pregnancy
L - Contraindicated in lactation
Food ¤ - Food interaction
related chlorzoxazone information

Indication & Dosage

Oral

Painful muscle spasm associated with musculoskeletal conditions

Adult: Initially, 500 mg 3-4 times daily, may subsequently reduce to 250 mg 3-4 times daily. Max: 750 mg 3-4 times daily.

Administration

Should be taken with food.

Contraindications

Hypersensitivity. Liver disease. Porphyria. Lactation.

Special Precautions

Pregnancy, known allergies. Tasks requiring mental alertness may be impaired. Monitor liver function.

Adverse Drug Reactions

Drowsiness, dizziness, lightheadedness, headache, excitement, restlessness, GI disturbances, irritability, sensitivity reactions (skin rash). Jaundice, liver damage reported. Orange or reddish-purple urine.

Potentially Fatal: Anaphylactoid reactions, angioedema, fatal hepatocellular toxicity.

Food Interaction

Additive CNS effects when taken with alcohol.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Chlorzoxazone acts at the level of the spinal cord and subcortical areas of the brain where it inhibits multisynaptic areas involved in producing and maintaining skeletal muscle spasm of varied etiology, thus relieving painful musculoskeletal conditions. It also has sedative property.

Onset: 1 hr.

Duration: 3-4 hr.

Absorption: Completely absorbed from the GI tract (oral); peak plasma concentrations after 1-2 hr.

Metabolism: Hepatic; yielding 6-hydroxychlorzoxazone.

Excretion: Via urine (mainly as glucuronide); 1 hr (elimination half-life).

CIMS Class

Muscle Relaxants

ATC Classification

M03BB03 - chlorzoxazone; Belongs to the class of oxazol, thiazine, and triazine derivative agents used as centrally-acting muscle relaxants.

*chlorzoxazone information:

Note that there are some more drugs interacting with chlorzoxazone

chlorzoxazone

chlorzoxazone brands available in India

Always prescribe with Generic Name : chlorzoxazone, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACTIZOX tab ADENIM-MR tab ADNAC-MR tab AGILE-MR tab ARMDIC MR TAB tab ARTIGESIC-MR tab ASPA PLUS tab ASPA tab AVIFEM-MR tab AVINIM-MR tab BALZOX tab BIO FLEXIC tab BRENLAX tab BUFEX-C tab BUFEX-CD tab CADIFLAM tab CEP-MR tab CHLORIZOK tab CIPZOX tab CLOPAR MR tab CLOPAR PLUS tab CLOPAR-K tab C-MR tab COMBINAC-MR tab CUZOX-MR tab DEMO-MR film-coated tab DIAZOX-MR tab DICLOAT-CZ tab DICLOFALM FORTE tab DICLOFAST-P tab DICLOFLAM MR tab DICLOMOVE-MR tab DICLONAC-MR tab DICLONET-FORTE tab DICLONIJ-KMR tab DICLONIJ-SUPER tab DICLONOVA MR tab DICLORIZ tab DICNAC MR tab DICNAC PLUS tab DICNAP-MR tab DICOLIV-MR tab DICOL-MR tab DICRON-C tab DICYCLOZED tab DICZONE PLUS tab DICZONE-MR tab DIFISAL RELAX

tab DIFLAC PLUS tab DIKUL MR TABS tab DILOFEN-CZ tab DION MR tab DIVEXX-MR tab DIVOREL PLUS tab DIZOX tab DODO-MR tab DOLOBAN tab DOLOCIDE-MR tab DOLOKIND-MR tab DOLOMED-MR tab DOLOZOX tab DON-MR tab DP GESIC MR film-coated tab DPAZOX tab DUAL GESIC PLUS tab DUODIL tab E-FEN-CZ tab ELAXIC DS tab ELAXIC tab FENADEC MR film-coated tab FENZONE FORTE tab FENZOXE FORTE tab FLAMAR-MX film-coated tab FLAMESE-KR tab FLEXICAM tab FLEXIGESIC-MR tab FLEXON-MR tab FORGESIC-MR tab FRENAC-MR film-coated tab IMFLAMOL-ZX tab INTAGESIC-MR tab INTRAGESIC-MR tab KMR tab LARIGOX tab LEBEC-MR tab LIPCY-MR tab LOBAK tab LOBAK-FORTE tab LUPISULIDE MR tab MAGADOL-SP tab MAXIGESIC MR tab MAXOFLAM MR film-coated tab MEZONAC film-coated tab MINIDOLO tab MOBIFEN tab MOBIFEN-K tab MOBIFLAM tab MOBISOX tab MOBIZOX tab MOFAX tab MUSCODAC TAB tab MUSKEL film-coated tab MUZOX TABLETS tab MYDIC-MR tab MYOFAN tab MYOSPAZ FORTE tab MYOSPAZ tab NACLOMOL-MR tab NACPO tab NAMPLUS tab NELSID FORT tab NEULAB-MR tab NEW MEZONAC tab NEW PANAZOX tab NICIP-MR tab NIFEN MR tab NIMKUL-CZ tab NIMKUL-MR tab NIM-MR tab NIMUCET-MR tab NIMUFLEX tab NIMUFLEX-MR

tab NIMVISTA-MR tab NISE-MR tab NOVIL tab NUMOL-MR tab ONAFEN-CZ tab ONTAC PLUS tab ORTHODAC MR tab OSDIP-MR tab OSTEOFLAM-MR enteric-coated tab PACIZOX tab PAINKAIR-MR tab PARADIC-C tab PARADIC-MR tab PARAFLAX tab PARAFON tab PARAZOX-D tab PAXOL-MR tab POWERGESIC tab POWERGESIC-MR tab PREMINAC-MR tab RALIWIZ-MR tab RAPIDACT tab REACTIVE tab RELAX FORTE tab RELITASE-MR tab RYDOL-MR tab SERADIC-MR film-coated tab SIOZOX tab SIXER PLUS tab SMR tab SPAZOBID FORTE tab SPAZOBID tab SPONTREL tab SPRAIN-MR tab STUFZOX tab SUPERGIN TAB tab SYSDOL-MR tab TEEPRO-CZ tab TRIACTIN tab TRIDOLO tab TRIFLEX tab TROMA-MR tab TROMANIL-MR tab TRUFLAM-MR tab ULTRAZOX film-coated tab UNIDIC-MR tab VALET PLUS tab VIVOGESIC-MR tab VOLFLAM-MR tab VOVENAC MR tab WIKIGESIC-MR tab WINGESIC FORTE tab WINGESIC PLUS tab XEROFLAM-M tab ZAX-KMR tab ZEITIS-MR film-coated tab ZOFLAM tab ZOFLEX tab ZOXAPHEN tab ZOXUS-MR tab ZYCLOZON tab

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([all drugs])

cholecalciferol

CIMS Class : (Vitamins A, D & E)

cholecalciferol

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related cholecalciferol information

Indication & Dosage

Oral

Nutritional deficiency

Adult: 10 mcg (400 units) daily. May also be given via IM inj.

Oral

Deficiency due to malabsorption states or liver diseases

Adult: Up to 1 mg (40 000 units) daily. May also be given via IM inj.

Oral

Hypocalcaemia caused by hypoparathyroidism

Adult: Up to 5 mg (200 000 units) daily. May also be given via IM inj.

Contraindications

Hypercalcaemia. Evidence of vitamin D toxicity.

Special Precautions

Excessive intake may lead to development of hyperphosphataemia or hypercalcaemia. Infants, renal impairment or calculi, heart disease. Monitor plasma phosphate & calcium level. Pregnancy, lactation.

Adverse Drug Reactions

Hyperphosphataemia or hypercalcaemia (in excessive intake). Associated effects of hypercalcaemia include hypercalciuria, ectopic calcification, & renal & CV damage.

Drug Interactions

Increased risk of hypercalcaemia if given with thiazide diuretics, calcium or phosphate. Antiepileptics (e.g. carbamazepine, phenobarbitone,phenytoin & primidone) may increase vitamin D requirements. Rifampicin & isoniazid may reduce efficacy of vitamin D. Corticosteroids may counteract the effect of vitamin D. Digoxin or any cardiac glycoside. Reduced absorption when taken with cholestyramine, colestipol, mineral oil, orlistat. Ketoconazole.

Food Interaction

Olestra (fat substitute).

Lab Interference

Interfere with Zlatkis-Zak reaction causing a falsely increased serum cholesterol determination.

Mechanism of Action

Vit D may have anti-osteoporotic, immunomodulatory, anticarcinogenic, antipsoriatic, antioxidant & mood-modulatory activities. Along with parathyroid hormone & calcitonin, regulate serum calcium conc.

Onset: Slow.

Duration: Relatively prolonged duration of action.

Absorption: Well absorbed from the GI tract. Presence of bile is essential for adequate intestinal absorption. Hence absorption may be decreased in patients with decreased fat absorption.

Distribution: Bound to a specific a-globulin. Can be stored in adipose & muscle tissue for long periods of time. Slowly released

from storage sites & skin where it is formed in the presence of sunlight or uv light. May distribute into breast milk.

Metabolism: Hydroxylated in the liver by the enzyme vitamin D 25-hydroxylase to form 25-hydroxycholecalciferol (calcifediol). Further hydroxylated in the kidneys by the enzyme vitamin D1-hydroxylase to form the active metabolites 1,25-dihydroxycholecalciferol (calcitriol). Further metabolism also occurs in the kidneys, including the formation of the 1,24,25-trihydroxy derivatives.

Excretion: Mainly in the bile & faeces with only small amounts appearing in urine.

CIMS Class

Vitamins A, D & E

ATC Classification

A11CC05 - colecalciferol; Belongs to the class of vitamin D and analogues. Used as dietary supplements.

*cholecalciferol information:

Note that there are some more drugs interacting with cholecalciferol

cholecalciferol

cholecalciferol brands available in India

Always prescribe with Generic Name : cholecalciferol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ARACHITOL 3L amp ARACHITOL 6L amp ARCHITOL inj ARISTROL cap CALCI-BEST SACHET sachet CALCIROL granules CALDIKIND sachet DEVITA amp DEVITA sachet DEWIN inj FOVIT-D3 amp KALZIN INJ inj SYCHITOL inj VITAL-CAL sachet

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([all drugs])

choline salicylate

CIMS Class : (Nonsteroidal Anti-inflammatory Drugs (NSAIDs)) , (Mouth/Throat Preparations)

choline salicylate

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related choline salicylate information

Indication & Dosage

Oral

Pain and fever

Adult: 435-870 mg every 4 hr when required.

Oral

Rheumatic disorders

Adult: 4.8-7.2 g daily in divided doses.

Buccal

Mouth lesions

Adult: Apply 8.7% gel on affected area.

Contraindications

Haemophilia, haemorrhagic disorders, gout, history of hypersensitivity to salicylates. Severe renal or hepatic impairment; childn <12 yrs. Pregnancy and lactation.

Special Precautions

Peptic ulcers, errosive gastritis; asthma, allergic disorders; renal and hepatic impairment; dehydrated patients; uncontrolled hypertension; elderly.

Adverse Drug Reactions

GI disorders, fatigue, hypersensitivity reactions, skin eruptions, haemolytic anaemia, weakness, dyspnoea; local irritation (rectally); Reye's syndrome.
Potentially Fatal: Paroxysmal bronchospasm; hepatotoxicity; renal impairment; thrombocytopenia, iron-deficiency anaemia, occult bleeding, leukopenia; mild chronic salicylate intoxication.

Drug Interactions

Increased toxicity of warfarin. Antacids may reduce salicylate effects. Increased risk of GI bleeding when used with corticosteroids.

Lab Interference

Interfere with thyroid function test.

Mechanism of Action

Choline salicylate alleviates pain by inhibition of prostaglandin synthesis and reduce fever by acting on the hypothalamus heat-regulating center. It also blocks the generation of impulses.
Onset: 1-2 hr.

CIMS Class

Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Mouth/Throat Preparations

ATC Classification

N02BA03 - choline salicylate; Belongs to the class of salicylic acids and derivatives agents. Used to relieve pain and fever.

*choline salicylate information:
Note that there are some more drugs interacting with choline salicylate
choline salicylate
choline salicylate brands available in India

Always prescribe with Generic Name : choline salicylate, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : DENTOGEL liqd DENTRA GEL gel DOLOGEL gel DOLOGEL-CT gel GELORA gel ORAFLORA GEL paste ORASIA gel ORAWIN gel OREX-LO soln SENSORA gel SOREGEL oint TANZIN mouth paint ULCEHEAL GEL dental gel VAKGUM mouthwash ZYTEE gel ZYTEE-RB gel

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([all drugs])

chorionic gonadotrophin

CIMS Class : (Trophic Hormones & Related Synthetic Drugs)

chorionic gonadotrophin

P - Caution when used during pregnancy

L - Contraindicated in lactation

related chorionic gonadotrophin information

Indication & Dosage

Intramuscular

Prepubertal cryptorchidism in males

Adult: 500-4000 u injected 3 times wkly. Treatment should continue for 1-2 mth after testicular descent.

Child:

Intramuscular

Male infertility due to hypogonadotrophic hypogonadism

Adult: 500-4000 u injected 2-3 times wkly.

Child:

Intramuscular

Anovulatory infertility

Adult: Single dose of 5000-10,000 u. Up to 3 repeated injections of up to 5000 u each may be given within the following 9 days to prevent corpus luteum insufficiency.

Intramuscular

Delayed puberty associated with hypogonadism in males

Adult: Male: Initially, 500-1500 u twice a wk titrated against plasma-testosterone concentration.

Contraindications

Hypersensitivity; precocious puberty, prostatic carcinoma or other androgenic dependent neoplasm. Pregnancy and lactation.

Special Precautions

Discontinue therapy if signs of precocious puberty are seen in patients treated for cryptorchidism. Patients with cardiac or renal disease, epilepsy, migraine or asthma.

Adverse Drug Reactions

Headache, irritability, restlessness, depression, fatigue, oedema; precocious puberty, gynaecomastia; pain at Inj site; enlargement of preexisting ovarian cysts and possible rupture; arterial thromboembolism; shock; abdominal pain.
Potentially Fatal: Ovarian hyperstimulation syndrome (OHSS).

Pregnancy Category (US FDA)
Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.
Mechanism of Action

Chorionic Gonadotrophin is a polypeptide hormone produced by the human placenta. It stimulates the production of gonadal steroid hormones by inducing interstitial cells (Leydig cells) of the testis to produce androgens and the corpus luteum of the ovary to produce progesterone.

Absorption: Peak concentrations after 6 hrs (IM).

Distribution: Mainly in the gonads.

Excretion: Via the urine (10-12% of IM dose within 24 hrs). Elimination half-life: 6-11 hrs (initial phase), 23-38 hrs (terminal phase).

CIMS Class

Trophic Hormones & Related Synthetic Drugs

ATC Classification

G03GA01 - chorionic gonadotrophin; Belongs to the class of gonadotropins. Used as ovulation stimulants.

*chorionic gonadotrophin information:

chorionic gonadotrophin

chorionic gonadotrophin brands available in India

Always prescribe with Generic Name : chorionic gonadotrophin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CHORAGON amp CHORIOLIFE amp CHORIOMON amp CORION amp CORLOVA vial FERGONAD-C amp FERTIGYN amp HUCHOGON inj HUCOG inj HUMUNIS vial LG IVF-C vial MATERNA HCG inj ORIGIN amp OVIDAC vial OVIDREL vial OVULATE-C amp OVUTRIG-HP amp PREGNYL inj PREGO-C vial PROFASI inj PROFERTI-C vial PROLIGON inj PROVIGIL amp PUBERGEN amp PUBERGEN-HP amp STIMOGON vial ZY-HCG vial

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([all drugs])

chymotrypsin

CIMS Class : (Anti-inflammatory Enzymes) , (Other Eye Preparations)

chymotrypsin

related chymotrypsin information

Indication & Dosage

Intraocular

Enzymatic zonulysis for intracapsular lens extraction

Adult: Irrigate the posterior chamber with 1-2 mL of a 1:5000 diluted soln (150 N.F.u/mL). Then irrigate with at least 2 mL of the unused portion of the diluent 2-4 min after procedure.

Contraindications

Hypersensitivity. High vitreous pressure & a gaping incisional wound, congenital cataracts, patients < 20 yr due to probable lens-vitreous adhesion not responsive to a-chymotrypsin lysis.

Adverse Drug Reactions

IM: Occasionally, severe allergic reactions. Ophthalmological: Increased intraocular pressure, corneal oedema, striation & moderate uveitis.

Mechanism of Action

Chymotrypsin is a proteolytic enzyme obtained by the activation of chymotrypsinogen extracted from the pancreas of beef that has been used in ophthalmology for the dissection of the zonule of the lens, thus facilitating intracapsular cataract extraction & reducing

trauma to the eye. It has also been given for its anti-inflammatory actions eg, in soft-tissue inflammation & oedema.

CIMS Class

Anti-inflammatory Enzymes / Other Eye Preparations

ATC Classification

B06AA04 - chymotrypsin; Belongs to the class of enzymes used as hematological agent.
S01KX01 - chymotrypsin; Belongs to the class of other agents used as ophthalmologic surgical aids.

*chymotrypsin information:
chymotrypsin
chymotrypsin brands available in India
Always prescribe with Generic Name : chymotrypsin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ALFAPSIN D enteric-coated tab ALFAPSIN sublingual tab CEZE FORTE tab CHYMASE FORTE tab CHYMIN FORTE

enteric-coated tab CHYMOBEL FORTE tab CHYMOBEL PLUS tab CHYMORAL FORTE enteric-coated tab CHYMOSOZ-D tab CHYMOTAS FORTE enteric-coated tab CHYMOTRIP tab CHYMUTRIP enteric-coated tab FLAMOTRYP tab HEALZYME tab K-TRIP FORTE enteric-coated tab K-TRIP PLUS tab KYMOVIL PLUS enteric-coated tab OMOTRIP tab ORTHAL FORTE tab ORTHOTIME tab RESTOCHYME tab RIDASE FORTE tab RIDASE FORTE-DS tab SISTAL FORTE enteric-coated tab SISTAL PLUS film-coated tab SISTAL-AF tab SOLUZYME tab TRIMORAL FORTE tab TRIMORAL-DK tab TRIPCHEM tab TRIXI-FORT tab

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([all drugs])

ciclopirox

CIMS Class : (Psoriasis, Seborrhea & Ichthyosis Preparations) , (Topical Antifungals & Antiparasites)

ciclopirox

P - Caution when used during pregnancy

L - Caution when used during lactation

related ciclopirox information

Indication & Dosage

Topical/Cutaneous

Seborrhoeic dermatitis

Adult: As a 1% (ciclopirox base) shampoo: Apply twice wkly.

Topical/Cutaneous

Nail fungal infections

Adult: As 8% (ciclopirox base) lacquer: Apply onto the affected nails once daily.

Topical/Cutaneous

Skin fungal infections

Adult: As 0.77% (ciclopirox base) cream/gel/suspension/solution/powder: Apply onto affected areas bid.

Contraindications

Hypersensitivity; occlusive wrappings/dressings.

Special Precautions

Children <10 yr; pregnancy, lactation. Avoid contact with eyes. For external use only.

Adverse Drug Reactions

Pruritus, burning sensation; headache, rash, irritation, dryness.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Mechanism of Action

Ciclopirox has a wide spectrum of antifungal activity and some antibacterial activity. Inhibits most Candida, Epidermophyton, Microsporum, Trichophyton species and M. furfur by inhibiting transport of essential elements in fungal cells, thus disrupting DNA, RNA and protein synthesis.

Absorption: <2% through intact skin (topical).

Distribution: To epidermis, corium (dermis), including hair, hair follicles and sebaceous glands. Protein-binding: 94-98%.

Excretion: Urine, faeces (small amounts). Elimination half-life: 1.7 hr (solution); 5.5 hr (gel).

CIMS Class

Psoriasis, Seborrhea & Ichthyosis Preparations / Topical Antifungals & Antiparasites

ATC Classification

D01AE14 - ciclopirox; Belongs to the class of other antifungals for topical use. Used in the treatment of fungal infection.
G01AX12 - ciclopirox; Belongs to the class of other antiinfectives and antiseptics. Used in the treatment of gynecological infections.

*ciclopirox information:
ciclopirox
ciclopirox brands available in India
Always prescribe with Generic Name : ciclopirox, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : 8X SHAMPOO shampoo BATRAFAN cream OLAMIN cream OLAMIN scalp soln ONYLAC nail lacquer
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([all drugs])

ciclosporin

CIMS Class : (Immunosuppressants)

ciclosporin

P - Caution when used during pregnancy

L - Contraindicated in lactation

related ciclosporin information

Indication & Dosage

Oral

Immunosuppression in organ transplantation

Adult: Initially, 10-15 mg/kg/day, starting 4-12 hr before procedure and continued for 1-2 wk; usual maintenance: 2-6 mg/kg/day. Lower doses may be used when combined with other immunosuppressants.

Oral

Psoriasis

Adult: Initially, 2.5 mg/kg/day, in 2 divided doses. Reduce to lowest effective dose once remission is achieved. Stop treatment if there is no sufficient improvement to max dose within 6 wk. Max: 5 mg/kg/day.

Oral

Severe atopic dermatitis

Adult: Initially, 2.5 mg/kg/day, in 2 divided doses. Reduce to lowest effective dose once remission is achieved. Stop treatment if there is no sufficient improvement to max dose within 6 wk. Max: 5 mg/kg/day.

Oral

Rheumatoid arthritis

Adult: 2.5 mg/kg/day, in 2 divided doses. Treatment should continue for 6-8 wk. If response is insufficient, may increase dose gradually. Max: 4 mg/kg/day.

Oral

Nephrotic syndrome

Adult: 5 mg/kg daily, given in 2 divided doses.

Child: 6 mg/kg daily, given in 2 divided doses.

Intravenous

Prophylaxis of graft rejection in bone marrow transplantation

Adult: Intially, 3-5 mg/kg/day starting on the day before transplantation and continue for up to 2 wk or until oral therapy can be initiated at a maintenance of 12.5 mg/kg/day. Continue maintenance dose for at least 3-6 mth.

Intravenous

Immunosuppression in organ transplantation

Adult: Initially: 5-6 mg/kg/day as a single dose, infuse dose over 2-6 hr. Switch to an oral dosage form as soon as possible.

Overdosage

Transient hepatotoxicity and nephrotoxicity may occur. General supportive measures and symptomatic treatment may be used in cases of overdosage.

Contraindications

Hypersensitivity; malignant neoplasms; uncontrolled hypertension; psoriasis; lactation.

Special Precautions

Renal and hepatic impairment; hyperuricaemia; anaphylaxis; history of allergic reactions; pregnancy; monitor BP, serum electrolytes, renal and hepatic function.

Adverse Drug Reactions

Hypertension; hepatoxicity; tremor; paraesthesia, hypertrichosis, facial oedema, acne; gingival hypertrophy; hyperkalaemia, fluid retention; increased susceptibility to infections; GI symptoms.

Potentially Fatal: Nephrotoxicity; convulsions.

Drug Interactions

Increased ciclosporin level by diltiazem, doxycycline, erythromycin, ketoconazole, methylprednisolone (high doses), nicardipine, verapamil, oral contraceptives. Drugs which reduce ciclosporin level are carbamazepine, isoniazid, phenobarbitone, phenytoin and rifampicin. Increased risk of convulsion when used concurrently with high-dose methylprednisolone.
Potentially Fatal: Additive nephrotoxicity when used with aminoglycosides, amphotericin B, ciprofloxacin, colchicine, melphalan, co-trimoxazole and NSAIDs.

Storage

Intravenous: Store at 25°C. Oral: Store at 25°C.

Mechanism of Action

Ciclosporin is a strong immunosuppressant that acts mainly on the helper T-cells. It inhibits the activation of calcineurin and

production of interleukin-2, thus reducing cell-mediated immune response.

Absorption: Incompletely and variably absorbed from the GI tract (oral).

Distribution: Widely distributed; crosses the placenta and enters breast milk. Protein-binding: 90%.

Metabolism: Hepatic: Extensive.

Excretion: In faeces via the bile; 5-20 hr (elimination half-life), more rapid in children.

CIMS Class

Immunosuppressants

ATC Classification

L04AD01 - ciclosporin;

S01XA18 - ciclosporin;

*ciclosporin information:

Note that there are some more drugs interacting with ciclosporin ciclosporin

ciclosporin brands available in India

Always prescribe with Generic Name : ciclosporin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CYCLOMUNE 5% eye drops CYCLOMUNE eye drops CYCLOPHIL ME softgel CYCLOPHIL ME soln CYRIN cap CYRIN vial GRAFTIN cap GRAFTIN soln IMMUSOL soln IMUSPORIN soft-gelatin caps IMUSPORIN soln PANIMUN BIORAL soft-gelatin caps PANIMUN BIORAL soln PANIUM BIORAL cap PICOSPORIN amp PICOSPORIN softgel PICOSPORIN syr RESTASIS vial SANDIMMUN CONC inj SANDIMMUN NEORAL cap SANDIMMUN NEORAL inj SANDIMMUN NEORAL syr ZYMMUNE inj

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([all drugs])

cilostazol

CIMS Class : (Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics))

cilostazol

P - Caution when used during pregnancy

L - Caution when used during lactation

related cilostazol information

Indication & Dosage

Oral

Peripheral vascular disease

Adult: 100 mg bid. May reduce dose in patients taking enzyme inhibitors concurrently.

Administration

Should be taken on an empty stomach. (Take at least ½ hr before or 2 hr after meals.)

Overdosage

Symptoms include: severe headache, diarrhoea, hypotension, tachycardia, and possibly cardiac arrhythmias. Careful observation and supportive treatment are recommended.

Contraindications

Heart failure; known predisposition to bleeding; history of ventricular arrhythmias; QT interval prolongation; severe renal impairment; moderate to severe hepatic impairment.

Special Precautions

Congestive heart disease. Concurrent therapy with clopidogrel has not been studied for safety or efficacy. Pregnancy and lactation.

Adverse Drug Reactions

Headache, dizziness, palpitations, diarrhoea, abnormal stools; pain, infection; peripheral oedema, nausea, vomiting, other cardiac arrhythmias, chest pain, rhinitis, pharyngitis, ecchymosis and skin rash.

Drug Interactions

Co-admin with drugs that affect CYP3A4 (erythromycin, other macrolides, diltiazem) or CYP2C19 (omeprazole) may influence the pharmacokinetics of cilostazol.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals

are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 25°C.

Mechanism of Action

Cilostazol is a reversible, selective inhibitor of phosphodiesterase-III (PDE-III), thereby suppressing cyclic adenosine monophosphate (cAMP) degradation. Increase in cAMP in platelets and blood vessels leads to inhibition of platelet aggregation and vasodilation. Cilostazol also inhibits adenosine uptake into cells, which augments the cAMP-elevating effect of PDE-III inhibition.

Absorption: Absorbed from the GI tract after oral admin.

Distribution: 95-98% bound to plasma proteins.

Metabolism: Extensively metabolised hepatically by CYP450 isoenzymes, mainly CYP3A4.

Excretion: Mainly excreted in the urine, remainder excreted in the faeces.

CIMS Class

Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics)

*cilostazol information:

Note that there are some more drugs interacting with cilostazol

cilostazol further details are available in official CIMS India

cilostazol

cilostazol brands available in India

Always prescribe with Generic Name : cilostazol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CILODOC tab CLETUS tab PENCIL tab PLETOZ tab STILOZ tab ZILAST tab

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([all drugs])

cimetidine

CIMS Class : (Antacids, Antireflux Agents & Antiulcerants)

cimetidine

P - Caution when used during pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related cimetidine information

Indication & Dosage

Oral

Benign gastric and duodenal ulceration

Adult: Initially, 800 mg as a single daily dose given at bedtime for at least 4 wk for duodenal ulcers and 6 wk for gastric ulcers. Maintenance: 400 mg once daily at bedtime or bid.

CrCl (ml/min)

Dosage Recommendation

30-50

200 mg 4 times daily.

15-30

200 mg tid.

0-15

200 mg bid.

Oral

Stress ulceration of upper gastrointestinal tract

Adult: 200-400 mg every 4-6 hr.

CrCl (ml/min)

Dosage Recommendation

30-50

200 mg 4 times daily.

15-30

200 mg tid.

0-15

200 mg bid.

Oral

Prophylaxis of acid aspiration during general anaesthesia

Adult: 400 mg is given orally 90-120 minutes before induction of anaesthesia or at the start of labour and up to 400 mg may be given every 4 hr if necessary.

CrCl (ml/min)

Dosage Recommendation

30-50

200 mg 4 times daily.

15-30

200 mg tid.

0-15

200 mg bid.

Oral

Gastro-oesophageal reflux disease

Adult: 400 mg 4 times daily or 800 mg bid for 4-8 wk.

CrCl (ml/min)

Dosage Recommendation

30-50

200 mg 4 times daily.

15-30

200 mg tid.

0-15

200 mg bid.

Oral

Zollinger-Ellison syndrome

Adult: 300-400 mg 4 times daily, increase dose if necessary.

CrCl (ml/min)

Dosage Recommendation

30-50

200 mg 4 times daily.

15-30

200 mg tid.

0-15

200 mg bid.

Oral

Non-ulcer dyspepsia

Adult: Up to 200 mg 4 times daily.

CrCl (ml/min)

Dosage Recommendation

30-50

200 mg 4 times daily.

15-30

200 mg tid.

0-15

200 mg bid.

Oral

Prophylaxis of nocturnal heartburn

Adult: 100 mg at night.

CrCl (ml/min)

Dosage Recommendation

30-50

200 mg 4 times daily.

15-30

200 mg tid.

0-15

200 mg bid.

Oral

Pancreatic insufficiency

Adult: 800-1600 mg daily in 4 divided doses, to be taken 60-90 minutes before meals.

CrCl (ml/min)
Dosage Recommendation
30-50
200 mg 4 times daily.
15-30
200 mg tid.
0-15
200 mg bid.
Intravenous
Stress ulceration of upper gastrointestinal tract
Adult: 200 mg every 4-6 hr.

Administration

Should be taken with food.

Overdosage

Overdosage may lead to respiratory failure and tachycardia that may be controlled by assisted respiration and admin of a ß-blocker.

Contraindications

Hypersensitivity, lactation.

Special Precautions

Impaired renal and hepatic function. Age >50 yr; CV impairment. Pregnancy.

Adverse Drug Reactions

Diarrhoea, dizziness, tiredness, rash, headache, CNS disturbances, arthralgia, myalgia, gynaecomastia, alopoecia, blood dyscrasias, nephritis, hepatitis, pancreatitis, granulocytopenia, hypersensitivity reactions.

Drug Interactions

Absorption reduced by antacids. May potentiate anticoagulants, phenytoin, theophylline, benzodiazepines, ß-blockers, lidocaine.Procainamide clearance is reduced. Reduced absorption of ketoconazole and itraconazole. May enhance gastric

mucosal irritation when taken with ethanol. Avoid concurrent use with clopidogrel.

Food Interaction

Absorption delayed.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Mechanism of Action

Cimetidine competitively inhibits histamine at H2-receptors of the gastric parietal cells resulting in decreased gastric acid secretion, gastric volume and hydrogen ion concentration. It is a potent inhibitor of metabolism in the hepatic mixed-function oxidase systems. It is also used in patients with pancreatic insufficiency to reduce the breakdown of pancreatic enzyme supplements.

Onset: 1 hr.

Duration: 4-6 hr.

Absorption: Readily absorbed from the GI tract; peak plasma concentrations after 1-3 hr. Food delays the rate and slightly decreases extent of absorption.

Distribution: Widely distributed in the body; crosses the placental barrier and appears in breast milk. Protein-binding: 20%.

Metabolism: Partially hepatic; converted to the sulfoxide and to hydroxymethylcimetidine.

Excretion: Urine (as unchanged); 2 hr (elimination half-life).

CIMS Class

Antacids, Antireflux Agents & Antiulcerants

ATC Classification

A02BA01 - cimetidine; Belongs to the class of H2-receptor antagonists. Used in the treatment of peptic ulcer and gastro-oesophageal reflux disease (GERD).

*cimetidine information:

Note that there are some more drugs interacting with cimetidine cimetidine further details are available in official CIMS India

cimetidine

cimetidine brands available in India

Always prescribe with Generic Name : cimetidine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CIMETIDINE tab CIMETIN tab LOCK-2 tab TYMIDIN tab ULCIBAN tab

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([all drugs])

cinnarizine

CIMS Class : (Peripheral Vasodilators & Cerebral Activators) , (Antivertigo Drugs)

cinnarizine

P - Caution when used during pregnancy

L - Caution when used during lactation

related cinnarizine information

Indication & Dosage

Oral

Peripheral vascular disease

Adult: 75 mg bid or tid.

Elderly:

Oral

Motion sickness

Adult: 30 mg taken 2 hr before travel and 15 mg every 8 hr during the journey if necessary.

Child: 5-12 yr: 1/2 of adult dose.

Oral

Cerebrovascular disorders

Adult: 75 mg 1-3 times daily.

Oral

Vertigo and vestibular disorders

Adult: 30 mg tid.

Child: 5-12 yr: 1/2 of adult dose.

Administration

Should be taken with food.

Contraindications

Proven hypersensitivity to the drug. Parkinson's disease. Childn and neonates.

Special Precautions

Hypotension; pregnancy; lactation; elderly. May impair ability to drive or operate machineries.

Adverse Drug Reactions

Extrapyramidal symptoms sometimes associated with severe depression. Drowsiness, headache, GI upsets, unsteadiness, headache; rarely skin and hypersensitivity reactions, dry mouth, blurred vision, urinary difficulty or retention, constipation and increased gastric reflux, fatigue. Hypolipidaemic effect.

Drug Interactions

CNS depressant effect enhanced with alcohol. Action potentiated by domperidone.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals

are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Cinnarizine has calcium-channel blocking activity selective for arterial smooth muscle. It also has some antihistamine activity. Cinnarizine acts as a labyrinthine sedative. It also improves microcirculation by reducing ischaemia-induced blood viscosity.

Absorption: Absorbed from the GIT (oral); peak plasma concentrations after 2-4 hrs.

Excretion: Via faeces (as unchanged drug), via urine (as metabolites); 3-6 hrs (elimination half-life).

CIMS Class

Peripheral Vasodilators & Cerebral Activators / Antivertigo Drugs

ATC Classification

N07CA02 - cinnarizine; Belongs to the class of preparations used in the treatment of vertigo.

*cinnarizine information:

Note that there are some more drugs interacting with cinnarizine

cinnarizine

cinnarizine brands available in India

Always prescribe with Generic Name : cinnarizine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CINACT tab CINADIL SR-tab CINADIL tab CINAZ tab CINGERON tab CINI tab CINNASIA tab CINTAC tab CINTIGO film-coated tab CINTIGO tab CINVERT tab CINZAN dispertab CINZINE tab DIZIRON F-tab DIZIRON tab DIZNIL tab DIZZIGO tab EMZINE tab NEUROZINE tab NOVACINN tab STEDICIN tab STUGERON FORTE tab STUGERON tab SYZERON tab VERGO tab VERTICIN tab VERTIGON tab VERTIRON tab VERTO-C tab V-GON tab ZIVERT tab

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([all drugs])

cinnarizine + domperidone

CIMS Class : (Antiemetics)

cinnarizine + domperidone

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related cinnarizine + domperidone information

Indication & Dosage

Oral

Motion sickness

Adult: Each tab contains cinnarizine 20 mg and domperidone 15 mg: 1 tab taken 1-2 hr before travel and 1 tab every 6 hr during journey if necessary.

Contraindications

Hypersensitivity. Parkinson's disease. GI haemorrhage, obstruction and perforation, patients with prolactin releasing pituitary hormone or chronic admin or for prophylaxis of postoperative nausea and vomiting. Neonates, children.

Special Precautions

Hypotension. May impair ability to drive or operate machinery. Pheochromocytoma; renal or hepatic impairment; risk of cardiac arrhythmias and hypokalaemia if administered IV. Pregnancy, lactation; elderly.

Adverse Drug Reactions

Extrapyramidal symptoms sometimes associated with severe depression. Drowsiness, headache, GI upsets, unsteadiness, headache; rarely skin and hypersensitivity reactions, dry mouth, thickened resp depression, blurred vision, urinary difficulty or retention, constipation and increased gastric reflux, fatigue. Hypolipidaemic effect, extrapyramidal reactions, galactorrhoea, gynaecomastia; lassitude, decreased libido, skin rash, itch.
Potentially Fatal: Convulsions, arrhythmias and cardiac arrest, dysrrhythmias in patients with CVS disease or hypokalaemia, patients on cancer chemotherapy. Seizures, hypertensive crisis in patients with phaeochromocytoma.

Drug Interactions

CNS depressant effect of cinnarizine is enhanced with alcohol. Domperidone reduces absorption of oral digoxin. It increases absorption of aspirin, paracetamol and oral diazepam. Enhances CNS depression by phenothiazine. Antimuscarinic agents and opioids antagonise GI effects. Prolongs suxamethonium-induced neuromuscular blockade.

Food Interaction

Delayed absorption but higher bioavailability due to reduced first-pass metabolism in gut wall.

Mechanism of Action

Cinnarizine has Ca channel blocking activity selective for arterial smooth muscles. It has some antihistamine activity. Cinnarizine acts as a labyrinthine sedative. It also improves microcirculation by reducing ischaemia-induced blood viscosity. Domperidone is a peripheral dopamine-receptor blocker. It increases both the oesophageal peristalsis and the lower oesophageal sphincter pressure. It also increases gastric motility and peristalsis, and enhances gastroduodenal coordination, thus facilitating gastric emptying and decreasing small bowel transit time.

CIMS Class

Antiemetics

ATC Classification

A03FA03 - domperidone; Belongs to the class of propulsives. Used in the treatment of functional gastrointestinal disorders.
N07CA02 - cinnarizine; Belongs to the class of preparations used in the treatment of vertigo.

*cinnarizine + domperidone information:
Note that there are some more drugs interacting with cinnarizine + domperidone
cinnarizine + domperidone
cinnarizine + domperidone brands available in India
Always prescribe with Generic Name : cinnarizine + domperidone, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ARIDOM-C tab CIMDOM tab CINACT-D tab CINADIL-D tab CINGERON-D tab CINNASIA-D tab CINTAC-D tab DOMPON CZ tab DOMPRO-C tab DOMSTAL-CZ tab DONRIZ tab KANDOR CZ tab MOSIC tab NOVACINN-D tab PACIDOM-C tab REGPERI-C tab RIZDONE tab SIDOM tab SINARINE-DM tab STEDIDOM tab STUGIL tab VERNAVO tab VERTIBEL-CD tab VERTIDOM tab VERTIGIL TABS tab VERTISOZ tab VERTO tab V-GON D tab ZIDO-D tab ZIVERT-D tab

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([all drugs])

ciprofloxacin

CIMS Class : (Quinolones) , (Eye Anti-infectives & Antiseptics) , (Ear Anti-infectives & Antiseptics)

ciprofloxacin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related ciprofloxacin information

Indication & Dosage

Oral

Susceptible infections

Adult: 250-750 mg bid depending on the severity and nature of infection.

Child: 5-15 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Oral

Cat scratch disease

Adult: 250-750 mg bid depending on the severity and nature of infection.

Child: 5-15 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Oral

Typhoid and paratyphoid fever

Adult: 250-750 mg bid depending on the severity and nature of infection.

Child: 5-15 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Oral

Urinary tract infections

Adult: 250-750 mg bid depending on the severity and nature of infection.

Child: 5-15 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Oral

Spotted fever

Adult: 250-750 mg bid depending on the severity and nature of infection.

Child: 5-15 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Oral

Typhus

Adult: 250-750 mg bid depending on the severity and nature of infection.

Child: 5-15 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Oral

Q fever

Adult: 250-750 mg bid depending on the severity and nature of infection.

Child: 5-15 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Oral

Gastroenteritis

Adult: 250-750 mg bid depending on the severity and nature of infection.

Child: 5-15 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Oral

Infected animal bites

Adult: 250-750 mg bid depending on the severity and nature of infection.

Child: 5-15 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Oral

Anthrax

Adult: 250-750 mg bid depending on the severity and nature of infection.

Child: 5-15 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Oral

Brucellosis

Adult: 250-750 mg bid depending on the severity and nature of infection.

Child: 5-15 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Oral

Skin infections

Adult: 250-750 mg bid depending on the severity and nature of infection.

Child: 5-15 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Oral

Septicaemia

Adult: 250-750 mg bid depending on the severity and nature of infection.

Child: 5-15 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Oral

Peritonitis

Adult: 250-750 mg bid depending on the severity and nature of infection.

Child: 5-15 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Oral

Lower respiratory tract infections

Adult: 250-750 mg bid depending on the severity and nature of infection.

Child: 5-15 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Oral

Legionnaire's disease

Adult: 250-750 mg bid depending on the severity and nature of infection.

Child: 5-15 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Oral

Infections in immunocompromised patients

Adult: 250-750 mg bid depending on the severity and nature of infection.

Child: 5-15 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Oral

Bone and joint infections

Adult: 250-750 mg bid depending on the severity and nature of infection.

Child: 5-15 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Oral

Biliary tract infections

Adult: 250-750 mg bid depending on the severity and nature of infection.

Child: 5-15 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Oral

Chanroid

Adult: 250-750 mg bid depending on the severity and nature of infection.

Child: 5-15 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Oral

Acute uncomplicated cystitis

Adult: 100 mg bid for 3 days.

Renal impairment: Dosing adjustments may be needed.

Oral

Gonorrhoea

Adult: 250-500 mg as a single dose.

Renal impairment: Dosing adjustments may be needed.

Oral

Acute exacerbations of cystic fibrosis

Adult: Associated with P. aeruginosa infection: 20 mg/kg bid. Max: 750 mg bid.

Child: Associated with P. aeruginosa infection: >5 yr: 20 mg/kg bid. Max: 750 mg bid.

Renal impairment: Dosing adjustments may be needed.

Oral

Prophylaxis of meningococcal meningitis

Adult: 500 mg as a single dose.

Renal impairment: Dosing adjustments may be needed.

Oral

Prophylaxis of surgical infections

Adult: 750 mg as a single dose 60-90 minutes before procedure.

Renal impairment: Dosing adjustments may be needed.

Intravenous

Susceptible infections

Adult: 100-400 mg bid infused over 30-60 minutes.

Child: 4-8 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Intravenous

Urinary tract infections

Adult: 100-400 mg bid infused over 30-60 minutes.

Child: 4-8 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Intravenous

Typhoid and paratyphoid fever

Adult: 100-400 mg bid infused over 30-60 minutes.

Child: 4-8 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Intravenous

Cat scratch disease

Adult: 100-400 mg bid infused over 30-60 minutes.

Child: 4-8 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Intravenous

Typhus

Adult: 100-400 mg bid infused over 30-60 minutes.

Child: 4-8 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Intravenous

Q fever

Adult: 100-400 mg bid infused over 30-60 minutes.

Child: 4-8 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Intravenous

Septicaemia

Adult: 100-400 mg bid infused over 30-60 minutes.

Child: 4-8 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Intravenous

Skin infections

Adult: 100-400 mg bid infused over 30-60 minutes.

Child: 4-8 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Intravenous

Peritonitis

Adult: 100-400 mg bid infused over 30-60 minutes.

Child: 4-8 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Intravenous

Gastroenteritis

Adult: 100-400 mg bid infused over 30-60 minutes.

Child: 4-8 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Intravenous

Brucellosis

Adult: 100-400 mg bid infused over 30-60 minutes.

Child: 4-8 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Intravenous

Infected animal bites

Adult: 100-400 mg bid infused over 30-60 minutes.

Child: 4-8 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Intravenous

Anthrax

Adult: 100-400 mg bid infused over 30-60 minutes.

Child: 4-8 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Intravenous

Bone and joint infections

Adult: 100-400 mg bid infused over 30-60 minutes.

Child: 4-8 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Intravenous

Biliary tract infections

Adult: 100-400 mg bid infused over 30-60 minutes.

Child: 4-8 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Intravenous

Infections in immunocompromised patients

Adult: 100-400 mg bid infused over 30-60 minutes.

Child: 4-8 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Intravenous

Lower respiratory tract infections

Adult: 100-400 mg bid infused over 30-60 minutes.

Child: 4-8 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Intravenous

Legionnaire's disease

Adult: 100-400 mg bid infused over 30-60 minutes.

Child: 4-8 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Intravenous

Chanroid

Adult: 100-400 mg bid infused over 30-60 minutes.

Child: 4-8 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Intravenous

Spotted fever

Adult: 100-400 mg bid infused over 30-60 minutes.

Child: 4-8 mg/kg bid.

Renal impairment: Dosing adjustments may be needed.

Intravenous

Pseudomonal lung infections in cystic fibrosis

Adult: 400 mg bid. Max: 400 mg tid.

Child: >5 yr old: 10 mg/kg tid infused over 60 min. Max: 400 mg tid.

Renal impairment: Dosing adjustments may be needed.

Ophthalmic

Superficial ophthalmic infections

Adult: Apply 0.3% solution every 15 minutes for 6 hr then every 30 minutes on the 1st day, then apply every hr on the 2nd day and every 4 hr on the 3rd-14th day of treatment. Treatment should not exceed 21 days.

Elderly:

Otic/Aural

Otitis externa

Adult: As a 0.2 or 0.3% solution: Instil 4 drops bid into the affected ear(s) for 7 days. Usually used in combination with a corticosteroid.

Otic/Aural

Otitis media

Adult: As a 0.2 or 0.3% solution: Instil 4 drops bid into the affected ear(s) for 7 days. Usually used in combination with a corticosteroid.

Administration

May be taken with or without food. (May be taken w/ meals to minimise GI discomfort. Do not take w/ antacids, Fe or dairy products.)

Overdosage

Overdosage may lead to reversible renal toxicity. May empty stomach by inducing vomiting or by gastric lavage. Monitor renal function and maintain adequate hydration. Careful observation and supportive treatment, including admin of magnesium or calcium containing antacids which can reduce the absorption of ciprofloxacin are recommended.

Contraindications

Hypersensitivity. Not to be used concurrently with tizanidine. Avoid exposure to strong sunlight or sun lamps during treatment.

Special Precautions

Epilepsy, history of CNS disorders; severe renal or hepatic dysfunction; G6PD deficiency; maintain adequate hydration; myasthaenia gravis. Caution when used in patients with QT prolongation or risk factors e.g. bradycardia, pre-existing cardiac disease or uncorrected electrolyte disturbances. Discontinue treatment if patients experience tendon pain, inflammation or rupture. Avoid usage in methicillin-resistant staphylococcus aureus (MRSA) infections due to high level of resistance. May impair ability to drive or operate machinery. Safety and efficacy have not been established in pregnant and lactating women. Not to be used in children <18 yr; except where benefit clearly exceeds risk.

Adverse Drug Reactions

GI disturbances; headache, tremor, confusion, convulsions; rashes; joint pain; phototoxicity. Transient increases in serum creatinine. Haematological, hepatic and renal disturbances. Vasculitis, pseudomembranous colitis and tachycardia. Phototoxicity.
Potentially Fatal: Anaphylactoid reaction; cardiopulmonary arrest.

Drug Interactions

Decreased absorption with concurrent sucralfate, magnesium-aluminum antacids, calcium, iron, zinc and multivitamins. Increasedmethotrexate and caffeine levels when taken concurrently with ciprofloxacin. Probenecid reduces renal clearance of ciprofloxacin. Potentiates oral anticoagulants and glibenclamide. Concurrent use with corticosteroids may increase tendon rupture. Concurrent use with ciclosporin may cause transient increases in serum creatinine. CNS excitation may occur with concurrent admin of quinolones and NSAIDs. Serum concentrations of theophylline are markedly elevated when co-administered with ciprofloxacin; monitor serum levels of theophylline.

Potentially Fatal: Concurrent use with tizanidine can cause marked elevation in serum levels of tizanidine; avoid concurrent usage.

Food Interaction

Food decreases rate but not the extent of absorption.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are

no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intravenous: Store at 5-25°C. Ophthalmic: Store at 2-25°C. Oral: Store at 25°C.

Mechanism of Action

Ciprofloxacin promotes breakage of double-stranded DNA in susceptible organisms and inhibits DNA gyrase, which is essential in reproduction of bacterial DNA.

Absorption: Rapidly and well absorbed from the GI tract with peak plasma concentrations after 2 hr (oral); may be delayed by the presence of food.

Distribution: Bile (high concentrations), CSF (10% of those in plasma in the absence of meningitis); crosses the placenta and enters the breast milk. Protein-binding: 20-40%.

Metabolism: Converted to oxociprofloxacin, sulfociprofloxacin and other active metabolites.

Excretion: Mainly via the urine by active tubular secretion and glomerular filtration (as oxociprofloxacin and 15% metabolites,

40% unchanged after oral dose; 70% as unchanged, 10% as metabolites after IV dose); hepatic, biliary and transluminal secretion (non-renal excretion). Via the faeces (as sulfociprofloxacin; 35% after oral dose, 15% after IV dose); 3.5-4.5 hr (elimination half-life). Removed by haemodialysis and peritoneal dialysis (small amounts).

CIMS Class

Quinolones / Eye Anti-infectives & Antiseptics / Ear Anti-infectives & Antiseptics

ATC Classification

J01MA02 - ciprofloxacin; Belongs to the class of quinolones, fluoroquinolone. Used in the treatment of systemic infections.
S01AX13 - ciprofloxacin; Belongs to the class of other antiinfectives. Used in the treatment of eye infections.
S02AA15 - ciprofloxacin;
S03AA07 - ciprofloxacin; Belongs to the class of antiinfectives used in ophthalmologic and otologic preparations.

*ciprofloxacin information:

Note that there are some more drugs interacting with ciprofloxacin

ciprofloxacin further details are available in official CIMS India

ciprofloxacin

ciprofloxacin brands available in India

Always prescribe with Generic Name : ciprofloxacin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ABACT tab AC EAR DROPS drops ACTCIP tab ADCIP TAB tab ADIFLOX eye drops ADIFLOX eye oint ALCIP tab ALCIPRO DPS eye drops ALCIPRO infusion ALCIPRO tab ALCIPRO-OD tab ALQUIN tab ALTICIP tab ANIFLOX tab ARICIP tab ATOCIP tab AVCIP tab AVILOX F-tab AVILOX susp AVILOX tab AVILOX-M susp BACTOQUIN tab BAYCIP tab BEKAYCIN tab BEKAYCIN-E eye drops BICIPRO tab BIO CIPRON tab BIOCIP inj BIOCIP IV infusion BIOCIP tab CADIWIN film-coated tab CANIRON tab CASPRO tab CBIC tab CEBECT tab CEBRAN DPS eye/ear drops CEBRAN film-coated tab CEEPRO tab CEEPTALIB tab CEFLOX eye/ear drops CEFLOX TAB tab CEFLOX-D eye/ear drops CEFOBAC tab CELOX eye drops CEPLOX dispertab CEPLOX tab CEPROLEN DPS eye/ear drops CEPROLEN tab CEPROLEN-D eye drops C-FLOX EYE DPS eye drops C-FLOX infusion CIBIOTIC

tab CIF tab CIFLON tab CIFOMED DPS eye/ear drops CIFOMED tab CIFOMED-D eye/ear drops CIFRAN DPS eye/ear drops CIFRAN infusion CIFRAN tab CIFRAN-OD tab CIFRAN-OZ tab CIGRAM EYE eye drops CINA tab CINANT tab CINODIN tab CIP film-coated tab CIPACT tab CIPAD inj CIPAD tab CIPCIN tab CIPCOT tab CIPGEN film-coated tab CIPGLOW tab CIPIC tab CIPKIND film-coated tab CIPLOX CRM cream CIPLOX DPS eye/ear drops CIPLOX ER-tab CIPLOX EYE OINT eye oint CIPLOX film-coated tab CIPLOX IV bag CIPLOX tab CIPLOX-D EYE OINT eye oint CIPLOX-D eye/ear drops CIPLOX-OD tab CIPNET-OZ tab CIPORIC tab CIPREX tab CIPRIDE infusion CIPRIDE tab CIPRIND film-coated tab CIPROACE tab CIPROBID DPS eye/ear drops CIPROBID inj CIPROBID tab CIPROBIOTIC DPS eye drops CIPROBIOTIC tab CIPROCAP cap CIPROCENT eye drops CIPROCENT eye oint CIPRO-CENT eye oint CIPRO-CENT eye/ear drops CIPROCURE tab CIPRODAC E/E DROPS eye/ear drops CIPRODAC inj CIPRODAC IV inj CIPRODAC tab CIPRODAC TAB film-coated tab CIPRODEL tab CIPRODEX inj CIPRODEX IV infusion CIPROFEN film-coated tab CIPROFLOXACIN INJ inj CIPROLAR susp CIPROLAR tab CIPROLEB film-coated tab CIPROLEN eye drops CIPROLET DPS eye/ear drops CIPROLET DS-tab CIPROLET tab CIPROMARK eye

drops CIPROMARK-DX eye drops CIPROMAX tab CIPROMED film-coated tab CIPROMYCETINE E/E drops CIPRONAT tab CIPRONEX-E E/E DPS eye/ear drops CIPRONOVA tab CIPROPAN tab CIPROPET tab CIPROQUIN inj CIPROQUIN tab CIPROSIA eye/ear drops CIPROSIA TAB tab CIPROSIA-D eye/ear drops CIPROSYM tab CIPROTEK eye/ear drops CIPROTUM tab CIPROVA cap CIPROVA CAP cap CIPROVA inj CIPROVAR tab CIPROVEC film-coated tab CIPROVIT ear drops CIPROVIT EYE eye drops CIPROWIN tab CIPROX infusion CIPROZEN eye drops CIPROZEN eye oint CIPROZEN TAB tab CIPROZEN-D eye drops CIPROZEN-D eye oint CIPROZET tab CIPROZOL film-coated tab CIPS tab CIPTAM tab CIPTAR tab CIPTEC tab CIPURE tab CIPVEN tab CIPWIN tab CIPZONE film-coated tab CIPZONE-TN film-coated tab CIPZY SUSP susp CIPZY tab CIRAL tab CIWI tab C-LOX tab C-OD tab COFLOX tab CORGARD tab COSFLOX DPS eye drops COSFLOX tab COUTIM tab C-PLUS tab C-PRO tab CYMEX tab CYPRIN DPS eye/ear drops CYPRIN tab CYPRIN-D eye/ear drops DEPCI tab DISQUIN tab E-CIP tab ELDEQUIN eye/ear drops ELQUIN tab FLOCIN tab FLOCY DPS eye drops FLOCY tab FLOXAQUIN-C tab FLOXIP tab FULGRAM tab GLOCIP tab HICIP tab ICIP eye/ear drops KAICIP tab K-CIP tab KERA tab KOCIP tab KURECIP tab LACIPRON tab LAKCIP

tab LEXFLOX tab LOCIP tab LUCIPRO tab LYPRO tab MAFLO EYE eye drops MAFLO EYE eye oint MAFLO tab MAPCI tab MENCIP tab MERICIP tab MICROCIP tab MICROFLOX DPS eye/ear drops MICROFLOX tab MICROFLOX-DX eye drops MINTOCIP tab MIZ tab NAYACIP tab NEOCIP susp NEOCIP tab NTBEC tab NUCIP tab NUGEN EYE/EAR DPS. eye/ear drops OCIMIX film-coated tab ODICIP-OZ tab OMIBACT tab OMNIFLOX susp OMNIFLOX tab ORPIC tab PANZER tab PENQUIN tab PROBID tab PRODEL tab PROX tab PURECIP tab Q-BACT tab Q-BID dispertab Q-BID tab QCBi tab QNIF tab QUIN-C tab QUINOBACT DPS eye drops QUINOBACT tab QUINOCIP tab QUINOTAB tab QUINTOR infusion QUINTOR tab QUINTOR-OD tab QURBY tab RADICIP tab R-CIPRON tab RECIPRO cap RECOCIF inj RECOCIF tab RIFLOXIN tab ROCIP film-coated tab ROCIP-DT dispertab SAFEPRO film-coated tab SANIPRO tab SANOCIP tab SIFOLOX film-coated tab SOZICIP tab SPENCIP DPS eye/ear drops SPENCIP tab SPORICIN tab STARCIP tab STROX inj STROX tab SUPRAFLOX tab SWIFLOX DPS eye/ear drops SWIFLOX tab SWIFLOX-D eye/ear drops SWIFLOX-ORD tab SYMBOCIP tab SYRAN tab TAURCIP E/E eye/ear drops TAURCIP tab TAURCIP TZ tab ULTRAFLOX DPS eye/ear drops ULTRAFLOX tab UNICIP-ER tab VISTACIP tab WYSERIN

tab XIPRO tab ZIPCIN inj ZIPCIN tab ZOXAN EYE/EAR eye/ear drops ZOXAN OINT eye oint ZOXAN tab ZOXAN-D eye drops

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([all drugs])

ciprofloxacin + tinidazole

CIMS Class : (Antibacterial Combinations) , (Antidiarrheals)

ciprofloxacin + tinidazole

P - Caution when used during pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related ciprofloxacin + tinidazole information

Indication & Dosage

Oral

Gynaecological infections, Intra-abdominal infections, Prophylaxis of surgical infections, Respiratory tract infections

Adult: As tablet containing ciprofloxacin (mg)/tinidazole (mg): 500/600, 250/300. Usually 1 tablet bid for 5-10 days depending on severity and response.

Overdosage

Unabsorbed drug may be removed by gastric lavage or induced emesis. Haemodialysis or peritoneal dialysis may be useful in removing ciprofloxacin, especially if the renal function is impaired.

Contraindications

Hypersensitivity, patients with a history of blood dyscrasias.

Special Precautions

Renal impairment, history of seizures; ensure adequate hydration & urinary output; avoid alcohol ingestion. Not recommended for use in lactation and pregnancy. Not recommended for children. Patients with CNS disorders. Inadequate water intake during treatment may cause crystalluria.

Adverse Drug Reactions

Nausea, headache, vomiting, fatigue, abdominal pain, depression, dyspepsia, constipation, dry mouth, sometimes diarrhea, metallic taste, urticaria, erythema & rashes; rarely convulsions & hematological changes.
Potentially Fatal: Severe hypersensitivity reaction (rarely).

Drug Interactions

Antacids, sucralfate, calcium, Fe & Zn prep reduce absorption of ciprofloxacin. Concurrent use with ciclosporin may lead to transient increases in serum creatinine levels. Increases plasma levels and elimination half-life of theophylline; potentiates oral anticoagulant effects; disulfiram-like effect with alcohol. May affect metabolism of caffeine resulting in reduced clearance of caffeine.

Food Interaction

Milk and food may reduce rate but not extent of absorption of ciprofloxacin.

Mechanism of Action

Ciprofloxacin is bactericidal against enteropathogens like Shigella, Salmonella, E coli, C jejuni, Vibrio cholerae etc.It acts by inhibition of DNA synthesis. Tinidazole is a potent anaerobicide. It is also effective against Entameba & Giardia. It acts by damaging DNA strands. This combination has the advantage of being effective against both bacteria & protozoa. Entameba requires normal faecal

flora for its survival; ciprofloxacin kills the pathogenic intestinal bacteria & alters intestinal flora, & tinidazole directly eradicates Entameba. This combination can also be used in other systemic infections caused by susceptible organisms.

CIMS Class

Antibacterial Combinations / Antidiarrheals

ATC Classification

J01MA02 - ciprofloxacin; Belongs to the class of quinolones, fluoroquinolone. Used in the treatment of systemic infections.
J01XD02 - tinidazole; Belongs to the class of imidazole derivative antibacterials. Used in the treatment of systemic infections.
P01AB02 - tinidazole; Belongs to the class of nitroimidazole derivatives antiprotozoals. Used in the treatment amoebiasis and other protozoal diseases.
S01AX13 - ciprofloxacin; Belongs to the class of other antiinfectives. Used in the treatment of eye infections.
S02AA15 - ciprofloxacin;
S03AA07 - ciprofloxacin; Belongs to the class of antiinfectives used in ophthalmologic and otologic preparations.

*ciprofloxacin + tinidazole information:

Note that there are some more drugs interacting with ciprofloxacin + tinidazole

ciprofloxacin + tinidazole

ciprofloxacin + tinidazole brands available in India

Always prescribe with Generic Name : ciprofloxacin + tinidazole, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACTCIP-TZ tab ADCIP-TZ tab ALCIPRO-TN tab ALCIP-TZ tab ARICIP-TZ tab ATOCIP-TZ tab AVILOX-TZ tab BAYCIP-TZ tab BIOCIP-TZ film-coated tab CANIRON-TZ tab CASPRO-TZ tab CBIC-TZ tab CEBECT-TZ film-coated tab CEBRAN-TN film-coated tab CEEPRO-TZ tab CEFLOX-TZ tab CEFOBAC-TD tab CEFOBAC-TDH tab CEPLOX-TZ tab CIDALOX-TZ tab CIFLON-TZ tab CIFOMED-TZ susp CIFOMED-TZ tab CIFRAN-CT tab CIFRAN-CT-H tab CINANT-TZ tab CINA-TZ tab CINODIN-TZ tab CIPCIN-TNZ tab CIPCOT-TZ tab CIPFLOX-TZ tab CIPGEN-TZ film-coated tab CIPGLOW-TZ tab CIPLOX-TZ tab CIPROBID-TZ tab CIPROBIOTIC-TN tab CIPRODAC-TZ film-coated tab CIPRODEX-TZ tab CIPROGYL film-coated tab CIPROGYL FORTE film-coated tab CIPROLAR-T

tab CIPROLET-A tab CIPROLET-AH tab CIPRONAT-TZ tab CIPRONIJ-TZ tab CIPROPET-TZ tab CIPROSYM-TZ tab CIPROTINI film-coated tab CIPROTINI-H tab CIPROTIZ tab CIPROTUM-TZ tab CIPRO-TZ tab CIPROVA-T cap CIPROVEC-TZ film-coated tab CIPROWIN-TZ tab CIPROZEE-TZ tab CIPTAM-CT tab CIPTECH-CT tab CIPTI FORTE tab CIPTI tab CIPTINI tab CIPTINI-H tab CIP-TZ tab CIPURE-TZ tab CIPVEN-TZ tab CIPWIN-TZ tab CIPZY-TZ SUSP susp CIPZY-TZ tab CIRAL-TZ tab CITI film-coated tab CITI susp CITIBID tab CITI-H tab CITIZOL tab CIWI-TZ tab CPF-TZ tab CT-ROBES tab CYMEX-TZ tab CYPRIN-TD tab DEPCI-TZ tab DIARLOP-CT tab DONNAGYL-H tab E-CIP-TZ tab ELQUIN-TZ tab FLOCIN-TZ tab FLOCIPRON-T tab FLOCY TZ tab FORMAX tab GASTROGYL DS-film-coated tab GASTROGYL film-coated tab GASTROGYL PLUS film-coated tab GLOCIP-TZ tab HICIP-TZ tab K-CIP-TZ tab KURECIP-TZ tab LABOCIP-TZ tab LEXFLOX-TZ tab LOCIP-TZ tab LOMET-CT film-coated tab LOXITIN FC-tab LUCIPRO-T tab MAPCI-TZ tab MICROCIP-TZ tab MICROFLOX-CT tab MINI-CITIZOL tab MINTOCIP-TZ tab NORMIDE-CZ FC-tab NUCIP-TZ TAB tab OMIBACT-TZ tab OMNIFLOX-CT tab ORPIC-T tab ORPIC-TH tab PANZER-TZ tab PENQUIN-TZ tab PROBID-TZ tab PROX TIN tab Q-BACT-TZ tab Q-BID-TZ tab QUINTOR-TZ tab RADICIP-TZ tab R-CIPRON-TZ tab RECIPRO T tab RECIPRO

TS tab RIFLOXIN-TZ tab ROCIP-TZ tab SANOCIP-TZ tab SIGMA-CT tab SIGMA-CTH film-coated tab SPENCIP-TZ tab STARCIP-TZ tab STOP-IT tab STROX-TZ tab SUPERDAC tab SUPRAFLOX-TZ tab SWIFLOX-TZ tab SYMBOCIP-TZ tab TAB CIZOLE tab TIDICIP tab TIDICIP-H tab TINICIP DS-tab TINRO tab UDIZYL tab ULGRAM tab WINCIP DS-tab WINCIP tab WYCIP-TZ tab ZOLT tab ZOXAN-TZ tab

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([all drugs])

cisapride

CIMS Class : (GIT Regulators, Antiflatulents & Anti-inflammatories)

cisapride

P - Contraindicated in pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related cisapride information

Indication & Dosage

Oral

Non ulcer dyspepsia, Gastro-oesophageal reflux disease, Disorders associated with reduced gastrointestinal motility

Adult: 5-10 mg 3-4 times daily. Max: 40 mg/day.
Renal impairment: Reduce initial dose in patients with renal impairment.
Hepatic impairment: Reduce dose to ½ in patients with hepatic impairment.

Administration

Should be taken on an empty stomach. (Take 15 mins before meals. Avoid grapefruit juice.)

Contraindications

Hypersensitivity. GI haemorrhage, obstruction or perforation; patients on oral or parenteral azole antifungals; erythromycin, clarithromycin and troleandomycin. Premature neonates with gestational age =3 mth. History of irregular heart beat, abnormal ECG, heart disease, pulmonary disease, dehydration or persistent vomiting. Pregnancy.

Special Precautions

Elderly; renal or hepatic impairment. Patients in whom increase in GI motility could be harmful. Lactation.

Adverse Drug Reactions

Abdominal cramps, borborygmi and loose stools (transient); rarely require discontinuation of therapy. Headache and lightheadedness (rare). Hypersensitivity, convulsions, frequent urination.

Drug Interactions

Sedative effects of benzodiazepines and alcohol may be enhanced. Prothrombin time in patients on anticoagulants may be increased. Effect antagonised by anticholinergic drugs. Avoid cisapride with antiallergics, antibacterials, antidepressants, antifungals, antinauseants, antipsychotics and protease-inhibitors. Cisapride increases the GI absorption of cimetidine and ranitidine. Grapefruit juice increases bioavailability of cisapride, avoid concomitant use.

Food Interaction

Food increases the bioavailability.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store below 25°C.

Mechanism of Action

Cisapride increases GI motility by enhancing the release of acetylcholine at the myenteric plexuses in the gut plain muscle. It increases lower oesophageal sphincter pressure, shortens gastric transit time, reduces oesophageal reflux and facilitates healing of oesophageal ulcers. It also increases small intestine activity.

Onset: 30-60 minutes.

Duration: 7-10 hr.

Absorption: Readily absorbed in the GI tract; peak plasma concentrations after 1-2 hr (oral).

Distribution: Enters breast milk (small amounts); protein-binding: 98%.

Metabolism: Extensively hepatic; converted to norcisapride.
Excretion: Urine and faeces (as metabolites); 10 hr (elimination half-life).

CIMS Class

GIT Regulators, Antiflatulents & Anti-inflammatories

ATC Classification

A03FA02 - cisapride; Belongs to the class of propulsives. Used in the treatment of functional gastrointestinal disorders.

*cisapride information:
Note that there are some more drugs interacting with cisapride
cisapride
cisapride brands available in India
Always prescribe with Generic Name : cisapride, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ALIPRIDE MPS susp ALIPRIDE MPS tab ALIPRIDE tab CENZ tab CISACONE chewable tab CISACONE

susp CISALONE tab CISANORM tab CISAPID susp CISAPID tab CISAPID-MPS chewtab CISAPID-MPS susp CISAPRO susp CISAPRO tab CISARIV tab CISATEN DT-tab CISAWAL tab CISPEL syr CISPEL tab CISZY tab CIZA susp CIZA tab CIZAFAST tab CIZA-MPS tab CIZAP tab CIZAP-MPS tab ESORID MPS tab ESORID tab EZA MPS tab GASTRO tab GASTRO-MPS CHW-tab GASTRON tab GASTROPEN DT-tab GASTROPEN tab GASTROPEN-MPS chewable tab KEMOPRIDE MPS tab KEMOPRIDE tab LAKPRIDE tab MOTEN susp MOTEN tab MOTILAX MPS tab MOTILAX susp MOTILAX tab NORMAGUT TAB tab NUPRIDE tab PERISTIL susp PERISTIL tab PREPULSID tab PROCISA tab PROGIT tab PROGIT-MPS chewtab PROKINE tab PROKINE-MPS tab PRYDE MPS tab PRYDE tab PULSID susp PULSID tab RHONEPRIDE tab SANTIZA susp SANTIZA tab SYSPRIDE MPS tab UNIPRIDE tab

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([all drugs])

cisplatin

CIMS Class : (Cytotoxic Chemotherapy)

cisplatin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related cisplatin information

Indication & Dosage

Intravenous

Metastatic ovarian cancer

Adult: As monotherapy: 100 mg/m2 per cycle, given as a single dose infused in 0.9% sodium chloride or glucose once every 4 wk. For combination therapy with cyclophosphamide: 75-100 mg/m2 on day 1 of every 4-wk cycle.

Child:

Renal impairment: Dose adjustment may be needed.

Intravenous

Metastatic testicular tumours

Adult: 20 mg/m2 BSA daily for 5 days per cycle.

Renal impairment: Dose adjustment may be needed.

Intravenous

Advanced bladder cancer

Adult: 50-70 mg/m2 per cycle once every 3-4 wk, depending on the extent of prior exposure to radiation and/or chemotherapy treatment. An initial dose of 50 mg/m2 every 4 wk may be used in heavily pre-treated patients.

Renal impairment: Dose adjustment may be needed.

Incompatibility: Y-site incompatibility: Thiotepa, cefepime, amphotericin B, amifostine, piperacillin/tazobactam, cholesteryl sulfate complex. Admixture incompatibility: Mesna, thiotepa, fluorouracil.

Overdosage

Acute overdosage may result in kidney failure, liver failure, deafness, ocular toxicity, significant myelosuppression, intractable nausea and vomiting and/or neuritis. Death may also occur following overdosage. Treatment should include general supportive measures.

Contraindications

Patients with severe renal or auditory disorder, known hypersensitivity, severe bone marrow suppression, peripheral neuropathy, pregnancy, lactation.

Special Precautions

Patients with renal or hepatic disorder, myelosuppression. Monitor renal, neurological and auditory function. Perform blood counts regularly. Maintain adequate hydration before and 24 hr after admin to minimise nephrotoxicity.

Adverse Drug Reactions

Severe nausea and vomiting. Serious toxic effects on the kidneys, bone marrows and ears. Hypomagnesaemia, hypocalcaemia, hyperuricaemia. Peripheral neuropathies, papilloedema, optic neuritis, seizures. Ototoxicity (children) manifested as tinnitus, loss of hearing, deafness or vestibular toxicity.
Potentially Fatal: Rarely, renal damage due to inadequate hydration during therapy. Very rarely life-threatening myelosuppression. Anaphylactoid reactions (rare) and cardiac abnormalities.

Drug Interactions

Synergistic with 5-fluorouracil and etoposide. Efficacy increased and toxicity reduced when combined with radioprotecting agent WR 2721. At doses =100 mg, cisplatin is an ideal drug to combine with other cytotoxic drugs; unlike other antineoplastic drugs, it causes little myelosuppression.

Potentially Fatal: Potentiates nephrotoxicity with aminoglycosides. Increased toxicity when combined with other cytotoxic drugs.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Store at 15-25°C.

Mechanism of Action

Cisplatin modifies cell cycle by interfering with DNA structure and function. Effects are most prominent during the S phase but cells are killed at all stages. Cisplatin synergises with other anticancer drugs e.g. fluorouracil. It has a narrow therapeutic margin and is highly toxic.

Absorption: Well absorbed (intraperitoneal).

Distribution: Concentrated in the liver, kidneys, large and small intestines; poor penetration into the CNS.

Excretion: Urine. Elimination half-life: 25-49 min (initial), 58-73 hr (terminal).

CIMS Class

Cytotoxic Chemotherapy

ATC Classification

L01XA01 - cisplatin; Belongs to the class of platinum-containing antineoplastic agents. Used in the treatment of cancer.

*cisplatin information:
Note that there are some more drugs interacting with cisplatin
cisplatin
cisplatin brands available in India
Always prescribe with Generic Name : cisplatin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : BLASTOLEM vial CADIPLAT vial CISGET vial CISPLAN vial CISPLAT infusion CISPLATIN vial CISTEEN vial CISTRIZ vial CYTOPLATIN inj DUPLAT inj KEMOPLAT inj NEOPLAT

vial ONCOPLATIN-AQ inj PLATICIS inj PLATIKEM vial PLATIN 10MG INJ inj PLATINEX vial PLATIONCO vial TEVAPLATIN inj TUMOTIN inj UNIPLATIN vial

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([all drugs])

citalopram

CIMS Class : (Antidepressants)

citalopram

P - Caution when used during pregnancy

L - Contraindicated in lactation

related citalopram information

Indication & Dosage

Oral

Depression

Adult: Initially, 20 mg daily, increased to 40 mg once daily after at least 1 wk or 60 mg daily if necessary.

Hepatic impairment: Recommended dose: 20 mg daily.

Oral

Depressive phase of bipolar disorder

Adult: Initially, 20 mg daily, increased to 40 mg once daily after at least 1 wk or 60 mg daily if necessary.

Hepatic impairment: Recommended dose: 20 mg daily.

Oral

Panic disorder with or without agoraphobia

Adult: Initially, 10 mg daily, increased to 20 mg daily after 1 wk. Max: 60 mg daily.

Hepatic impairment: Recommended dose: 20 mg daily.

Administration

May be taken with or without food.

Overdosage

Symptoms include dizziness, sweating, nausea, vomiting, tremor, somnolence and sinus tachycardia. In rare cases, amnesia, confusion, coma, convulsions, hyperventilation, cyanosis, rhabdomyolysis and ECG changes may occur. Treatment includes maintaining airway to ensure adequate ventilation and oxygenation. Gastric evacuation by lavage and use of activated charcoal should be considered. Careful observation and cardiac and vital sign monitoring are recommended, along with general symptomatic and supportive care.

Contraindications

Hypersensitivity, concomitant admin with MAOIs or within 14 days of discontinuing MAOI treatment; children and adolescents <18 yr; treatment of depressive illness; lactation.

Special Precautions

Gradual discontinuation of treatment if patient enters into manic phase; pregnancy. Increased risk of hyponatraemia and SIADH. May reduce convulsant threshold thus, citalopram should be used with care in epileptic patients.

Adverse Drug Reactions

Increased sweating, headache, tremor, fatigue, asthenia, dizziness, abnormal accommodation, somnolence, insomnia, agitation, nervousness, nausea, dry mouth, constipation, diarrhoea, palpitation, rash, pruritus, abnormal vision, decreased libido, anxiety, increased appetite, anorexia, apathy, impotence, suicide attempt, confusion, yawning, dyspepsia, vomiting, abdominal pain, flatulence, increased saliva, weight decrease or increase, postural

hypotension, tachycardia, rhinitis, ejaculation failure, fatigue, extrapyramidal disorders.

Potentially Fatal: Increased risk of suicidal thinking and behaviour especially in child and adolescents. Monitor closely for signs of clinical worsening, suicidality or unusual changes in behaviour.

Drug Interactions

Do not start MAOI therapy until at least 2 wk after SSRIs withdrawal; serotonergic effects are suspected to be enhanced by SSRIs. May increase anticoagulant effect when used with warfarin.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 25°C.

Mechanism of Action

Citalopram is a selective serotonin re-uptake inhibitor, with little or no effect on noradrenaline, dopamine and ? aminobutyric acid (GABA) re-uptake. It has no or very low affinity for 5-HT1A, 5-HT2, D1 and D2 receptors, a1, a2, ß-adrenoceptors, histamine H1, muscarine, cholinergic, benzodiazepine and opioid receptors.

Absorption: Readily absorbed from the GI tract (oral); peak plasma concentrations after 2-4 hr.

Distribution: Widely distributed; enters breast milk (small amounts). Protein-binding: Low.

Metabolism: Undergoes demethylation, deamination and oxidation to active and inactive metabolites.

Excretion: Urine (as unchanged drug); 33 hr (elimination half-life).

CIMS Class

Antidepressants

ATC Classification

N06AB04 - citalopram; Belongs to the class of selective serotonin reuptake inhibitors. Used in the management of depression.

*citalopram information:

Note that there are some more drugs interacting with citalopram

citalopram

citalopram brands available in India

Always prescribe with Generic Name : citalopram, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CELEPRA film-coated tab CELICA FC-tab CITADEP film-coated tab CITALOMINE tab CITALOP tab CITALOP TAB tab CITARA tab CITOLA film-coated tab CITOPAM tab C-PRAM tab C-TALO tab CYTOP tab FELIZ tab LOPRAM tab MADAM film-coated tab NEVDEP-20 tab PALOCIT tab POCITAL tab TOPDEP tab ULTIDEP tab ZETALO tab

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([all drugs])

citicoline

CIMS Class : (Nootropics & Neurotonics)

citicoline

related citicoline information

Indication & Dosage

Oral

Head injury

Adult: 200-600 mg daily in divided doses.

Oral

Cerebrovascular disorders

Adult: 200-600 mg daily in divided doses.

Oral

Parkinsonism

Adult: 200-600 mg daily in divided doses.

Parenteral

Parkinsonism

Adult: Up to 1 g IM/IV daily.

Parenteral

Cerebrovascular disorders

Adult: Up to 1 g IM/IV daily.

Parenteral

Head injury

Adult: Up to 1 g IM/IV daily.

Administration

May be taken with or without food. (Take w/ or between meals.)

Mechanism of Action

Citicoline increases blood flow and O2 consumption in the brain. It is also involved in the biosynthesis of lecithin.

CIMS Class

Nootropics & Neurotonics

ATC Classification

N06BX06 - citicoline; Belongs to the class of other agents used as CNS stimulant.

*citicoline information:
citicoline
citicoline brands available in India
Always prescribe with Generic Name : citicoline, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : CEHAM syr CITILIN tab CITILIN vial CITINOVA inj CITINOVA tab CITROK film-coated tab CITROK

inj CLINAXON inj CLINAXON tab COL tab COSTROK inj COSTROK tab INTICOL tab MYCOSTAR tab NEUROSPARK amp NEUROSPARK tab SOMAZINA amp SOMAZINA film-coated tab SPECOL amp STROCIT amp STROCIT CR-film-coated tab STROCIT drops STROCIT film-coated tab STROLIN tab

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([all drugs])

clarithromycin

CIMS Class : (Macrolides)

clarithromycin

P - Contraindicated in pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related clarithromycin information

Indication & Dosage

Oral

Susceptible infections

Adult: 250 mg bid increased to 500 mg bid for severe infections if necessary for 7-14 days.

Child: 7.5 mg/kg bid for 5-10 days.

CrCl (ml/min)

Dosage Recommendation

<30

Half the dosage or double dosing interval.

Oral

Skin and soft tissue infections

Adult: 250 mg bid increased to 500 mg bid for severe infections if necessary for 7-14 days.

Child: 7.5 mg/kg bid for 5-10 days.

CrCl (ml/min)

Dosage Recommendation

<30

Half the dosage or double dosing interval.

Oral

Respiratory tract infections

Adult: 250 mg bid increased to 500 mg bid for severe infections if necessary for 7-14 days.

Child: 7.5 mg/kg bid for 5-10 days.

CrCl (ml/min)

Dosage Recommendation

<30

Half the dosage or double dosing interval.

Oral

Mycobacterium avium complex infections

Adult: 500 mg bid in combination with other antimycobacterials.

Child: 7.5 mg/kg bid; to be used with other antimycobacterials. May increase dose to 15 mg/kg (max: 500 mg) bid.

CrCl (ml/min)

Dosage Recommendation

<30

Half the dosage or double dosing interval.

Oral

Leprosy

Adult: 500 mg daily as part of an alternative multidrug therapy.

CrCl (ml/min)

Dosage Recommendation

<30

Half the dosage or double dosing interval.

Oral

Eradication of H. pylori associated with peptic ulcer disease

Adult: 500 mg bid; given in combination with another antibacterial and either a proton pump inhibitor or H2-receptor antagonist for 7-14 days.

Child: =1 yr: 7.5 mg/kg bid; may be given with another antibacterial and a proton pump inhibitor for 7 days.

CrCl (ml/min)

Dosage Recommendation

<30

Half the dosage or double dosing interval.

Intravenous

Susceptible infections

Adult: 500 mg bid for 2-5 days. Dose to be infused over 60 minutes in a 0.2% solution; revert to oral therapy whenever possible.

Child: 1 mth?12 yr: 7.5 mg/kg every 12 hr. Dose to be given via infusion into proximal vein.

CrCl (ml/min)

Dosage Recommendation

<30

Half the dosage or double dosing interval.

Intravenous

Respiratory tract infections

Adult: 500 mg bid for 2-5 days. Dose to be infused over 60 minutes in a 0.2% solution; revert to oral therapy whenever possible.
Child: 1 mth?12 yr: 7.5 mg/kg every 12 hr. Dose to be given via infusion into proximal vein.

CrCl (ml/min)
Dosage Recommendation
<30
Half the dosage or double dosing interval.
Intravenous
Skin and soft tissue infections
Adult: 500 mg bid for 2-5 days. Dose to be infused over 60 minutes in a 0.2% solution; revert to oral therapy whenever possible.
Child: 1 mth?12 yr: 7.5 mg/kg every 12 hr. Dose to be given via infusion into proximal vein.

CrCl (ml/min)
Dosage Recommendation
<30
Half the dosage or double dosing interval.
Administration

Standard release tab: May be taken with or without food.

Oral susp: May be taken with or without food.
XL & MR tab: Should be taken with food. (Swallow whole, do not chew/crush.)

Overdosage

GI symptoms e.g. abdominal pain, vomiting, nausea and diarrhoea. Prompt elimination of unabsorbed drug and supportive treatment should be instituted. Haemodialysis or peritoneal dialysis not expected to be helpful.

Contraindications

Hypersensitivity. Patients receiving terfenadine, astemizole, pimozide, cisapride and ergot derivatives. Pregnancy; history of acute porphyria.

Special Precautions

Renal and hepatic impairment; macrolide cross-resistance; lactation, children.

Adverse Drug Reactions

GI upset, glossitis, stomatitis, altered taste; headache, dizziness, hallucinations, insomnia, other CNS effects; rash; hepatic dysfunction,
Potentially Fatal: Pseudomembranous colitis, anaphylaxis, Stevens-Johnson syndrome.

Drug Interactions

May potentiate oral anticoagulant action. May elevate serum digoxin concentration.
Potentially Fatal: Increases plasma concentrations of terfenadine or astemizole. Increases the risk of ventricular arrhythmias in patients with preexisting cardiac diseases.

Food Interaction

Food may interfere with absorption though not clinically significant.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are

no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intravenous: Store at 15-25°C.

Mechanism of Action

Clarithromycin inhibits protein synthesis by binding to 50s ribosomal subunits of susceptible organisms. It has activity against susceptible streptococci and staphylococci as well as other species including B. catarrhalis, L. spp, C. trachomatis and U. urealyticum.

Absorption: Rapidly absorbed from the GI tract (oral).

Distribution: Widely distributed (concentrations exceed those in serum); enters the breast milk.

Metabolism: Hepatic (extensive); converted to 14-hydroxyclarithromycin and other metabolites.

Excretion: Via the bile into the faeces; via the urine (20-30% as unchanged, 10-15% as 14-hydroxyclarithromycin and other metabolites).3-4 hr and 5-7 hr (elimination half-life)

CIMS Class

Macrolides

ATC Classification

J01FA09 - clarithromycin; Belongs to the class of macrolides. Used in the treatment of systemic infections.

*clarithromycin information:
Note that there are some more drugs interacting with clarithromycin
clarithromycin further details are available in official CIMS India clarithromycin
clarithromycin brands available in India
Always prescribe with Generic Name : clarithromycin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ACEM tab ACGEL lotion ACNESOL-CL gel ACNESOL-CL lotion BIOCLAR tab CELEX FC-tab CELEX-OD tab CLAMYCIN tab CLAR tab CLARBACT tab CLARIBID film-coated tab CLARIBID susp CLARICIN dry syr CLARICIN film-coated tab CLARICIP tab CLARICS tab CLARIDASE dry syr CLARIDASE

TAB tab CLARIE dispertab CLARIE film-coated tab CLARIE-OD MR-tab CLARIGEN film-coated tab CLARIGO DT dispertab CLARIMAC tab CLARIMIN tab CLARIMIN vial CLARITHRO FC-tab CLARITHRO XR extentab CLARIVIR tab CLARIWIN tab CLEAR dry syr CLEAR tab CLYCIN dispertab CRIXAN dispertab CRIXAN ER-film-coated tab CRIXAN film-coated tab CRIXAN GEL gel CRIXAN OD tab CRIXAN susp F-CLAR dispertab F-CLAR dry syr F-CLAR tab HELICLAR tab KLACID vial KLACIN tab KLARIM tab LARIT dispertab LARIT tab MACLAR dispertab MACLAR SR-tab MACLAR susp MACLAR tab MACMAX film-coated tab MACROCLAR tab MONOCLAR tab MYTHRO tab NEUCLAR tab NOVACLAR tab SYNCLAR dry syr SYNCLAR RU-syr SYNCLAR tab T-CLAR dry syr T-CLAR tab URCLAR OD tab URCLAR SR-tab URCLAR tab

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([all drugs])

clemastine

CIMS Class : (Antihistamines & Antiallergics)

clemastine

P - Caution when used during pregnancy

L - Contraindicated in lactation

related clemastine information

Indication & Dosage

Oral

Allergic conditions

Adult: 1 mg bid. Up to 6 g daily for urticaria and angioedema.

Child: 6-12 yr: 0.5-1 mg bid; 3-6 yr: 0.5 mg bid; 1-3 yr: 0.25-0.5 mg bid.

Parenteral

Prophylaxis of acute allergic conditions

Adult: 2 mg/day via IV inj.

Child: 25 mcg/kg IM in 2 divided doses.

Parenteral

Acute allergic reactions

Adult: 4 mg IM or slow IV inj daily.

Administration

May be taken with or without food. (May be taken w/ meals to reduce GI discomfort.)

Overdosage

CNS depression to stimulation with atropine-like signs and symptoms: dry mouth, fixed dilated pupils, flushing and GI symptoms. Empty stomach by inducing vomiting with water or milk or gastric lavage with isotonic and 1/2 isotonic saline. Saline cathartics, such as milk of magnesia, draw water into the bowel by osmosis and help in rapid dilution of bowel content. Stimulants should not be used. Hypotension may be treated with vasopressors.

Contraindications

Hypersensitivity; narrow-angle glaucoma; neonates, lactation; porphyria.

Special Precautions

Tasks requiring mental alertness; bladder neck obstruction; CV disease; stenosing peptic ulcer; increased intraocular pressure; hyperthyroidism; symptomatic prostate cancer; elderly, pregnancy.

Adverse Drug Reactions

Drowsiness, CNS depression, dizziness, sedation; diarrhoea, nausea, vomiting; blurred vision, thickened respiratory secretions; tinnitus.

Drug Interactions

Antagonises effects of cholinergic agents and neuroleptics.
Potentially Fatal: Severe sedation and CNS depression may occur when used concomitantly with alcohol or other CNS depressants.

Pregnancy Category (US FDA)
Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).
Storage

Oral: Store below 25°C. Parenteral: Store below 25°C.

Mechanism of Action

Clemastine competitively blocks H1-receptors sites on effector cells of the GI tract, blood vessels and respiratory tract.
Absorption: Rapidly and almost completely absobed from the GI tract (oral); peak plasma concentrations after 2-4 hr.
Excretion: Via urine (as unchanged drug and metabolites); 21 hr (elimination half-life).

CIMS Class

Antihistamines & Antiallergics

ATC Classification

D04AA14 - clemastine; Belongs to the class of topical antihistamines used in the treatment of pruritus.
R06AA04 - clemastine; Belongs to the class of aminoalkyl ethers used as systemic antihistamines.

*clemastine information:
Note that there are some more drugs interacting with clemastine
clemastine further details are available in official CIMS India
clemastine
clemastine brands available in India

Always prescribe with Generic Name : clemastine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CLAMIST syr CLAMIST tab TAREGYL syr TAREGYL tab TAVEGYL syr TAVEGYL tab

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([all drugs])

clindamycin

CIMS Class : (Other Antibiotics) , (Preparations for Vaginal Conditions) , (Acne Treatment Preparations)

clindamycin

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related clindamycin information

Indication & Dosage

Oral

Severe anaerobic infections

Adult: 150-300 mg every 6 hr. May increase to 450 mg every 6 hr in more severe infections. Max: 1.8 g/day.

Child: 3-6 mg/kg every 6 hr. Children weighing <10 kg should receive at least 37.5 mg every 8 hr.

Renal impairment: Severe: dosage adjustment may be needed.

Hepatic impairment: Severe: dosage adjustment may be needed.

Oral

Prophylaxis of endocarditis

Adult: 600 mg 1 hr before dental procedure. 300 mg may be given via IV inj (over at least 10 minutes) for high-risk patients undergoing dental procedures involving general anaesthesia.

Renal impairment: Severe: dosage adjustment may be needed.

Hepatic impairment: Severe: dosage adjustment may be needed.

Intravenous

Severe anaerobic infections

Adult: 0.6-2.7 g daily in divided doses, increased to 4.8 g daily in very severe infections.

Child: >1 mth: 15-40 mg/kg daily in divided doses. A min dose of 300 mg daily should be given regardless of body weight.

Renal impairment: Severe: dosage adjustment may be needed.

Hepatic impairment: Severe: dosage adjustment may be needed.

Intravenous

Toxic shock syndrome

Adult: 900 mg every 8 hr, in combination with penicillin G or ceftriaxone.

Hepatic impairment: Severe: dosage adjustment may be needed.

Intravenous

Pelvic inflammatory disease

Adult: 900 mg every 8 hr. To be used with gentamicin.

Hepatic impairment: Severe: dosage adjustment may be needed.

Topical/Cutaneous

Acne

Adult: As 1% preparation: Apply a thin layer onto affected area bid.

Renal impairment: Severe: dosage adjustment may be needed.

Vaginal

Bacterial vaginosis

Adult: As pessary or 2% cream: 100 mg once nightly for 3-7 days.

Renal impairment: Severe: dosage adjustment may be needed.

Hepatic impairment: Severe: dosage adjustment may be needed.

Administration

Cap: May be taken with or without food. (Swallow whole w/ a full glass of water & in an upright position.)

Granules: Should be taken with food.

Overdosage

Dialysis or peritoneal dialysis unlikely to be helpful.

Contraindications

Hypersensitivity.

Special Precautions

Renal and hepatic diseases; pregnancy and lactation; GI disease; elderly, females, neonates, atopic patients. Regular monitoring of blood counts, liver and kidney functions.

Adverse Drug Reactions

Diarrhoea, nausea, vomiting, abdominal pain; erythema multiforme, contact dermatitis, exfoliative and vesiculous dermatitis, urticaria; eosinophilia; local irritation, thrombophloebitis.
Potentially Fatal: Gasping syndrome (neonates); pseudomembranous colitis.

Drug Interactions

Antagonises effects of parasympathetics.

Potentially Fatal: Respiratory depression with neuromuscular blockers.

Food Interaction

May reduce rate of absorption.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Intravenous: Store at 20-25°C. Oral: Store at 20-25°C. Topical/Cutaneous: Store at 20-25°C. Vaginal:Store at 20-25°C.

Mechanism of Action

Clindamycin inhibits protein synthesis by reversibly binding to the 50S subunit of the ribosomal thus blocking the transpeptidation or translocation reactions of susceptible organisms resulting to stunted cell growth.

Absorption: 90% absorbed from the GI tract (oral), absorbed from the skin (topical), systemically (intravaginal); rate of absorption may be reduced by the presence of food.

Distribution: Body tissues and fluids (wide), bone, bile (high concentrations), leukocytes, macrophages; crosses the placenta and enters breast milk. Protein-binding: >90%

Metabolism: Hepatic; converted to N-demethyl and sulfoxide metabolites and some inactive metabolites.

Excretion: Via urine (10% as active drug or metabolites), via faeces (4% as inactive metabolites); 2-3 hr (elimination half-life), may be prolonged in preterm neonates and severe renal impairment.

CIMS Class

Other Antibiotics / Preparations for Vaginal Conditions / Acne Treatment Preparations

ATC Classification

D10AF01 - clindamycin; Belongs to the class of topical antiinfective preparations used in the treatment of acne.
G01AA10 - clindamycin; Belongs to the class of antibiotics. Used in the treatment of gynecological infections.
J01FF01 - clindamycin; Belongs to the class of lincosamides. Used in the treatment of systemic infections.

*clindamycin information:
Note that there are some more drugs interacting with clindamycin
clindamycin further details are available in official CIMS India
clindamycin
clindamycin brands available in India
Always prescribe with Generic Name : clindamycin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : 3X GEL gel ACLIN oint ACNECLIN gel ACNELAK-CLZ cream ACNERIS gel ACNESOL gel ACNESOL soln ACRUB gel ACSOLVE-C gel ALESA gel BIOLINX cap CLEAR GEL gel CLENZ gel CLEVYX supp CLID cap CLID GEL gel CLID inj CLIMYCIN inj CLIN-3 gel CLINAGEL gel CLINCIN cap CLINCIN GEL gel CLINCIN inj CLINDAC-A gel CLINDAC-A soln CLINDAPENE gel CLINDATEC amp CLINDATEC

cap CLINDAZ GEL gel CLINDERM gel CLINDERM-A gel CLINDOL amp CLINGARD gel CLIN-GOLD gel CLINICARE GEL gel CLINMIDE gel CLINSCAR gel CLINSOFT gel CLINZEE gel CLINZEE-N gel CONVOY soft-gelatin caps CTOP gel DAKLIN cap DALACIN C cap DALACIN C inj DALACIN C TAB tab DALCINEX amp DALCINEX cap DALCINEX liqd DALTREX CAPS cap EPILENE-C cream ERYTOP GEL gel FACECLIN gel FACECLIN-A gel FEMCINOL-A gel GYNASAFE cap GYNASAFE inj GYNASAFE tab LABOMYCIN gel LABOPENE-C gel MAGCLIN gel MIMOSEE cream NICOLIN cream NISACNE oint NUFORCE-CD supp PATHOCLIN inj SCAREX gel SHEKIT-V supp TRECLIN gel TRETIN-C gel

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([all drugs])

clioquinol

CIMS Class : (Topical Antibiotics)

clioquinol

related clioquinol information

Indication & Dosage

Topical/Cutaneous

Skin fungal infections

Adult: Apply 3% cream or ointment 2-4 times daily onto affected areas (cleansed and dried thoroughly). Treatment continued for 4 wk for athlete's foot or ringworm and for 2 wk when treating jock itch.

Contraindications

Hypersensitivity; child <2 yr. Do not apply on eczematous or broken skin and perforated tympanic membrane.

Special Precautions

Can stain fabric and skin. Avoid contact with eyes; avoid prolonged use. Not effective in the treatment of fungal infections of the scalp or nails. Discontinue if local irritation, rash, sensitivity occur.

Adverse Drug Reactions

Severe irritation or hypersensitivity. Cross-sensitivity with other halogenated hydroxyquinolines. May discolour fair hair.
Potentially Fatal: May cause severe neurotoxicity.

Mechanism of Action

Clioquinol is a halogenated hydroxyquinoline with antibacterial and antifungal activity.

CIMS Class

Topical Antibiotics

ATC Classification

D08AH30 - clioquinol; Belongs to the class of quinolone derivative antiseptics. Used in the treatment of dermatological diseases.
D09AA10 - clioquinol; Belongs to the class of ointment dressings with antiinfectives. Used in treatment of wounds.
G01AC02 - clioquinol; Belongs to the class of quinolone derivative antiinfectives. Used in the treatment of gynecological infections.
P01AA02 - clioquinol; Belongs to the class of hydroxyquinoline derivatives antiprotozoals. Used in the treatment amoebiasis and other protozoal diseases.
S02AA05 - clioquinol; Belongs to the class of antiinfectives used in the treatment of ear infections.

*clioquinol information:

clioquinol

clioquinol brands available in India

Always prescribe with Generic Name : clioquinol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : DERMO QUINOL cream ENTROZYME PLAIN tab VIOFORM cream

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([all drugs])

clobazam

CIMS Class : (Anxiolytics) , (Anticonvulsants)

clobazam

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related clobazam information

Indication & Dosage

Oral

Short-term management of anxiety, Adjunct in epilepsy

Adult: 20-30 mg as a single dose at night or as daily divided doses, increased to 60 mg/day in severe conditions.

Child: 3-12 yr: 125 mcg/kg bid increased every 5 days. Usual maintenance dose: 250 mcg/kg bid. Max: 500 mcg/kg bid.
Elderly: or debilitated patients: 10-20 mg daily.
Renal impairment: Dose adjustment may be needed.
Hepatic impairment: Dose adjustment may be needed.

Administration

May be taken with or without food.

Overdosage

Drowsiness, mental confusion, lethargy, ataxia, hypotonia, hypotension, respiratory depression, coma and very rarely death. Treatment includes emptying stomach by inducing vomiting (if within 1 hr) or gastric lavage. Activated charcoal may be used to reduce absorption. Monitor respiratory and CV functions. Flumazenil may be given if necessary. Forced diuresis or haemodialysis unlikely to be effective.

Contraindications

Hypersensitivity; history of drug dependence; myasthaenia gravis; pregnancy (1st trimester), lactation; serious liver damage; sleep apnoea syndrome; impaired respiratory function.

Special Precautions

May impair ability to perform skilled tasks and hazardous activities; elderly; renal or hepatic impairment; alcoholics; obesity; withdrawal should be gradual.

Adverse Drug Reactions

Constipation, anorexia, nausea; dizziness, fine tremors; worsening of respiratory symptoms in predisposed individuals; ataxia, drowsiness, headache, confusion; loss of libido, motor dysfunction; dependence; visual disturbances and weight gain.
Potentially Fatal: Respiratory depression.

Drug Interactions

Increased hepatic clearance of clobazam when administered with phenytoin, phenobarbital or carbamazepine. Cimetidine may increase levels of clobazam.

Potentially Fatal: Concurrent alcohol, hypnotics and sedative antidepressants can potentiate CNS side effects of clobazam.

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Clobazam binds to one or more specific GABA receptors at several sites within the CNS including the limbic system and reticular formation. Increased permeability of neuronal membrane to chloride ions results in GABA's inhibitory effect leading to hyperpolarisation and stabilisation.

Absorption: Well absorbed from the GI tract (oral); peak plasma concentrations after 1-4 hr.

Distribution: Rapidly crosses the blood-brain barrier. Protein-binding: 85%.

Metabolism: Hepatic by demethylation and hydroxylation.

Excretion: Urine (as unchanged drug and metabolites); 18-42 hr (elimination half-life).

CIMS Class

Anxiolytics / Anticonvulsants

ATC Classification

N05BA09 - clobazam; Belongs to the class of benzodiazepine derivatives anxiolytics. Used in the management of anxiety, agitation or tension.

*clobazam information:
Note that there are some more drugs interacting with clobazam
clobazam further details are available in official CIMS India
clobazam
clobazam brands available in India
Always prescribe with Generic Name : clobazam, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : AEDON tab BAZZY 5 tab CLOBA tab CLOBASTAR tab CLOBATOR tab CLODUS tab CLOZAM tab CZAM tab EPIZAM tab FRISIUM tab LOBAZAM tab ZAC tab
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([all drugs])

clobetasol

CIMS Class : (Topical Corticosteroids)

clobetasol

P - Caution when used during pregnancy

L - Caution when used during lactation

related clobetasol information

Indication & Dosage

Topical/Cutaneous

Corticosteroid-responsive dermatoses

Adult: As propionate: Apply 0.05% cream/ointment onto affected area twice daily.

Elderly: Initiate with lower dose.

Renal impairment: Initiate with lower dose.

Hepatic impairment: Initiate with lower dose.

Contraindications

Childn <12 yrs. Long-term treatment of ulcerative conditions, rosacea, pruritus; presence of acute infections. Hypersensitivity.

Special Precautions

Heart failure, recent myocardial infarction, hypertension; diabetes mellitus; epilepsy; glaucoma; hypothyroidism; hepatic failure, renal impairment; psychoses; childn and elderly. Should not enter eyes. If infection exists, treat with specific anti-infectives. Pregnancy, lactation.

Adverse Drug Reactions

Perioral dermatitis, striae esp in flexures. Dermal and epidermal atrophy esp on the face, steroid purpura.
Potentially Fatal: Prolonged usage of large amount of clobetasol propionate can lead to sufficient systemic levels to produce adrenal suppression, Cushing's syndrome, diabetes and hypertension.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.
Storage

Topical/Cutaneous: Store below 25°C.

Mechanism of Action

Clobetasol is a very potent corticosteroid used in short-term treatment of various inflammatory skin conditions.

CIMS Class

Topical Corticosteroids

ATC Classification

D07AD01 - clobetasol; Belongs to the class of very potent (group IV) corticosteroids. Used in the treatment of dermatological diseases.

*clobetasol information:
clobetasol further details are available in official CIMS India
clobetasol
clobetasol brands available in India
Always prescribe with Generic Name : clobetasol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AGICLOB cream AGICLOB-N cream AGICLOB-S oint BETALIC oint BETANATE cream BETANATE G cream BETANATE GM cream BETANATE M cream BETASPI-GM cream CGM cream CLOBACT-GM cream CLOBADERM cream CLOBADERM-GM cream CLOBECOS-GM oint CLOBERIS-GM oint CLOBESYM-GM oint CLOBETA-CF oint CLOBETAMIL cream CLOBETAVATE cream CLOBQUAD cream CLOBY oint CLODERM cream CLODERM-GM cream CLODIP cream CLODIP-GM cream CLOFOAM foam CLOGEM lotion CLOMIC cream CLOMIC-M cream CLOMIC-S cream CLOMIC-ZM cream CLONATE lotion CLONATE oint CLONATE-F cream CLONATE-G cream CLONATE-GM cream CLOP lotion CLOP oint CLOP-E cream CLOP-G cream CLOP-M cream CLOP-MG cream CLOP-S cream CLORAP cream CLORAP-S oint CLOS-GM oint CLOTOF-G cream CLOTOF-GM cream CLOTOF-M cream CORTAZ cream CORTAZ-S oint CORTISOL cream CORTISOL lotion COSVATE cream COSVATE-G oint COSVATE-GM oint COTRIMAX cream CUTIVATE cream CUTIVATE-MF oint CUTIVATE-S lotion DERMOTEL oint DERMOTRIAD cream DERMOTYL cream DIPGENTA PLUS cream DIPLENE-AF cream DIPSALIC-F

oint ECZICLO cream ECZICLO-G cream ECZICLO-GM cream ENDERM cream ETAN-G cream ETAN-GM cream EUMOSONE cream EUMOSONE-M cream EXCEL cream EXCEL-M cream EXEL cream FUNGIFITE cream KLORYL cream KLORYL-G cream KLORYL-M cream KLORYL-S oint LABOSOL-GM oint LEOBET-GZ cream LETA-GM oint LOBATE cream LOBATE-G cream LOBATE-GM cream LOBATE-GN oint LOBATE-M cream LOBATE-S cream LOBESOL cream MAGCLO cream MAGCLO-G cream PROPYGENTA-NF cream PROPYSALIC oint PROPYSALIC-NF lotion PROPYSALIC-NF oint PROPYSALIC-NF6 oint PROPYZOLE-NF cream PSOROBET cream RHOBESOLE-M oint SALYCO lotion SONADERM cream SONADERM-M cream SONADERM-N cream SONADERM-NM cream STERIDERM cream STERIDERM-S lotion STERIDOM-S lotion TENOVATE cream TENOVATE oint TENOVATE-GN cream TOPIFORT cream TOPIFORT soln TOPIFORT-MX soln TOPINATE cream TOPINATE gel TOPINATE oint TOPISAL lotion TOPISAL oint TROFODERMIN cream ZINCODERM-S oint ZOGBET-MG oint

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([all drugs])

clobetasone

CIMS Class : (Eye Corticosteroids) , (Topical Corticosteroids)

clobetasone

P - Contraindicated in pregnancy

related clobetasone information

Indication & Dosage

Ophthalmic

Inflammatory eye disorders

Adult: As eye drops containing 0.1%.

Topical/Cutaneous

Corticosteroid-responsive dermatoses

Adult: Use as 0.05% cream or ointment to be applied thinly once or bid on affected areas.

Contraindications

Pregnancy (in high doses). Presence of acute infections. Treatment of rosacea; leg ulcers; acne vulgaris; widespread plaque psoriasis. Child <1 yr.

Special Precautions

May be absorbed in sufficient amounts to cause systemic effects when applied topically to large areas, broken skin or under occlusive dressings. Peptic ulcer, osteoporosis, psychoses or severe psychoneuroses. Not to be used indiscriminately for pruritus. CHF or hypertension. Diabetes mellitus, epilepsy, glaucoma, infectious diseases, ocular herpes simplex, chronic renal failure and uraemia. Active or doubtfully quiescent tuberculosis. Local treatment of eye disorders. Elderly. Prolonged use on the face.

Adverse Drug Reactions

Delayed wound healing. Corneal ulcers, raised IOP and reduced visual function (topical application). Na and water retention. Increased excretion of potassium. Ca and phosphorus mobilization with osteoporosis and spontaneous fractures. Increased insulin requirements of diabetics. Increased liability to infection. Infections may be masked. Acute adrenal insufficiency. Growth retardation in child. Cushingoid symptoms. Amenorrhoea, hyperhidrosis, skin thinning, CNS effects, intracranial hypertension, acute pancreatitis, aseptic necrosis of bone.

Drug Interactions

Live vaccines. Barbiturates, carbamazepine, phenytoin, primidone or rifampicin; thiazide or furosemide. NSAIDs. Anticoagulants. Salicylates. Antimuscarinics.

Mechanism of Action

Clobetasone is a corticosteroid with glucocorticoid activity for the treatment of various skin disorders.

CIMS Class

Eye Corticosteroids / Topical Corticosteroids

ATC Classification

D07AB01 - clobetasone; Belongs to the class of moderately potent (group II) corticosteroids. Used in the treatment of dermatological diseases.
S01BA09 - clobetasone; Belongs to the class of corticosteroids. Used in the treatment of inflammation of the eye.

*clobetasone information:
clobetasone further details are available in official CIMS India

clobetasone

clobetasone brands available in India

Always prescribe with Generic Name : clobetasone, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : LOZEE cream LOZEE-G cream LOZEE-GM cream LOZEE-M cream STERISONE CRM cream STERISONE eye drops STERISONE-G cream

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([all drugs])

clofazimine

CIMS Class : (Antileprotics)

clofazimine

P - Caution when used during pregnancy

L - Contraindicated in lactation

related clofazimine information

Indication & Dosage

Oral

Multibacillary leprosy

Adult: 300 mg clofazimine with 600 mg rifampicin, both given once a mth together with daily doses of 50 mg clofazimine and 100 mg dapsone for 12 mth.

Child: 10-14 yr: 150 mg clofazimine with 450 mg rifampicin and 50 mg dapsone once a mth, taken with 50 mg dapsone daily and 50 mg clofazimine on alternate days. Treatment is given for 12 mth.

Oral

Erythema nodosum leprosum (Type 2)

Adult: Treatment depends on severity. 100-200 mg daily for up to 3 mth. Doses >200 mg daily are not recommended. Gradually taper the dose to 100 mg daily as soon as the reactive episode is controlled. In general, continue with basic antileprosy treatment.

Oral

Dapsone-resistant leprosy

Adult: 100 mg daily with 1 or more other antileprosy drugs for 3 yr, then continue as a monotherapy at 100 mg daily.

Administration

Should be taken with food.

Overdosage

In cases of acute overdosage, empty the stomach by inducing emesis or by gastric lavage, and initiate supportive and symptomatic treatment.

Contraindications

Hypersensitivity. Lactation.

Special Precautions

Pregnancy. Patients with GI symptoms.

Adverse Drug Reactions

Red-brownish black discolouration of skin especially areas exposed to sunlight, hair, sweat, sputum, urine, faeces. Rash, pruritus, photosensitivity, diarrhoea, nausea, abdominal pain, vomiting, weight loss, headache, drowsiness, dizziness, taste disorders, dryness of the skin, ichthyosis, decreased tear and sweat production.
Potentially Fatal: Crystal depletion in the wall of small bowel mesenteric lymph nodes, liver and spleen. Severe abdominal

symptoms including bowel obstruction, GI bleeding and splenic infarction.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store below 30°C.

Mechanism of Action

Clofazamine inhibits mycobacterial growth by binding preferentially to mycobacterial DNA. It also has some anti-inflammatory activity.

Absorption: About 45-70% of the dose is absorbed from the GI tract (oral); increased absorption when taken as microcrystalline formulations or after food.

Distribution: Lipophilic; body tissues, reticuloendothelial cells, body organs and tissues; crosses the placenta and enters breast milk.
Excretion: Via faeces (as unchanged), via urine (1% as unchanged drug and metabolites), sebaceous and sweat glands.

CIMS Class

Antileprotics

ATC Classification

J04BA01 - clofazimine; Belongs to the class of drugs used in the treatment of lepra.

*clofazimine information:
Note that there are some more drugs interacting with clofazimine
clofazimine
clofazimine brands available in India
Always prescribe with Generic Name : clofazimine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : CLOFOZINE cap HANSEPRAN cap

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([all drugs])

clomifene

CIMS Class : (Trophic Hormones & Related Synthetic Drugs)

clomifene

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related clomifene information

Indication & Dosage

Oral

Anovulatory infertility

Adult: 50 mg daily for 5 days starting on the 5th day of menstrual cycle or at any time if there is amenorrhoea. If ovulation does not occur, a 2nd course of 100 mg for 5 days may be used commencing as early as 30 days after the previous therapy. Further treatment may not be recommended if pregnancy has not occurred after a total of 6 treatment cycles.

Overdosage

Nausea, vomiting, vasomotor flushes, blurred vision, spots or flashes, scotomata, ovarian enlargement with pelvic or abdominal pain. GI decontamination in addition to supportive measures.

Contraindications

Hypersensitivity; abnormal bleeding; pregnancy, lactation; liver dysfunction; uncontrolled thyroid or adrenal dysfunction, patient with an organic intracranial lesions such as pituitary tumor.

Special Precautions

Polycystic ovaries, evaluate presence of ovarian cyst before each cycle treatment. Uterine fibroids; visual disturbances may develop which will impair ability to drive or operate machinery.

Adverse Drug Reactions

Ovarian enlargement; abdominal pain and bloating; blurred vision; hot flushes; breast discomfort; depression; multiple or ectopic pregnancies; weight gain, nausea, vomiting; endometriosis; headache, convulsions, dizziness, fatigue, vertigo, insomnia; rash.

Drug Interactions

Decreased response with danazol.

Lab Interference

Clomifene may increase serum levels of thyroxine and thyroxine-binding globulin (TBG).

Pregnancy Category (US FDA)

Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Clomifene inhibits the negative feedback mechanisms of oestrogens in the hypothalamus and pituitary which stimulates the secretion of pituitary gonadotrophic hormones resulting in stimulation of ovulation.
Absorption: Absorbed as citrate in the GI tract (oral).
Metabolism: Hepatic; undergoes enterohepatic recycling.
Excretion: Via the urine and bile; via the faeces (as unchanged drug and metabolites). 5-7 days (elimination half-life).

CIMS Class

Trophic Hormones & Related Synthetic Drugs

ATC Classification

G03GB02 - clomifene; Belongs to the class of synthetic agents used as ovulation stimulants.

*clomifene information:
clomifene
clomifene brands available in India
Always prescribe with Generic Name : clomifene, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CLOFERT tab CLOMIDAC TAB tab CLOMIRIV tab CLOMIT tab CLOPREG tab CLOWIN tab FERTIK tab FERTILIN tab FERTOMID tab FERTON tab FERTOTAB tab FERTOVA tab FETROP tab FOLISTIM tab FULFYN tab MEPHY tab OMICITE tab OVAGEN tab OVIPREG tab OVIPRO-MF FORTE soft-gelatin caps OVIPRO-MF soft-gelatin caps OVITEC tab OVOBEL tab OVOFAR tab OVUCLOM tab PREGMATE tab REJUN tab SIPHENE tab SIPHENE-M tab SOZIFERT tab UBIPHENE tab

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([all drugs])

clomipramine

CIMS Class : (Antidepressants)

clomipramine

P - Caution when used during pregnancy

L - Caution when used during lactation

related clomipramine information

Indication & Dosage

Oral

Adjunct for cataplexy associated with narcolepsy

Adult: Initially, 10 mg daily gradually increased to 10-75 mg daily.

Elderly: Dose reduction may be needed.

Max Dosage:

Oral

Phobias

Adult: Initially, 25 mg daily, gradually increased to 100-150 mg daily over 2 wk. Max: 250 mg daily.

Child: =10 yr: Initially, 25 mg daily, increased gradually over 2 wk. Max: 3 mg/kg/day or 100 mg daily, whichever is smaller. Give in divided doses. Once titrated, dose may be given as a single dose at bedtime.

Elderly: Initially, 10 mg daily.

Oral

Obsessive compulsive disorder

Adult: Initially, 25 mg daily, gradually increased to 100-150 mg daily over 2 wk. Max: 250 mg daily.

Child: =10 yr: Initially, 25 mg daily, increased gradually over 2 wk. Max: 3 mg/kg/day or 100 mg daily, whichever is smaller. Give in divided doses. Once titrated, dose may be given as a single dose at bedtime.

Elderly: Initially, 10 mg daily.

Oral

Panic disorder

Adult: Initially, 25 mg daily, gradually increased to 100-150 mg daily over 2 wk. Max: 250 mg daily.

Child: =10 yr: Initially, 25 mg daily, increased gradually over 2 wk. Max: 3 mg/kg/day or 100 mg daily, whichever is smaller. Give in divided doses. Once titrated, dose may be given as a single dose at bedtime.

Elderly: Initially, 10 mg daily.

Oral

Depression

Adult: Initially, 10 mg daily; may increase gradually to 30-150 mg daily if needed. Up to 250 mg daily or more may be required in more severe cases.

Elderly: Initially, 10 mg daily; may increase gradually over 10 days to 30-75 mg daily.

Max Dosage: 100-150 mg daily.

Intramuscular

Depression

Adult: Initially, 25-50 mg daily, may increase dose gradually. Max: 100-150 mg daily. Substitute with oral dosage as soon as possible.

Elderly: Initially, 10 mg daily gradually increased to 30-75 mg if necessary.

Intramuscular

Obsessive compulsive disorder

Adult: Initially, 25-50 mg daily, may increase dose gradually. Max: 100-150 mg daily. Substitute with oral dosage as soon as possible.

Elderly: Initially, 10 mg daily gradually increased to 30-75 mg if necessary.

Intravenous

Obsessive compulsive disorder

Adult: Initially, 50-75 mg diluted in 250-500 ml of 0.9% sodium chloride or 5% glucose infused over 1.5-3 hr. Substitute with oral therapy when a satisfactory response has been achieved. The initial oral dose can be double the max parenteral dose; adjust subsequently according to response.

Intravenous

Depression

Adult: Initially, 50-75 mg diluted in 250-500 ml of 0.9% sodium chloride or 5% glucose infused over 1.5-3 hr. Substitute with oral therapy when a satisfactory response has been achieved. The initial oral dose can be double the max parenteral dose; adjust subsequently according to response.

Administration

Should be taken with food.

Overdosage

Initial CNS stimulation followed by severe CNS depression. Cardiac dysrhythmias, severe hypotension, convulsions, changes in the electrocardiogram, particularly in QRS axis or width, drowsiness, stupor, ataxia, restlessness, agitation, delirium, severe sweating, hyperactive reflexes, muscle rigidity, athetoid and choreiform movements. Respiratory depression, cyanosis, shock, vomiting, hyperpyrexia, mydriasis, and oliguria or anuria may also be present. Gastric lavage or induction of emesis with ipecac syrup, preferably accompanied by the instillation of activated charcoal. A minimum of 6 hr of observation with cardiac monitoring, blood pressure and respiratory function and look out for signs of CNS or respiratory depression, hypotension, cardiac dysrhythmias and/or conduction blocks, and seizures is necessary. If signs of toxicity occur at any time during this period, extended monitoring is required. Treatment is symptomatic and supportive. Plasma concentrations should not guide management of the patient. Peritoneal dialysis and hemodialysis are not effective in removing the drugs as it is highly protein bound. V diazepam to be used with caution for treatment of seizures.

Contraindications

Hypersensitivity. Concomitant use of MAOIs; recovery phase following MI, heartblock or other arrhythmias; mania; childn.

Special Precautions

Cardiovascular insufficiency; narrow-angle glaucoma; urinary retention; history of epilepsy; renal or hepatic dysfunction; electroconvulsive therapy; hypotension; hyperthyroidism or concomitant treatment with thyroid preparations; suicidal tendencies; surgery; pregnancy and lactation; tasks requiring mental alertness; elderly; avoid abrupt withdrawal.

Adverse Drug Reactions

Dryness of mouth; disturbances in micturition; drowsiness, increased sweating; sexual dysfunction; confusion, paraesthesia, ataxia, tremors; extrapyramidal symptoms; tinnitus, dizziness, fatigue, headache; wt gain esp in women; gynaecomastia and galactorrhoea.

Potentially Fatal: Death, rare (except in patients with preexisting significant heart block and patients on MAOI therapy). Induction of

mania in individuals with underlying manic-depressive illness or worsening of psychoses in already psychotic individuals.

Drug Interactions

Barbiturates increase metabolism of tricyclic antidepressants; conversely cimetidine, guanethidine, haloperidoland phenothiazines block the tricyclic metabolism. CNS effects of alcohol enhanced.

Potentially Fatal: If clomipramine is to be substituted for MAOIs, at least 3 wk should elapse after discontinuing MAOIs. Risk of hypertension and arrhythmias if co-administered with adrenaline andnoradrenaline.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intramuscular: Store below 30°C. Intravenous: Store below 30°C. Oral: Store below 30°C.

Mechanism of Action

Clomipramine is a potent inhibitor of serotonin re-uptake in the brain. Significant antagonism at cholinergic and a1-receptors. Weak antagonism at dopamine receptors. It has also antidepressant, sedative and anticholinergic effects.

Absorption: Readily absorbed from the GIT (oral).

Distribution: Widely distributed; crosses the placenta; enters breast milk. Protein-binding: Extensive.

Metabolism: Extensively hepatic by hydroxylation and N-oxidation.

Excretion: Urine (as metabolites); faeces (remaining dose). Elimination half-life: 21 hrs (clomipramine); 36 hrs (desmethylclomipramine).

CIMS Class

Antidepressants

ATC Classification

N06AA04 - clomipramine; Belongs to the class of non-selective monoamine reuptake inhibitors. Used in the management of depression.

*clomipramine information:

Note that there are some more drugs interacting with clomipramine

clomipramine

clomipramine brands available in India

Always prescribe with Generic Name : clomipramine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ANAFRANIL tab CLOFRANIL SR-tab CLOFRANIL tab CLOMINE tab CLOMIP tab CLOMISTAR SR-tab CLOMISTAR tab CLOMIZIL cap CLOM-SR SR-tab CLONIL SR-tab CLONIL tab DEPNIL tab OCIFRIL film-coated tab OCIFRIL-XR film-coated tab SYCONIL film-coated tab

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([all drugs])

clonazepam

CIMS Class : (Anxiolytics) , (Anticonvulsants)

clonazepam

P - Caution when used during pregnancy

L - Caution when used during lactation

related clonazepam information

Indication & Dosage

Oral

Epilepsy

Adult: Initially, 1 mg given at night for 4 nights, gradually increased over 2-4 wk. Maintenance: 4-8 mg daily. Max: 20 mg/day

Child: 1-5 yr: 250 mcg daily; 5-12 yr: 500 mcg daily. Maintenance (given in 2-4 divided doses): Infants: 0.5-1 mg daily; 1-5 yr: 1-3 mg daily; 5-12 yr: 3-6 mg daily. Max: 200 mcg/kg/day

Elderly: Initially, 500 mcg at night for 4 nights, may gradually increase over 2-4 wk.

Hepatic impairment: Dose reduction may be needed.

Oral

Panic disorder

Adult: Initially, 250 mcg bid, increased after 3 days up to 1 mg daily. Max: 4 mg daily.

Hepatic impairment: Dose reduction may be needed.

Intravenous

Emergency management of status epilepticus

Adult: 1 mg as inj or infusion given over at least 2 min, repeated if necessary.
Child: and infants: 500 mcg as inj or infusion given over at least 2 min, repeated if necessary.
Hepatic impairment: Dose reduction may be needed.

Administration

May be taken with or without food.

Overdosage

Somnolence, confusion, ataxia, diminished reflexes or coma. Treatment is symptomatic and supportive. Flumazenil, a benzodiazepine antagonist, may be used in the management of benzodiazepine overdosage after weighing the benefits and risks. Emesis or gastric lavage may be performed followed by activated charcoal and saline cathartic to remove any remaining drug. Monitor patient's heart rate, blood pressure, and respiration. Dialysis is of no known value in clonazepam overdosage.

Contraindications

Hypersensitivity to benzodiazepines, acute pulmonary insufficiency, acute narrow angle glaucoma.

Special Precautions

Neonates, chronic pulmonary insufficiency, hepatic/renal dysfunction, porphyria, elderly; pregnancy and lactation.

Adverse Drug Reactions

Drowsiness, fatigue, muscular hypotonia, coordination disturbances, dizziness, vertigo, anorexia, visual disturbances, libido changes.
Potentially Fatal: Salivary or bronchial hypersecretion leading to respiratory problems (children). May produce diminished reflexes or coma. Rarely, blood dyscrasias.

Drug Interactions

Carbamazepine, phenobarbitone or phenytoin may accelerate clonazepam metabolism.
Potentially Fatal: Increased sedative effect with alcohol, general anaesthetics and TCAs.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Store at 25°C. Oral: Store at 25°C.

Mechanism of Action

Clonazepam is an effective anticonvulsant. It raises the threshold for propagation of seizure activity and prevents generalisation of focal or local activity. Clinically, it improves focal epilepsy and generalised seizures. It is also believed to enhance the activity of GABA, and acts as anxiolytic.

Absorption: Well absorbed from the GI tract (oral); peak plasma concentrations after 4 hr.

Distribution: Crosses the placenta; enters breast milk. Protein-binding: 86%.

Metabolism: Extensively hepatic; converted to 7-aminoclonazepam.

Excretion: Urine (as free or conjugated metabolites); 20-40 hr (elimination half-life).

CIMS Class

Anxiolytics / Anticonvulsants

ATC Classification

N03AE01 - clonazepam; Belongs to the class of benzodiazepine derivatives antiepileptic. Used in the management of epilepsy.

*clonazepam information:
Note that there are some more drugs interacting with clonazepam
clonazepam further details are available in official CIMS India
clonazepam
clonazepam brands available in India
Always prescribe with Generic Name : clonazepam, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ALCONA tab ANXREA tab APLAZ dispertab APLAZ tab CLON tab CLONAFIT tab CLONAPAX tab CLONAPIK

tab CLONATRAC tab CLONOPAM MD-tab CLONOPAM tab CLONOTRIL tab CLOPAM tab CLOSED tab CLOZEP dispertab CLOZEP tab CONVACLON tab COPAM tab CZAP tab EPCON tab EPITRIL tab INCLOZ tab LOGEN-MD tab LONAZEP MD-tab LONAZEP tab LONIN tab LONNA tab LOZEP tab MELZAP tab NOREP DT 0.5 dispertab NOREP tab ONZ tab OZEPAM tab PETRIL PLUS film-coated tab PETRIL tab PETRIL-MD MD-tab RISPAM tab RIVOTRIL tab SEZOLEP tab ZAPIZ tab ZEE tab ZEMED tab ZEPAM MD MD-tab ZEPAM tab ZICAM dispertab

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([all drugs])

clonidine

CIMS Class : (Other Antihypertensives)

clonidine

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related clonidine information

Indication & Dosage

Oral

Hypertension

Adult: Initially, 50-100 mcg tid. As modified-release preparation: 50-100 mcg once or twice daily. Max: 2400 mcg daily.

Child: 2?18 yr: Initially 0.5?1 mcg/kg tid, increase gradually if necessary. Max: 25 mcg/kg daily in divided doses (not exceeding 1.2 mg daily).

Renal impairment: Supplemental doses after haemodialysis are not necessary.

CrCl (ml/min)

Dosage Recommendation

<10

50-75% of usual dose.

Oral

Prophylaxis of migraine

Adult: 50 mcg bid increased to 75 mcg bid if no remission after 2 wk.

Renal impairment: Supplemental doses after haemodialysis are not necessary.

CrCl (ml/min)

Dosage Recommendation

<10

50-75% of usual dose

Oral

Menopausal flushing

Adult: 50 mcg bid increased to 75 mcg bid if no remission after 2 wk.

Renal impairment: Supplemental doses after haemodialysis are not necessary.

CrCl (ml/min)

Dosage Recommendation

<10

50-75% of usual dose

Transdermal

Hypertension

Adult: Apply a patch once wkly, delivering 100-300 mcg of clonidine base daily at a constant rate.

Renal impairment: Supplemental doses after haemodialysis are not necessary.

CrCl (ml/min)

Dosage Recommendation

<10

50-75% of usual dose.

Intravenous

Hypertensive crisis

Adult: 150-300 mcg by slow inj over 10-15 min. Max: 750 mcg over 24 hr.

Child: 2?18 yr: 2?6 mcg/kg as a single dose. Max: 300 mcg.

Renal impairment: Supplemental doses after haemodialysis are not necessary.

CrCl (ml/min)

Dosage Recommendation

<10

50-75% of usual dose.

Epidural

Severe cancer pain

Adult: Initially, 30 mcg/hr as continuous infusion in combination with an opioid, adjusted according to patient's response.

Administration

May be taken with or without food.

Overdosage

Symptoms include profound hypotension, transient hypertension, weakness, vomiting, irritability, diminished or absent reflexes, tiredness, somnolence, drowsiness, deep sedation, irritability, skin pallor, hypothermia, decreased or irregular heart rate, dry mouth, constricted pupils with poor reaction to light, respiratory depression, hypoventilation, dysrhythmias, apnoea, coma, and seizures. May be treated by gastric lavage using activated charcoal and/or cathartic agents. Treatment is usually supportive and symptomatic, with an adequate airway established and maintained since respiratory depression or apnoea may follow. Supportive care may include atropine sulfate for bradycardia, IV fluids and/or vasopressor agents for hypotension, and vasodilators (IV furosemide, diazoxide or phentolamine) for hypertension. Naloxone may be useful for the management of respiratory depression, hypotension, and/or coma. Monitor BP for paradoxical hypertension. Seizures may be controlled with IV benzodiazepine (e.g. diazepam). Haemodialysis is of limited value as only 5% of circulating drug is removed.

Contraindications

Hypersensitivity. Disorders of cardiac pacemaker activity and conduction. Pregnancy and lactation.

Special Precautions

Withdraw gradually, renal impairment, tasks that require mental alertness. Cerebrovascular disease, ischaemic heart disease, MI. IV inj should be administered slowly. Occlusive peripheral vascular disorders, history of depression.

Adverse Drug Reactions

Dry mouth, drowsiness, dizziness, headache, constipation, impotence, vivid dreams, urinary retention; dry, itching, burning sensation in the eye; fluid or electrolyte imbalance, GI upset, paralytic ileus, orthostatic hypotension, weakness, sedation, pruritus, myalgia, urticaria, nausea, insomnia, arrhythmias, agitation. Reduced GI motility at times may cause paralytic ileus.
Potentially Fatal: Transient hypertension or profound hypotension, respiratory depression, convulsion. Clonidine withdrawal syndrome could be life threatening. Bradycardia, coma and disturbances in conduction (in individuals with preexisting diseases of SA/AV nodes, overdose or on digitalis).

Drug Interactions

Hypotensive action may be potentiated by diuretics and vasodilators. Effects of clonidine antagonised by TCAs and centrally-acting alpha-blockers. May enhance toxicity due to digitalis, lithium. May antagonise oral hypoglycaemics.

Potentially Fatal: Hypnosedatives, antihistamines and alcohol may cause excessive drowsiness in patients on clonidine. Withdrawal of clonidine in patients receiving noncardioselective ß-blockers may result in rebound BP. Acute severe hypotension following concomitant administration of clonidine and chlorpromazine orhaloperidol.

Lab Interference

Transient abnormalities in liver function tests.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Epidural: Store below 30°C. Intravenous: Store below 30°C. Oral: Store below 30°C. Transdermal: Store below 30°C.

Mechanism of Action

Clonidine stimulates alpha-2 receptors in brain stem which results in reduced sympathetic outflow from the CNS and a decrease in peripheral resistance leading to reduced BP and pulse rate. It does not alter normal haemodynamic response to exercise at recommended dosages.

Onset: 2-3 days (transdermal).

Duration: Maintained for 8 hr after removal of system (transdermal).

Absorption: Well absorbed from the GI tract (oral); peak plasma concentrations after 3-5 hr. Absorbed from the skin (transdermal).

Distribution: 20-40% protein bound.

Metabolism: Hepatic: 50% of the dose.

Excretion: Via urine within 24 hr (as 40-60% as unchanged drug), via faeces (20% of the dose); 6-24 hr (elimination half-life), prolonged to 41 hr in renal impairment.

CIMS Class

Other Antihypertensives

ATC Classification

C02AC01 - clonidine; Belongs to the class of imidazoline receptor agonists, centrally-acting antiadrenergic agents. Used in the treatment of hypertension.
N02CX02 - clonidine; Belongs to the class of other preparations used to relieve migraine.
S01EA04 - clonidine; Belongs to the class of sympathomimetics used in glaucoma therapy.

*clonidine information:
Note that there are some more drugs interacting with clonidine
clonidine
clonidine brands available in India
Always prescribe with Generic Name : clonidine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ARKAMIN tab CATAPRES tab CATAPRES-DIU tab CLONEON amp CLOTHALTON tab

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([all drugs])

clopamide

CIMS Class : (Diuretics)

clopamide

P - Caution when used during pregnancy

L - Caution when used during lactation

related clopamide information

Indication & Dosage

Oral

Oedema

Adult: 10-40 mg daily or on alternate days, reduce frequency for maintenance.

Oral

Hypertension

Adult: 5-10 mg daily alone or in conjunction with other antihypertensives.

Contraindications

Severe hepatic or renal impairment; anuria; Addison's disease; hypercalcaemia.

Special Precautions

Fluid and electrolyte disturbances; hepatic cirrhosis; gout; diabetes mellitus. Elderly; severe heart failure; renal or hepatic impairment. Monitor blood glucose concentrations in patients taking antidiabetics. Pregnancy and lactation.

Adverse Drug Reactions

Electrolyte imbalance; hyperglycaemia; gout; dry mouth; thirst; weakness; muscle pain and cramp; seizures; hypotension; GI disturbances; anorexia; sialadenitis; headache; impotence; yellow vision; hypersensitivity reactions; cholestatic jaundice; pancreatitis; blood dyscrasias; glycosuria; dizziness; photosensitivity reactions, postural hypotension, paraesthesia.

Drug Interactions

Digitalis glycosides; drugs that prolong QT interval; other antihypertensives; competitive muscle relaxants; pressor amines;

corticosteroids, corticotrophin; ß2-agonists, a-blockers; ACE inhibitors; NSAIDs; alcohol, barbiturates; opioids; lithium; allopurinol; tetracyclines; carbenoxolone; hypoglycaemics.

Storage

Oral: Store below 30°C.

Mechanism of Action

Clopamide reduces the reabsorption of electrolytes from the renal tubules, hence increasing the excretion of Na and chloride ions and consequently of water. It also reduces the glomerular filtration rate.
Onset: 1-2 hrs.
Duration: Up to 24 hrs.

CIMS Class

Diuretics

ATC Classification

C03BA03 - clopamide; Belongs to the class of low-ceiling sulfonamide diuretics. Used to promote excretion of urine.

*clopamide information:
Note that there are some more drugs interacting with clopamide
clopamide
clopamide brands available in India
Always prescribe with Generic Name : clopamide, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : BRINALDIX tab
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([all drugs])
clopidogrel
CIMS Class : (Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics))
clopidogrel
P - Caution when used during pregnancy
L - Contraindicated in lactation
related clopidogrel information
Indication & Dosage

Oral

Prophylaxis of thromboembolic disorders

Adult: 75 mg once daily.

CrCl (ml/min)

Dosage Recommendation

5-15

Use with caution.

Hepatic impairment: Severe hepatic impairment: Use with caution.

Oral

Acute coronary syndrome

Adult: For ST-elevation myocardial infarction: In combination with aspirin: 75 mg once daily. Patients =75 yr old may be given a loading dose of 300 mg. Continue treatment for up to 28 days. For unstable angina, non-ST-elevation myocardial infarction: Initial: 300 mg loading dose, followed by 75 mg once daily (with aspirin 75-325 mg once daily).

Administration

May be taken with or without food.

Overdosage

Prolonged bleeding time and subsequent bleeding complications. If quick reversal is required, platelet transfusion may be considered.

Contraindications

Hypersensitivity. Active pathological bleeding. admin within 7 days after MI and ischaemic stroke, coagulation disorders. Lactation.

Special Precautions

Patients at risk of increased bleeding from trauma, surgery, or other pathological conditions; ulcer; renal and hepatic impairment; history of bleeding or haemostatic disorders. Pregnancy.

Adverse Drug Reactions

Dyspepsia, abdominal pain, nausea, vomiting, flatulence, constipation, gastritis, gastric and duodenal ulcers. GI upset, diarrhoea, paraesthesia, vertigo, headache, dizziness, pruritus and rashes.

Potentially Fatal: Bleeding disorders including GI and intracranial haemorrhage. Blood dyscrasias.

Drug Interactions

Co-admin with NSAIDs may increase the risk of stomach and intestinal bleeding. High-dose clopidogrel may lead to increased warfarin levels thus increasing the risk of bleeding. High-dose clopidogrel may also inhibit P450 (2C9), thus interfering with the metabolism of phenytoin, tamoxifen, torasemide, fluvastatin and some NSAIDs. Avoid concurrent use of drugs that inhibit CYP2C19, including omeprazole, esomeprazole, cimetidine, fluconazole, ketoconazole, voriconazole, etravirine, felbamate, fluoxetine, fluvoxamine and ticlopidine.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store at 25°C.

Mechanism of Action

Clopidogrel inhibits adenosine diphosphate (ADP) from binding to its receptor sites on the platelets and subsequent activation of glycoprotein GP IIb/IIIa complex thus preventing fibrinogen binding, platelet adhesion and aggregation.

Absorption: Rapidly but incompletely absorbed from the GI tract (oral).

Distribution: Protein-binding: Extensive.

Metabolism: Hepatic: Extensive; converted to inactive carboxylic acid derivative and thiol derivative (active).

Excretion: Via urine and faeces (as metabolites and unchanged drug).

CIMS Class

Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics)

ATC Classification

B01AC04 - clopidogrel; Belongs to the class of platelet aggregation inhibitors excluding heparin. Used in the treatment of thrombosis.

*clopidogrel information:
Note that there are some more drugs interacting with clopidogrel
clopidogrel further details are available in official CIMS India
clopidogrel
clopidogrel brands available in India
Always prescribe with Generic Name : clopidogrel, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ACLOTIL tab ADPLATT tab ANTIBAN film-coated tab ANTIPLAR tab APLATIN-75 tab APTOGREL tab ASOGREL tab BLOTHIN tab CAPLOR tab CARPIGREL tab CENOZA tab CERUVIN tab C-GREL tab CIDOGREL tab CLASS tab CLAVIX tab CLODREL tab CLOFLOW tab CLOFRE tab CLOLYSE tab CLOPI tab CLOPICARD film-coated tab CLOPID tab CLOPIGREL film-coated tab CLOPIKARE tab CLOPILET film-coated tab CLOPIRAD tab CLOPITAB tab CLOPIVAS film-coated tab CLOPIZIDE tab CLOPLAT tab CLOPOD tab CLOPREZ tab CLOTSAFE film-coated tab DEPLATT tab GLORY tab GRELET tab KLOV tab NOKLOT tab NOPLAQ tab NUGREL

film-coated tab ORAWIS tab PIDLET tab PLAGERINE tab PLAGRIL tab PLATFREE tab PLATFRIN tab PLATLOC tab PLAVIX cap PLAVIX tab PREVA tab STARCLOP tab STROMIX cap STROMIX tab THEMIGRIL tab THINRIN tab TORPLATT tab ZETER tab ZOGRELL tab

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([all drugs])

clotrimazole

CIMS Class : (Preparations for Vaginal Conditions) , (Ear Anti-infectives & Antiseptics) , (Topical Antifungals & Antiparasites) , (Antifungals)

clotrimazole

P - Caution when used during pregnancy

L - Caution when used during lactation

related clotrimazole information

Indication & Dosage

Oral

Oropharyngeal candidiasis

Adult: Per lozenge contains 10 mg clotrimazole: Suck 1 lozenge 5 times daily for 14 days. For prevention in patients receiving

immunosuppressant therapy: 1 lozenge tid for the immunosuppressant treatment duration.

Otic/Aural

Fungal otitis externa

Adult: Apply 1% solution to affected area.

Topical/Cutaneous

Skin fungal infections

Adult: Apply a 1% cream/lotion/solution bid-tid for 2-4 wk, may be used with a 1% powder to prevent reinfection.

Vaginal

Vulvovaginal candidiasis

Adult: As pessary: 100 mg daily for 6 days, 200 mg daily for 3 days or 500 mg as a single dose; alternatively, apply 1, 2 or 10% cream.

Contraindications

Hypersensitivity.

Special Precautions

Avoid contact with eyes upon topical application. Childn <3 yrs. Pregnancy, lactation.

Adverse Drug Reactions

Topical: Erythema, stinging, irritation; hypersensitivity reactions; contact dermatitis. Oral: GI disturbances, dysuria, mental depression, elevated liver enzymes.

Drug Interactions

Antagonism with polyene antibiotics.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store below 30°C. Otic/Aural: Store below 30°C. Topical/Cutaneous: Store below 30°C. Vaginal:Store below 30°C.

Mechanism of Action

Clotrimazole is a broad-spectrum antifungal which binds to phospholipids in the cell membrane altering cell wall permeability causing a loss in essential intracellular elements.

Absorption: Negligible through intact skin (topical); 3-10% (vaginal).

Metabolism: Hepatic; converted to inactive metabolites.

Excretion: Urine, faeces (as metabolites).

CIMS Class

Preparations for Vaginal Conditions / Ear Anti-infectives & Antiseptics / Topical Antifungals & Antiparasites /Antifungals

ATC Classification

A01AB18 - clotrimazole; Belongs to the class of local antiinfective and antiseptic preparations. Used in the treatment of diseases of the mouth.

D01AC01 - clotrimazole; Belongs to the class of imidazole and triazole derivatives for topical use. Used in the treatment of fungal infection.

G01AF02 - clotrimazole; Belongs to the class of imidazole derivative antiinfectives. Used in the treatment of gynecological infections.

*clotrimazole information:

Note that there are some more drugs interacting with clotrimazole clotrimazole

clotrimazole brands available in India

Always prescribe with Generic Name : clotrimazole, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ALVI vag tab ANTICAN CRM cream ANTICAN vag tab BECLOCIN-O ear drops BECLOTIS-C oint BECLOTIS-CG oint BUGDERM oint CALCREM cream CANAZOLE cream CANCAP-VT VG-tab CANDASIA cream CANDASIA-B cream CANDIBIOTIC ear drops CANDICLO CREAM cream CANDICLO-V KIT cream CANDICLO-V KIT VG-pessary CANDID cream CANDID DPS ear drops CANDID gel CANDID lotion CANDID MICRO spray CANDID MOUTH PAINT paint CANDID powd CANDID TAB vag tab CANDID-B cream CANDID-B lotion CANDID-CL pessary CANDIDERMA cream CANDID-TV lotion CANDID-V GEL gel CANDID-V

tab CANDIGEN-BG cream CANDIKIT-N cream CANDINIL tab CANDIVATE CREAM cream CANESTEN cream CANESTEN soln CANESTEN V6 VG-tab CANESTEN VAG cream CANESTEN-S cream CANFEM VG-cream CANFEM VG-supp CANISON cream CANISON powd CANISON soln CANISON-C vag cap CANISON-V vag tab CANSOFT pessary CANSOFT supp CAZOL cream CAZOL powd CAZOL-B cream CEFLOX-CF cream CEZEL-PT tab CLENORUSH TORCHE tab CLIMA-V vag cap CLINGEN PLUS vag supp CLINGEN vag supp CLOAT-V vag tab CLOBEN cream CLOBEN lotion CLOBEN POWDER powd CLOBEN-G cream CLOBEN-VT tab CLOCAIN ear drops CLOCIP cream CLOCIP DUSTING POWD powd CLOCIP NB CREAM cream CLOCIP VG-TAB vag tab CLOCIP-B cream CLODAZ-V6 tab CLOGEN loz CLOMAX BN cream CLOMAX cream CLOMAX V1 vag tab CLOMAX V3 vag tab CLOMAX V7 vag tab CLOMAX vag gel CLOMAX-B CREAM cream CLOMAX-BG CREAM cream CLORID-B cream CLOTRIN-V vag tab CLOVAR-V vag tab CLOZED tab CTM cream CTM-V vag tab CTZOLE CREAM cream CUTICARE cream DANDRUFF PLUS lotion DECAND B CREAM cream DECAND BG cream DECAND cream DECAND-V3 vag tab DECAND-V6 vag tab DEMAZOLE oint DREP ear drops ENDID CREAM cream FUNGI-BC ear drops FUNGIDROPS ear drops FUNGIMAC powd GINAL-V

CREAM cream GINAL-V tab GINLAC-V vag tab GYNOSTATUM CREAM vag cream GYNOSTATUM vag tab HILL-V tab HYDROZOLE CREAM cream IMIDIL cream IMIDIL PLUS cream IMIDIL powd IMIDIL soln IMIDIL VAGINAL vag tab IMIDIL-CV supp IMIDIL-VS SG-vag supp INTRAMOL-V6 ER-vag tab ITCHASIA cream KUNDO-V vag tab LAMONTE-BG cream LEOBET-NC cream LEOZOLE powd LEOZOLE-B lotion LEOZOLE-B oint LOTRIL cream LOTRIL lotion LOTRIL powd LOTRIL-B cream LOTRIL-BG cream LOTRIL-LB vag tab LOTRIM cream MYCOCID cream MYCOCID lotion MYCOCID-V vag tab MYCOCLEAR POWDER SPY PWDspray MYCODERM-C powd MYCONIP-C vag tab MYCONORM powd MYCOTIC ear drops NC DERM cream NIFUGAL mouth paint NIFUGAL MOUTH PAINT soln NIFUGAL-B OINT oint NUFORCE DUST POWDER DUST-powd NUFORCE MOUTH PAINT mouth paint NUFORCE V6 vag tab ORALOZ loz ORTHO APPLICATOR vag insert OTEK-AC PLUS ear drops SELSYD CRM cream SELSYD topical soln SELSYD-B cream SESIL supp SIGMADERM cream SILKIN POWD powd SPORNOC vag tab STATUM cream STATUM lotion SURFAZ cream SURFAZ DPS ear drops SURFAZ powd SURFAZ soln SURFAZ-VT vag tab TRANSLIPO-C cream TRANSLIPO-TRIPLE cream TRAVORAL mouth paint TRIBEN cream TRIBEN powd TRIBEN-B CREAM

cream TRIBEN-B LOTION lotion TRIBEN-V vag cap TRIMAC ear drops TRIPODERM CREAM cream TRI-TINI vag tab URO-GYN tube VAGIBACT CRM cream VAGIBACT softgel VAGID vag tab VAGID VAGINAL PESSARY pessary VAGIMYCIN vag supp VAZI tab VEE vag tab V-MAZOL tab V-ZOLE tab

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([all drugs])

cloxacillin

CIMS Class : (Penicillins)

cloxacillin

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related cloxacillin information

Indication & Dosage

Oral

Staphylococcal infections resistant to benzylpenicillin

Adult: 250-500 mg 4 times daily.

Child: 50-100 mg/kg in divided doses every 6 hr.

Incompatibility: Incompatible with aminoglycosides and a number of other antimicrobials.

Administration

Should be taken on an empty stomach. (Take on an empty stomach 1 hr before or 2 hr after meals.)

Contraindications

Hypersensitivity to penicillins.

Special Precautions

Renal impairment; pregnancy and lactation. Porphyria.

Adverse Drug Reactions

Neutropenia, agranulocytosis; GI upsets; rash. Sore mouth or tongue. Black hairy tongue.
Potentially Fatal: Neuromuscular hypersensitivity; pseudomembranous colitis; anaphylaxis.

Drug Interactions

Co-admin of probenecid or disulfiram may result in higher cloxacillin
concentration. Chloramphenicol andtetracycline antagonise
bactericidal effect of penicillins.
Potentially Fatal: Increased hypoprothrombinaemic effects of oral anticoagulants.

Food Interaction

Delayed absorption in the presence of food.

Lab Interference

Interferes with urinary glucose tests using cupric sulfate. False-positive results in urine and serum protein, uric acid and urinary steroid tests.

Pregnancy Category (US FDA)
Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an

adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Mechanism of Action

Cloxacillin is resistant to degradation by penicillinases. It is particularly useful against penicillinase-producing staphylococci. Highly active against S aureus, S pyogenes, S viridans and S pneumoniae.

Absorption: Incompletely absorbed from the GI tract with peak plasma concentrations after 1-2 hr (oral); may be reduced in the presence of food. Completely absorbed with peak plasma concentrations after 30 min (IM).

Distribution: Pleural and synovial fluids and bone (therapeutic concentrations), CSF (small amounts except when the meninges are inflamed; crosses the placenta and enters the breast milk. Protein-binding: 94%

Metabolism: Minimal metabolism.

Excretion: Via the urine by glomerular filtration and renal tubular secretion (35% of an oral dose); via the bile (Up to 10%). Not removed by dialysis; 0.5-1 hr (elimination half-life).

CIMS Class

Penicillins

ATC Classification

J01CF02 - cloxacillin; Belongs to the class of beta-lactamase resistant penicillins. Used in the treatment of systemic infections.

*cloxacillin information:
Note that there are some more drugs interacting with cloxacillin
cloxacillin further details are available in official CIMS India
cloxacillin
cloxacillin brands available in India
Always prescribe with Generic Name : cloxacillin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ACLOX inj BIOCLOX cap BIOCLOX vial CLOCILIN cap CLOCILIN inj CLOPEN cap CLOXACILLIN vial KLOX cap KLOX inj KLOX syr MEDICLOX PLUS cap NEOCLOX vial SI-FIXIM-XL cap ZIFI-LBX film-coated tab
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([all drugs])

clozapine

CIMS Class : (Antipsychotics)

clozapine

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related clozapine information

Indication & Dosage

Oral

Schizophrenia

Adult: 12.5 mg 1-2 times on day 1 followed by 25 mg 1-2 times on day 2, increased gradually in increments of 25-50 mg up to a daily dose of 300 mg within 14-21 days. Subsequent increments of 50-100 mg may be made 1-2 times wkly. Usual dose: 200-450 mg/day. Max: 900 mg/day.

Elderly: Initially, 12.5 mg on day 1 increased subsequently by increments of 25 mg.

Renal impairment: Mild-moderate renal impairment: use with caution. Severe impairment: contra-indicated.

Hepatic impairment: Use with caution and avoid in symptomatic or progressive liver disease or hepatic failure.

Oral

Psychoses in Parkinson's disease

Adult: Initially, 12.5 mg once daily at night, increased in steps of 12.5 mg up to 2 times each wk, not >50 mg/day at the end of the 2nd wk. Usual dose: 25-37.5 mg daily. Max: 100 mg daily.

Renal impairment: Mild-moderate renal impairment: use with caution. Severe impairment: contra-indicated.

Hepatic impairment: Use with caution and avoid in symptomatic or progressive liver disease or hepatic failure.

Administration

May be taken with or without food.

Overdosage

Altered states of consciousness, including drowsiness, delirium, coma, tachycardia, hypotension, respiratory depression or failure, hypersalivation. Aspiration pneumonia, cardiac arrhythmias, seizures have also been reported. Emesis or gastric lavage, followed by activated charcoal to reduce adsorption. Treatment is symptomatic and supportive with monitoring of cardiac and vital signs. Continue monitoring for several days because of risk of delayed effects. Avoid use of epinephrine and derivatives when

treating hypotension and quinidine and procainamide when treating cardiac arrhythmia. Forced diuresis, dialysis, haemoperfusion and exchange transfusion unlikely to be of benefit.

Contraindications

History of bone marrow disorders including agranulocytosis, circulatory collapse, alcoholic or toxic psychosis, drug intoxication, uncontrolled epilepsy, severe renal, hepatic or cardiac disease; paralytic ileus. Pregnancy and lactation.

Special Precautions

Leucocyte counts should be monitored regularly and for at least 4 wk after treatment discontinuation. Renal, hepatic or cardiac impairment; prostatic enlargement, narrow-angle glaucoma; elderly; immobilised patients

Adverse Drug Reactions

Drowsiness, dizziness, headache; nausea, vomiting, constipation; anxiety, confusion, fatigue, transient fever. Rarely, dysphagia, acute

pancreatitis, cholestatic jaundice; orthostatic hypotension, tachycardia; seizures; hypersalivation.

Potentially Fatal: Rarely, thromboembolism. Reversible neutropenia which may progress to a potentially fatal agranulocytosis. Fatal myocarditis.

Drug Interactions

Reduced plasma concentrations with concomitant use of phenytoin. May enhance the central effects of MAOIs.

Potentially Fatal: Concurrent use with bone marrow suppressants e.g. carbamazepine, co-trimoxazole,chloramphenicol, penicillamine, sulfonamides, antineoplastics or pyrazolone analgesics; long-acting depot antipsychotics.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store below 25°C.

Mechanism of Action

Clozapine has relatively weak dopamine receptor-blocking activity at D1, D2, D3 and D5 receptors but has high affinity for the D4 receptor. It has also blocking effects on serotonin, a-adrenergic histamine H1 and cholinergic receptors.

Absorption: Absorbed well from the GI tract (oral); peak plasma concentrations after 2.5 hr.

Distribution: Protein-binding: 95%.

Metabolism: Hepatic; N-demethylation and N-oxidation by cytochrome P-450 isoenzyme CYP1A2.

Excretion: Via urine and faeces (as metabolites and trace amounts of unchanged drug); 12 hr (elimination half-life)

CIMS Class

Antipsychotics

ATC Classification

N05AH02 - clozapine; Belongs to the class of diazepines, oxazepines and thiazepines antipsychotics. Used in the management of psychosis.

*clozapine information:
Note that there are some more drugs interacting with clozapine
clozapine
clozapine brands available in India
Always prescribe with Generic Name : clozapine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : CHROZAP tab CLOMACH tab CLOPAZ tab COZACIN tab LOZAPIN tab LOZARIL tab REFRACT tab SIZOPIN tab SKIZORIL tab SYCLOP tab SYZOPIN tab ZOPIN tab
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([all drugs])
coal tar
CIMS Class : (Psoriasis, Seborrhea & Ichthyosis Preparations)
coal tar
related coal tar information
Indication & Dosage

Topical/Cutaneous

Dandruff

Adult: As shampoo containing 5% alcoholic extract of coal tar: Wet hair, rub shampoo onto hair and scalp, rinse thoroughly. Repeat procedure, massaging the scalp for several minutes and rinse thoroughly.

Child: As shampoo containing 5% alcoholic extract of coal tar: Wet hair, rub shampoo onto hair and scalp, rinse thoroughly. Repeat procedure, massaging the scalp for several minutes and rinse thoroughly.

Elderly: As shampoo containing 5% alcoholic extract of coal tar: Wet hair, rub shampoo onto hair and scalp, rinse thoroughly. Repeat procedure, massaging the scalp for several minutes and rinse thoroughly.

Topical/Cutaneous

Seborrhoeic dermatitis

Adult: As shampoo containing 5% alcoholic extract of coal tar: Wet hair, rub shampoo onto hair and scalp, rinse thoroughly. Repeat procedure, massaging the scalp for several minutes and rinse thoroughly.

Child: As shampoo containing 5% alcoholic extract of coal tar: Wet hair, rub shampoo onto hair and scalp, rinse thoroughly. Repeat

procedure, massaging the scalp for several minutes and rinse thoroughly.

Elderly: As shampoo containing 5% alcoholic extract of coal tar: Wet hair, rub shampoo onto hair and scalp, rinse thoroughly. Repeat procedure, massaging the scalp for several minutes and rinse thoroughly.

Topical/Cutaneous

Subacute and chronic psoriasis

Adult: As emulsion containing 40% w/v distilled coal tar: Add 30 ml to a standard bath of warm water, soak for 5 minutes and pat dry.

Child: As emulsion containing 40% w/v distilled coal tar: Add 30 ml to a standard bath of warm water, soak for 5 minutes and pat dry.

Elderly: As emulsion containing 40% w/v distilled coal tar: Add 30 ml to a standard bath of warm water, soak for 5 minutes and pat dry.

Topical/Cutaneous

Psoriasis of skin and scalp

Adult: As a 1% w/w alcoholic extract of prepared coal tar emulsion: Apply a thin layer 2-3 times daily to affected areas, massage gently and leave to dry.

Child: > 12 yr: As a 1% w/w alcoholic extract of prepared coal tar emulsion: Apply a thin layer 2-3 times daily to affected areas, massage gently and leave to dry.

Contraindications

Application to inflamed or broken skin.

Special Precautions

Use with caution on the face, near eyes and mucous membranes. Do not apply to genital or rectal areas. Avoid use in patient with exacerbation of psoriasis. Avoid exposure to direct sunlight and sunlamps for at least 24-72 hr after application. May stain clothes and hair. If undergoing Goeckerman treatment, all coal tar preparation should be removed from skin before exposure to radiation. Pregnancy and lactation.

Adverse Drug Reactions

Skin irritation and acne-like skin eruptions. Photosensitivity.

Storage

Topical/Cutaneous: Store below 25°C.

Mechanism of Action

Coal tar has antipruritic, keratoplastic and keratolytic properties. It slows down excessive epidermal cell turnover and is often used topically either alone or in combination with other drugs (e.g. salicyclic acid, sulfur) in conditions such as dandruff, seborrheic dermatitis or psoriasis.

CIMS Class

Psoriasis, Seborrhea & Ichthyosis Preparations

*coal tar information:
coal tar
coal tar brands available in India
Always prescribe with Generic Name : coal tar, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : C.T.OIL oil CASTOR-CT lotion COTAR topical application COTAR-K topical application COTAR-S topical application EXOREX lotion PROTAR oint PROTAR SOLN soln SALYTAR-WS oint TARSYL LOTION lotion

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([all drugs])

codeine

CIMS Class : (Cough & Cold Preparations) , (Analgesics (Opioid))

codeine

P - Contraindicated in pregnancy

L - Caution when used during lactation

related codeine information

Indication & Dosage

Oral

Mild to moderate pain

Adult: 30-60 mg every 4 hr. Max: 240 mg daily.

Child: 1-12 yr: 500 mcg/kg 4-6 times daily.

Renal impairment: Dose adjustment may be needed.

Hepatic impairment: Dose adjustment may be needed.

Oral

Cough suppressant

Adult: 15-30 mg 3-4 times daily. Max: 240 mg/day.

Child: 1-5 yr: 3 mg; 5-12 yr: 7.5-15 mg. Doses to be taken 3-4 times daily.

Renal impairment: Dose adjustment may be needed.

Hepatic impairment: Dose adjustment may be needed.

Oral

Acute diarrhoea

Adult: 30 mg 3-4 times daily.

Renal impairment: Dose adjustment may be needed.

Hepatic impairment: Dose adjustment may be needed.

Parenteral

Mild to moderate pain

Adult: IV/IM/SC: 30-60 mg every 4 hr. Max: 240 mg/day.

Child: IM/SC: 1-12 yr: 500 mcg/kg 4-6 times daily.

Renal impairment: Dose adjustment may be needed.

Hepatic impairment: Dose adjustment may be needed.

Administration

May be taken with or without food.

Overdosage

CNS depression ranging from stupor to coma, respiratory depression which may progress to Cheyne-Stokes respiration, cyanosis, miosis, hypothermia, flaccid skeletal muscles, bradycardia and hypotension. Maintain an adequate, patent airway, using assisted or controlled respiration and oxygen as needed. Supportive and symptomatic treatment Parenteral naloxone may be given after weighing benefits versus risk of acute withdrawal syndrome in physically dependent patients. If respiratory depression is associated with muscular rigidity, admin of a neuromuscular blocking agent may help assist or control respiration. Gastric lavage may be effective many hr after drug ingestion since pylorospasm produced result in retention of the drug in the stomach for an extended period of time.

Contraindications

Respiratory depression, obstructive airway disease, asthma. Acute alcoholism, convulsive disorders, head injuries, comatose patients, raised intracranial pressure. Pregnancy (prolonged use or high doses at term).

Special Precautions

Hypothyroidism, adrenocortical insufficiency; asthma, impaired hepatic or renal function, prostatic hyperplasia, hypotension, shock, inflammatory or obstructive bowel disorders, myasthenia gravis. Infants, neonates; Reduce dose in elderly or debilitated patients. May impair ability to drive or operate machinery. Lactation.

Adverse Drug Reactions

Dependence, withdrawal symptoms; nausea, vomiting, constipation; drowsiness, confusion; difficulty in micturition, ureteric or biliary spasms, urinary retention; dry mouth, dizziness, sweating, facial flushing, headache, vertigo, bradycardia, tachycardia, palpitations, orthostatic hypotension, hypothermia, restlessness, mood changes, decreased libido or potency, hallucination, miosis; raised intracranial pressure, muscle rigidity.
Potentially Fatal: Respiratory depression and hypotension, with circulatory failure and deepening coma (larger doses). Convulsions (especially in children and infants). Rhabdomyolysis.

Drug Interactions

Enhanced depressant effects with alcohol, anaesthetics, anxiolytics, hypnotics, TCAs, antipsychotics. Possible CNS depression or excitation with MAOIs. May alter effects of other compounds e.g. cyclizine, mexiletine, cisapride, metoclopramide and domperidone.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

if used for prolonged periods or in high doses at term.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store at 15-30°C. Parenteral: Store at 15-30°C.

Mechanism of Action

Codeine provides relief by blocking the ascending pain pathways by binding to opiate receptors found in the CNS. It also helps suppress cough by direct action in the medulla.

Onset: Oral: 0.5-1 hr. IM: 10-30 min.

Duration: 4-6 hr.

Absorption: Oral and rectal: Adequate.

Distribution: Crosses placenta and enters breast milk.

Metabolism: Hepatic by O- and N-demethylation to morphine (active), norcodeine and other metabolites including normorphine and hydrocodone.

Excretion: In the urine, mainly as conjugates with glucuronic acid. Plasma half-life: about 3-4 hr.

CIMS Class

Cough & Cold Preparations / Analgesics (Opioid)

ATC Classification

R05DA04 - codeine; Belongs to the class of cough suppressants, opium alkaloids and derivatives. Used in the treatment of dry cough.

*codeine information:

Note that there are some more drugs interacting with codeine

codeine further details are available in official CIMS India

codeine

codeine brands available in India

Always prescribe with Generic Name : codeine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ASCORIL-C syr BRONOLAX syr CODEB susp CODECTUSS syr CODEINE SULPHATE LINCTUS linctus CODEINE SULPHATE tab CODIFOS tab CODIN LINCTUS syr CODINE LINCTUS linctus CODINE SULPHATE tab CODISTAR syr CODOKUFF syr CODOPLUS tab CODORIC syr CODRIL syr CODYLEX linctus CODZI syr COFDYL syr COMTUS linctus COREX syr COREX-T syr CUFEX syr D-CUF syr DIPHECOL-C syr DOLOKOFF syr ELTUSS-C syr EPHACT syr ESKUF syr ESKUF-AL syr EXIPLON SYR syr FARINGODYL syr GENOSEDYL oralliqd INDIKOF-C syr INSTACODIN

syr KODIWIZ syr KOFAREST-C syr KOFEX syr LINCOTUSS syr LINCTUS CODEIN syr MIT'S LINCTUS CODEINE syr MONTOKUF syr OSCODIN syr OTODRIL syr PHENSEDYL liqd PLANOKUF syr PYCOF PLUS syr RECORIX SYR syr RESPELINE-CS syr REXCOF PLUS liqd REXCOF SYR syr SINACT CS syr TOSSEX liqd TRICODEINE LINCTUS syr TRICODIENE liqd TUSCOF-C syr ZEPDYL syr

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([all drugs])

co-dergocrine mesylate

CIMS Class : (Peripheral Vasodilators & Cerebral Activators)

co-dergocrine mesylate

P - Caution when used during pregnancy

related co-dergocrine mesylate information

Indication & Dosage

Oral

Mild to moderate dementia

Adult: 3-4.5 mg daily. May also be given via sublingual admin.

Contraindications

Hypersensitivity.

Special Precautions

Pregnancy. Severe bradycardia.

Adverse Drug Reactions

Abdominal cramps, nausea, vomiting, headache, blurred vision, skin rashes, nasal congestion, flushing of the skin, dizziness, orthostatic hypotension, bradycardia.

Storage

Oral: Store below 25°C.

Mechanism of Action

Co-dergocrine mesylate is a complex of 4 hydrogenated ergot alkaloids.It acts at the central synapsi causing dopaminergic and serotonergic actions while reducing noradrenergic activity in the limbic and other areas. Age-related symptoms and signs such as loss of recent memory, confusion, poor concentration,

disorientation, apathy, depression, difficulty in self-care and unsociability are improved.

Absorption: Oral: Rapidly absorbed from the GI tract; plasma levels peak about 1-2 hr after a dose.

Distribution: 81% bound to plasma proteins.

Metabolism: Extensive first-pass effect.

Excretion: Mainly in bile via the faeces, via urine (small amounts); elimination T1/2 (biphasic): 1.5-2.5 hr (a-phase), 13-15 hr (ß-phase).

CIMS Class

Peripheral Vasodilators & Cerebral Activators

ATC Classification

C04AE04 - dihydroergocristine; Belongs to the class of ergot alkaloids. Used as peripheral vasodilators.

*co-dergocrine mesylate information:

co-dergocrine mesylate

co-dergocrine mesylate brands available in India

Always prescribe with Generic Name : co-dergocrine mesylate, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CERELOID tab HYDERGINE inj HYDERGINE tab

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([all drugs])

colchicine

CIMS Class : (Hyperuricemia & Gout Preparations)

colchicine

P - Contraindicated in pregnancy

L - Caution when used during lactation

related colchicine information

Indication & Dosage

Oral

Acute gout

Adult: Initial dose: 1 mg, reduce to 0.5 mg every 2-3 hr until pain relief is achieved or GI toxicity occurs. Course may be repeated after at least 3 drug-free days. Max dose: 6 mg/course.

Renal impairment: Not exceeding 600 mcg daily in patients with CrCl =50 ml/min.

Oral

Prophylaxis of recurrent gouty arthritis

Adult: 0.5-0.6 mg once daily. Up to 1.8 mg daily may be required in some patients. Dosage range: 0.6 mg every other day to 0.6 mg tid.

Renal impairment: Not exceeding 600 mcg daily in patients with CrCl =50 ml/min.

Hepatic impairment: Severe: Contra-indicated.

Intravenous

Acute gout

Adult: 1 or 2 mg over 2-5 minutes. May give additional doses of 0.5-1 mg every 6 hr up to a total of not more than 4 mg/24 hr. Once the max dose has been reached, further doses should not be given via any route for at least 7 days.

Renal impairment: Not to be given to patients undergoing haemodialysis.

CrCl (ml/min)

Dosage Recommendation

10-50

Reduce dose by 50%.

<10

Avoid use.

Hepatic impairment: IV dose should be reduced by at least 50%.

Incompatibility: 5% dextrose injection, bacteriostatic 0.9% sodium chloride injection.

Administration

Should be taken with food.

Overdosage

Symptoms include nausea, anorexia, abdominal pain, vomiting, dehydration, paralytic ileus, muscular weakness, severe bloody diarrhoea, stomatitis, arthralgia, malaise, hypocalcaemia, fever, rashes, renal damage, hepatomegaly and liver tenderness with elevated liver enzymes, shock and CV collapse (due to extreme vascular damage), bone marrow depression, respiratory depression. Mental confusion, delirium, and seizures may occur. No specific antidote for colchicine poisoning although colchicine-specific Fab fragments prepared from goat antiserum (not commercially available) have been used in the potentially life-threatening colchicine toxicity to increase urinary excretion. Gastric lavage or emesis followed by activated charcoal if orally

ingested. Treatment is symptomatic and supportive. Abdominal pain may be relieved by atropine or morphine. Filgrastim has been used in the treatment of pancytopenia resulting from colchicine toxicity.

Contraindications

Hypersensitivity; blood dyscrasias, severe renal impairment, pregnancy, debilitated patients; SC/IM admin.

Special Precautions

Elderly; GI disease. Cardiac, renal and hepatic impairment; prolonged therapy not recommended; lactation.

Adverse Drug Reactions

Nausea, vomiting and abdominal pain; diarrhoea, GI haemorrhage, rashes, renal and hepatic damage in excessive doses. Rarely peripheral neuritis, myopathy, alopecia and with chronic therapy blood disorders like agranulocytosis, aplastic anaemia.

Drug Interactions

Reversible malabsorption of vitamin B12 may occur because of ileal mucosal function alteration. Response to CNS depressants and sympathomimetics may increase when used concurrently with colchicine. Increased risk of myopathy when used concurrently with simvastatin.

Potentially Fatal: With ciclosporin, increased risk of nephrotoxicity and myotoxicity. Risk of colchicine toxicity when used with macrolides.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Store below 30°C. Oral: Store below 30°C.

Mechanism of Action

Colchicine, a phenanthrene derivative, exerts its effect by reducing the inflammatory response to the deposited urate crystals and also by diminishing phagocytosis in joints. It inhibits lactic acid production by leucocytes, thereby interrupting urate deposition and inflammatory response that sustains the acute gout attack.

Absorption: Peak plasma concentrations after 2 hr (oral).

Distribution: Leucocytes, kidneys, liver and spleen (high concentrations). Protein-binding: 10-31%.

Metabolism: Partially hepatic via deacetylation.

Excretion: Faeces and urine. Elimination half-life: 12-30 min (adult), 45 min (renal disease).

CIMS Class

Hyperuricemia & Gout Preparations

ATC Classification

M04AC01 - colchicine; Belongs to the class of preparations with no effect on uric acid metabolism. Used in the treatment of gout.

*colchicine information:

Note that there are some more drugs interacting with colchicine

colchicine further details are available in official CIMS India

colchicine

colchicine brands available in India

Always prescribe with Generic Name : colchicine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : COLCHICINDON tab COLJOY tab GOUTNIL tab ZYCOLCHIN tab

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([all drugs])

colistin sulfate

CIMS Class : (Other Antibiotics)

colistin sulfate

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related colistin sulfate information

Indication & Dosage

Oral

Gastrointestinal infections

Adult: As sulfate: 1.5-3 million units tid.

Child: As sulfate: 15-30 kg: 0.75-1.5 million units tid; <15 kg: 0.25-0.5 million units tid.

Oral

Bowel sterilisation

Adult: As sulfate: 1.5-3 million units tid.

Child: As sulfate: 15-30 kg: 0.75-1.5 million units tid; <15 kg: 0.25-0.5 million units tid.

Parenteral

Bowel sterilisation

Adult: As colistimethate sodium: 6 million units by IM or slow IV inj/infusion given daily in 3 divided doses. Max: 6 million units in 24 hr.

Child: As colistimethate sodium: >60 kg: 6 million units/day given in 3 divided doses. =60 kg: 50,000 units/kg/day in 3 divided doses. Max: 75,000 units/kg/day.

CrCl (ml/min)

Dosage Recommendation

20-50

1-2 million units every 8 hr.

10-20

1 million units every 12-18 hr.

<10

1 million units every 18-24 hr

Parenteral

Gastrointestinal infections

Adult: As colistimethate sodium: 6 million units by IM or slow IV inj/infusion given daily in 3 divided doses. Max: 6 million units in 24 hr.

Child: As colistimethate sodium: >60 kg: 6 million units/day given in 3 divided doses. =60 kg: 50,000 units/kg/day in 3 divided doses. Max: 75,000 units/kg/day.

CrCl (ml/min)

Dosage Recommendation

20-50

1-2 million units every 8 hr.

10-20

1 million units every 12-18 hr.

<10

1 million units every 18-24 hr

Inhalation

Adjunct to systemic antimicrobial therapy in respiratory infections

Adult: As colistimethate sodium: 1-2 million units bid-tid. Max: 2 million units tid for up to 3 mth in frequent recurrent infections. 1-2 million units bid may be used for long-term therapy.

Child: As colistimethate sodium: <2 yr: 0.5-1 million units bid; =2 yr: 1-2 million units bid, up to 2 million units tid for frequent recurrent infections.

Incompatibility: Incompatibility has been reported with various drugs including other antibacterials.

Overdosage

Neuromuscular blockade that can lead to muscular weakness, apnoea, possible respiratory arrest and acute renal failure. There is no specific antidote. Treatment is supportive. Measures to increase the rate of elimination, e.g. mannitol diuresis, prolonged haemodialysis or peritoneal dialysis may be used.

Contraindications

Hypersensitivity. Anuria; porphyria; myasthenia gravis. Pregnancy and lactation.

Special Precautions

Preexisting renal impairment; disorders of neuromuscular transmission. Monitor serum creatinine and BUN regularly while on treatment.

Adverse Drug Reactions

Superinfection; renal damage; visual disturbances; GI disturbances, dizziness, nausea, vomiting; confusion, peripheral neuropathy; respiratory insufficiency and muscle weakness.
Potentially Fatal: Acute tubular necrosis, neurotoxicity; nephrotoxicity. The neuromuscular blockade is potentially fatal, when associated with use of curariform muscle relaxants.

Drug Interactions

Potentiates chloramphenicol and trimethoprim.
Potentially Fatal: Potentiates action of curariform muscle relaxants. Potentiates nephrotoxicity of aminoglycosides and cephalothin.

Mechanism of Action

Colistin sulfate is a polymyxin antibiotic which is active against aerobic gram-negative bacteria including most enterobacteria

except Proteus, Providentia and Serratia. Susceptible organisms include P. aeruginosa, Legionella spp, H. influenzae, Acinetobacter, V. cholera, Salmonella, Shigella and Pasteurella.. Colistin sulfate is used orally while colistimethate sodium is used parenterally or via inhalational route.

Absorption: Poorly absorbed from the GI tract (oral); unabsorbed (skin); peak plasma concentrations after 2-3 hr (IM).

Distribution: Reversibly bound to body tissues; diffuses across the placenta but negligible into the CSF except in infants. Enters breast milk.

Excretion: More rapid in children than in adults; diminished in patients with renal impairment.

CIMS Class

Other Antibiotics

*colistin sulfate information:

Note that there are some more drugs interacting with colistin sulfate

colistin sulfate

colistin sulfate brands available in India

Always prescribe with Generic Name : colistin sulfate, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : COLGIT syr COLIGYL dry syr COLISTOP DS dry syr GDSAFE syr GDSAFE-DS dry syr HARMLESS susp WALAMYCIN syr

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([all drugs])

crotamiton

CIMS Class : (Topical Antifungals & Antiparasites)

crotamiton

P - Caution when used during pregnancy

related crotamiton information

Indication & Dosage

Topical/Cutaneous

Scabies

Adult: Apply a 10% cream/lotion to the whole body from below the chin after 1st bathing and drying. A 2nd application is done after 24 hr. May need to use once daily for up to 5 days for it to be effective.

Max Dosage: Once daily for 5 days.

Topical/Cutaneous

Pruritic skin disorders

Adult: Apply a 10% cream/lotion bid/tid onto the skin.

Child: <3 yr: Apply a 10% cream/lotion onto the skin once daily.

Overdosage

No information is available on overdosage following topical application. Oral ingestion of the drug may cause burning sensation of the mouth, irritation of the buccal, esophageal, and gastric mucosa, nausea, vomiting and abdominal pain. No known specific antidote. Empty stomach by emesis or gastric lavage followed by symptomatic treatment.

Contraindications

Hypersensitivity; acute exudative dermatitis. Application to the eye, mouth, other mucous membranes or on excoriated skin.

Special Precautions

For external use only. Pregnancy.

Adverse Drug Reactions

Nausea, vomiting and abdominal pain. Topical: Pruritus, contact dermatitis, rash, irritation, warm sensation.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Topical/Cutaneous: Store at 15-30°C.

Mechanism of Action

Crotamiton has scabicidal and antipruritic action against Sarcoptes scabei. It is an effective pediculocide as well.

CIMS Class

Topical Antifungals & Antiparasites

*crotamiton information:

crotamiton

crotamiton brands available in India

Always prescribe with Generic Name : crotamiton, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CROTORAX cream CROTORAX lotion CROTORAX-HC cream KERTYOL-S shampoo

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([all drugs])

cyclandelate

CIMS Class : (Peripheral Vasodilators & Cerebral Activators)

cyclandelate

related cyclandelate information

Indication & Dosage

Oral

Cerebrovascular disorders, Peripheral vascular disease

Adult: Initial: Up to 2 g daily. Maintenance: 800-1200 mg daily.

Max Dosage: 2 g daily in divided doses.

Contraindications

Acute phase of cerebrovascular accidents.

Special Precautions

Severe obliterative coronary artery disease; cerebrovascular disease.

Adverse Drug Reactions

Flushes, GI upset, nausea, tingling, tachycardia, sweating, dizziness, headache.

Mechanism of Action

Cyclandelate is a vasodilator more potent than papaverine. It has direct action on the plain muscle and there is no effect on the adrenergic tone.

CIMS Class

Peripheral Vasodilators & Cerebral Activators

ATC Classification

C04AX01 - cyclandelate; Belongs to the class of other agents used as peripheral vasodilators.

*cyclandelate information:
cyclandelate
cyclandelate brands available in India
Always prescribe with Generic Name : cyclandelate, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : CYCLASYN tab CYCLOSPASMOL cap MARTISPASMOL tab
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([all drugs])
cyclopentolate
CIMS Class : (Mydriatic Drugs)
cyclopentolate
P - Caution when used during pregnancy

L - Caution when used during lactation

related cyclopentolate information

Indication & Dosage

Ophthalmic

Mydriasis and cycloplegia for diagnosis

Adult: As hydrochloride: Instill 1 drop of a 0.5% solution into the affected eye/s repeated after 5-15 minutes. Deeply pigmented eyes are more resistant to pupillary dilatation and may require the use of 1% solution.

Child: Instill 1-2 drops of a 1% solution repeated after 5-15 minutes. Infants =3 mth: Not recommended.

Ophthalmic

Iritis

Adult: As hydrochloride: Instill 1-2 drops of a 0.5% soln up to 4 times daily into the affected eye/s.

Ophthalmic

Uveitis

Adult: As hydrochloride: Instill 1-2 drops of a 0.5% soln up to 4 times daily into the affected eye/s.

Overdosage

Physical weakness, nausea, lightheadedness, changes in emotional state, unprovoked weeping, loss of equilibrium and tachycardia. Spontaneous recovery occurred within 1 hr to several days.

Contraindications

Narrow-angle glaucoma.

Special Precautions

Intraocular pressure. May impair ability to drive for 1-2 hrs after mydriasis. Childn, elderly. Pregnancy, lactation.

Adverse Drug Reactions

Local irritation, hyperaemia, oedema and conjunctivitis, increased IOP (may precipitate narrow-angle glaucoma), systemic anticholinergic effects, severe CNS disturbances in child (rare).

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals

are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Ophthalmic: Store at 15-25°C.

Mechanism of Action

Cyclopentolate is an anticholinergic. It produces dilatation of the pupil and paralysis of accommodation. Has a shorter duration of action than atropine.

CIMS Class

Mydriatic Drugs

ATC Classification

S01FA04 - cyclopentolate; Belongs to the class of anticholinergics used in the treatment of mydriasis and cyclopegia.

*cyclopentolate information:

cyclopentolate

cyclopentolate brands available in India

Always prescribe with Generic Name : cyclopentolate, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CYCLATE eye drops CYCLOGIK eye drops CYCLOGYL eye drops CYCLOGYL-D eye drops CYCLOPENT eye drops CYCLOPENT PLUS eye drops CYCLOPENT-DM eye drops DILATE eye drops PENTOL eye drops

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([all drugs])

cyclophosphamide

CIMS Class : (Cytotoxic Chemotherapy)

cyclophosphamide

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related cyclophosphamide information

Indication & Dosage

Oral

As part of the conditioning regimen in patients undergoing bone marrow transplantation

Adult: 60 mg/kg daily for 2 days.

Oral

Malignancies

Adult: Low-dose regimen: 2-6 mg/kg wkly in divided dose. May also be given as a single IV dose.

Intravenous

Malignancies

Adult: Moderate dose regimen: 10-15 mg/kg wkly; high dose regimen: 20-40 mg/kg every 10-20 days. Dosage may vary depending on the disease state, patient's condition, state of the bone marrow and whether it is used as a single agent or in combination regimens.

Administration

Should be taken on an empty stomach. (Preferably taken on an empty stomach, but may be taken w/ meals to minimise GI irritation. Ensure adequate fluid intake. Swallow whole.)

Overdosage

Symptoms are mainly extensions of adverse reactions, especially severe leukopenia, thrombocytopenia and cardiotoxicity.

Impairment of water excretion with hyponatremia, weight gain, and inappropriately concentrated urine has been reported. Treatment is supportive and there is no known specific antidote. Although cyclophosphamide theoretically is dialyzable, no studies have been done.

Contraindications

Bladder haemorrhage. Patients with bone-marrow aplasia, acute infection, drug- or radiation-induced urothelial toxicity. Porphyria. Pregnancy and lactation.

Special Precautions

Blood disorders. Elderly or debilitated patients. Diabetic patients. Renal or hepatic impairment or who have gone adrenaloctomy. Previous treatment with x-ray or cytotoxic agents. Monitor haematological profile and presence of RBCs in urine regularly. Maintain adequate hydration and frequent micturition to reduce the risk of cystitis.

Adverse Drug Reactions

Congestive heart failure; leucopenia; poor wound healing; anorexia. Nausea, vomiting; alopoecia; oral mucosal ulceration; thrombocytopenia, anaemia; nonhaemorrhagic cystitis and/or fibrosis of the bladder; gonadal suppression, ovarian or skin and nail pigmentation, dermatitis, jaundice.

Potentially Fatal: Myelosuppression; haemorrhagic cystitis; interstitial pulmonary fibrosis; tachyarrhythmias and intractable heart failure (high doses). Increased risk of developing acute leukaemias.

Drug Interactions

Chronic high-dose administration of phenobarbital can increase the metabolism and leukopaenic activity of cyclophosphamide. Doxorubicin and daunorubicin increase risk of cardiotoxicity. Allopurinol may increase risk of bone marrow toxicity while chloramphenicol may increase the serum T1/2 of cyclophosphamide.

Potentially Fatal: Serious toxicity when combined with other myelotoxic drugs or radiotherapy.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Store below 25°C. Oral: Store below 25°C.

Mechanism of Action

Cyclophosphamide is a prodrug which is converted in the body to the active metabolites. It acts at any stage of the cell cycle but its main action is blockage at the G2 stage. It arrests cell division by alkylating the DNA in a dose-dependent manner. It also exerts immunosuppressive effects possibly due to a cytotoxic effect on lymphocytes.

Absorption: Well absorbed from the GI tract (oral).

Distribution: Widely distributed; crosses the blood-brain barrier and placenta; enters breast milk.

Metabolism: Hepatic; converted to 4-hydroxycyclophosphamide and aldophosphamide.

Excretion: Urine (as metabolites and unchanged drug).

CIMS Class

Cytotoxic Chemotherapy

ATC Classification

L01AA01 - cyclophosphamide; Belongs to the class of alkylating agents, nitrogen mustard analogues. Used in the treatment of cancer.

*cyclophosphamide information:
Note that there are some more drugs interacting with cyclophosphamide
cyclophosphamide
cyclophosphamide brands available in India
Always prescribe with Generic Name : cyclophosphamide, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : CYCLOPHOSPHAMIDE vial CYCLOXAN inj CYCLOXAN tab CYCRAME vial CYDOXAN vial CYPHOS vial ELDAMIDE inj ELDAMIDE tab ENDOXAN tab ENDOXAN-ASTA

tab ENDOXAN-ASTA vial ENDOXAN-N vial LEDOXAN inj LEDOXAN tab NEOPHOS vial ONCOMIDE tab ONCOMIDE vial ONCOPHOS vial ONCOXAN vial SHANMYDE vial UNIPHOS tab UNIPHOS vial

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([all drugs])

cycloserine

CIMS Class : (Anti-TB Agents)

cycloserine

P - Caution when used during pregnancy

L - Caution when used during lactation

related cycloserine information

Indication & Dosage

Oral

Tuberculosis

Adult: As 2nd line drug: In combination with other drugs: Initially, 250 mg bid for 2 wk, increased to 0.5-1 g daily in divided doses. Max: 1 g daily. Adjust dose by monitoring plasma concentrations.

Child: As 2nd line drug: 2-12 yr: 5 mg/kg bid; 12-18 yr: 250 mg bid for 2 wk then adjusted to a max dose of 1 g daily. Adjust doses according to blood concentrations and response.

Renal impairment: Mild-moderate: Dose reduction may be needed. Severe: Avoid.

Administration

May be taken with or without food. (May be taken after meals if GI discomfort occurs.)

Overdosage

Headache, vertigo, confusion, drowsiness, hyperirritability, paresthesias, dysarthria, and psychosis, paresis, seizure and coma. Treatment is symptomatic and supportive. Emesis or gastric lavage and the use of charcoal may help to remove unabsorbed drug. Monitor patient?s vital signs, blood gases and serum electrolytes. Neurotoxic effects may be treated and/or prevented by administering 200?300 mg of pyridoxine hydrochloride daily. Haemodialysis may enhance elimination of cycloserine from the body.

Contraindications

Severe renal impairment, porphyria, depression, epilepsy, severe anxiety, psychosis, chronic alcoholism, hypersensitivity.

Special Precautions

Discontinue or reduce dose if allergic skin reactions or CNS toxicity occurs; monitor haematological, renal and hepatic function; Blood levels should be determined wkly for renally impaired patients or if dose exceeds 500 mg/day or if there are signs of neurological toxicity. Pregnancy and lactation.

Adverse Drug Reactions

Headache, dizziness, anxiety, confusion, irritability, paraesthesia, speech difficulties, photosensitivity, vertigo, drowsiness, tremor, psychosis, depression; rashes; megaloblastic anaemia; changes in liver function tests.
Potentially Fatal: Convulsions (dose related).

Drug Interactions

Concurrent usage with other antituberculosis drugs may lead to vitamin B12 and/or folic acid deficiency, megaloblastic and sideroblastic anemia.

Potentially Fatal: Inhibits phenytoin metabolism and may increase risk of epileptic seizures. Alcoholincreases risk of convulsions. Increased CNS toxicity with isoniazid and ethionamide.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store below 25°C.

Mechanism of Action

Cycloserine interferes with bacterial cell wall synthesis by competing with D-alanine for incorporation into the cell wall and competitive antagonist of the racemase enzyme. It is a second-line antituberculous drug effective against M. tuberculosis. It is also

active against other mycobacteria eg, M. fortuitum, M. kansasii and M. malmoense.

Absorption: Readily absorbed from the GI tract (oral); peak plasma concentrations after 3-4 hr.

Distribution: Body tissues and fluids (wide), CSF, breast milk, crosses the placenta (concentrations near maternal serum).

Excretion: Via urine by glomerular filtration (as unchanged); 10 hr (elimination half-life).

CIMS Class

Anti-TB Agents

ATC Classification

J04AB01 - cycloserine; Belongs to the class of antibiotics. Used in the treatment of tuberculosis.

*cycloserine information:

Note that there are some more drugs interacting with cycloserine

cycloserine further details are available in official CIMS India

cycloserine

cycloserine brands available in India

Always prescribe with Generic Name : cycloserine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : COXERIN cap CYCLOKOX cap CYCLORIN cap CYCLOTEC cap CYSERIN cap MDSERINE film-coated tab MYSER cap PAMSERINE cap

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([all drugs])

cyproheptadine

CIMS Class : (Antihistamines & Antiallergics) , (Appetite Enhancers)

cyproheptadine

P - Caution when used during pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related cyproheptadine information

Indication & Dosage

Oral

Allergic conditions

Adult: As HCl: 4 mg tid adjusted as necessary. Usual dose range: 12-16 mg daily in 3-4 divided doses. Up to 32 mg daily may be used in some cases.
Child: As HCl: 2-6 yr: 2 mg tid (max: 12 mg daily); 7-14 yr: 4 mg bid-tid (max: 16 mg daily).
Elderly:
Oral
Treatment and prophylaxis of migraine and other vascular headaches
Adult: As HCl: 4 mg, may repeat 30 minutes later. Not to exceed 8 mg within a 4-6-hr period. Maintenance dose: 4 mg every 4-6 hr.

Administration

May be taken with or without food. (May be taken w/ meals to reduce GI discomfort.)

Overdosage

Symptoms may vary from CNS depression or stimulation to convulsions, respiratory and cardiac arrest and death, especially in infants and children. Atropine-like and GI symptoms may also occur. Treatment is supportive and symptomatic. Emesis or gastric

lavage, followed by activated charcoal to reduce drug absorption. Saline cathartics may be useful as they dilute bowel content quickly by osmosis.

Contraindications

Narrow-angle glaucoma; acute asthmatic attack; bladder neck obstruction; stenosing peptic ulcer; GIT obstruction; MAOIs therapy; hypersensitivity; neonates, lactation.

Special Precautions

Elderly; epilepsy; tasks requiring mental alertness; symptomatic prostate hypertrophy; epilepsy; alcoholism; pregnancy.

Adverse Drug Reactions

Slight to moderate drowsiness, fatigue; dry mouth, GI upsets, nausea; appetite increase, wt gain and impaired alertness.

Drug Interactions

Masks ototoxicity produced by aminoglycosides and antibiotics.

Potentially Fatal: Potentiate CNS depressant actions of alcohol, barbiturates, sedatives, opioid analgesics and neuroleptics. Additive antimuscarinic action with MAOIs, atropine and tricyclic antidepressants.

Lab Interference

Supression of diagnostic antigen skin test results and false-positive serum TCA screen.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store at 15-25°C.

Mechanism of Action

Cyproheptadine is a sedating antihistamine with antimuscarinic, serotonin-antagonist and calcium-channel blocking properties. It competes for H1-receptor sites on effector cells in the GIT, blood vessels and resp tract. It is used as an appetite stimulant in some countries.

Absorption: Absorbed from the GIT (oral).

Metabolism: Completely hepatic.

Excretion: Via urine (as conjugates); via faeces.

CIMS Class

Antihistamines & Antiallergics / Appetite Enhancers

ATC Classification

R06AX02 - cyproheptadine; Belongs to the class of other agents used as systemic antihistamines.

*cyproheptadine information:

Note that there are some more drugs interacting with cyproheptadine

cyproheptadine further details are available in official CIMS India cyproheptadine

cyproheptadine brands available in India

Always prescribe with Generic Name : cyproheptadine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACTILIV syr ADD APP syr ANABOL syr ANABOL tab ANOREXIN PLUS syr APECYP syr APEDIN syr APEL syr APEL tab APEL-G drops APEL-G syr APENIC cap APENORM tab APEPLUS syr APETAMIN syr APIA syr APIRICH syr APITUS-TC syr APPE-CARE syr APPET syr APPETIDIN SYR syr APPETIDIN tab APP-UP SYR syr APP-UP tab APTAUR syr APTICYP syr APTITAB tab ASI-LIV syr ATRIC PLUS syr AUZ syr BAL-RIACTIN syr BIO CYP syr C-APETITE syr CEDEL syr CHOCY DPS P-drops CHOCY syr CIPLACTIN syr CIPLACTIN tab CIPLIV syr CLYDIN syr CYAPTIN syr CYAPTIN WITH CALCIUM syr CYAPTIN-SF syr CYDINE syr CYPEE syr CYPGO syr CYPHODEN drops CYPHODEN syr CYPINE-TS syr CYP-L DROPS drops CYP-L liqd CYPOLIN DPS drops CYPOLIN syr CYPON cap CYPON DPS drops CYPON-I syr CYPREA-T syr CYPRO syr CYPROBIT syr CYPRODEN tab CYPRO-L drops CYPRO-L SYR syr CYPROWAL syr CYPROZ syr DECYP-P syr DEVLUP DPS drops DEVLUP syr FORLIV syr FORTIL syr GROWISE

syr HAPEAST cap HAPEAST SYR syr HEPSANDINN drops HITO-EN syr HITO-EN tab HUNGREE syr HYPETIN DPS drops HYPETIN syr INDOCYP SYRUP syr IN-OZ syr LECYP syr LIVPRON syr LYCYP syr M CYP syr NBTONE syr ORAXIN drops ORAXIN SYR syr ORLIV syr PEPCIP syr PEPLLER syr PERITOL drops PERITOL P-liqd PERITOL syr PERITOL tab PRACTIN syr PRACTIN tab QCYP-L syr SCOLACTIN drops SCOLACTIN syr STIMULITE-G syr SWILACTIN drops SWILACTIN SYR syr SYCYP drops SYCYP susp SYLIV syr TAPENIC liqd TRICOPLUS liqd TRICYP syr TRIDIN-L syr TRISIP syr TRYSIP syr TUK TUK syr YESPON syr ZEETO SYR syr ZYCOLIN syr

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([all drugs])

cytarabine

CIMS Class : (Cytotoxic Chemotherapy)

cytarabine

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related cytarabine information

Indication & Dosage

Parenteral

Induction and maintenance of remission in acute leukaemias

Adult: 100 mg/m2 BSA bid by rapid IV inj or 100 mg/m2 BSA daily by continuous IV infusion. Continue treatment for 5-10 days depending on therapeutic response and toxicity. Maintenance: 1-1.5 mg/kg 1-2 times wkly via IV or SC admin. For refractory disease: High dose regimen is used: Up to 3 g/m2 BSA every 12 hr for up to 6 days, given as an IV infusion over at least 1 hr.

Child: 100 mg/m2 BSA bid by rapid inj or 100 mg/m2 BSA daily by continuous infusion given for 5-10 days.

Intrathecal

Leukaemic meningitis

Adult: 10-30 mg/m2 BSA every 2-4 days. For lymphomatous meningitis: 50 mg every 2 wk for 5 doses, then every 4 wk for 5 doses.

Overdosage

Overdose of IV (unencapsulated) cytarabine have been reported to cause excessive toxicity, including irreversible CNS toxicity and death while overdosage of liposomal cytarabine have been associated with severe chemical arachnoiditis, including encephalopathy. Treatment is supportive and directed at

maintaining vital functions There is no known antidote. Exchange of CSF with isotonic saline solution may be performed for cytarabine given intrathecally.

Contraindications

Hypersensitivity; pregnancy and lactation.

Special Precautions

Hepatic and renal dysfunction, severe infections, preexisting drug-induced bone marrow suppression. Monitor WBC, platelet counts and blood uric acid frequently. Assess renal and hepatic function periodically.

Adverse Drug Reactions

Dementia, GI disturbances, hepatic and renal dysfunction, neurotoxicity, rashes, oral and anal ulceration, GI haemorrhage, oesophagitis, conjunctivitis, flu-like syndrome, anaphylactoid reactions.
Potentially Fatal: Convulsions. Cerebellar dysfunction, respiratory distress syndrome, GI perforation, bone marrow suppression.

Drug Interactions

May reduce efficacy of gentamicin, digoxin and flucytosine.
Potentially Fatal: Potentiates bone marrow depression with radiotherapy and other myelotoxic drugs.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intrathecal: Soln for inj: Store at 15-30°C. Powd for inj: Store at 25°C. Parenteral: Soln for inj: Store at 15-30°C. Powd for inj: Store at 25°C.

Mechanism of Action

Cytarabine acts by interfering with DNA synthesis specifically at the S-phase of the cell cycle. It is a potent myelosuppressant and

requires careful haematological monitoring during its use. It also has antiviral property.

Absorption: Poorly absorbed from the GI tract due to rapid deamination (oral).

Distribution: Crosses the placenta and blood-brain barrier.

Metabolism: Phosphorylation followed by deamination in the liver and kidneys.

Excretion: Urine (as inactive metabolites and unchanged drug).

Elimination half-life: Initial: 10 min (IV inj), terminal: 1-3 hr (IV inj), 3.5 hr (infusion), 100-263 hr (intrathecal).

CIMS Class

Cytotoxic Chemotherapy

ATC Classification

L01BC01 - cytarabine; Belongs to the class of antimetabolites, pyrimidine analogues. Used in the treatment of cancer.

*cytarabine information:

Note that there are some more drugs interacting with cytarabine

cytarabine

cytarabine brands available in India

Always prescribe with Generic Name : cytarabine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ARASID vial BIOBIN inj CANCYT vial CYBIN-PF vial CYTABIN vial CYTARABIN inj CYTARABINE vial CYTARASIDE vial CYTARINE vial CYTROSAR vial ONCOTAR vial REMCYTA vial ZECYTE inj

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([all drugs])

dacarbazine

CIMS Class : (Cytotoxic Chemotherapy)

dacarbazine

P - Caution when used during pregnancy

L - Caution when used during lactation

related dacarbazine information

Indication & Dosage

Intravenous

Metastatic melanoma

Adult: 2-4.5 mg/kg daily for 10 days, repeat at 4-wk intervals or 200-250 mg/m2 BSA daily for 5 days, repeat at 3-wk intervals or 850 mg/m2 BSA by infusion, repeat at 3-wk intervals.

Intravenous

Hodgkin's disease

Adult: 150 mg/m2 BSA daily for 5 days, repeat every 4 wk or 375 mg/m2 BSA every 15 days in combination with other agents.

Intravenous

Soft tissue sarcoma

Adult: 250 mg/m2 BSA daily for 5 days repeated every 3 wk. Usually given with doxorubicin.

Incompatibility: Incompatible with hydrocortisone sodium succinate, L-cysteine, sodium hydrogen carbonate and concentrated heparin (25 mg/ml).

Overdosage

Severe bone marrow suppression and eventually, bone marrow aplasia which may be delayed by up to two wk. It can take 4 wk to reach nadir of leucocytes and thrombocytes. Treatment is supportive with long term careful haematological monitoring. There is no known antidote for dacarbazine overdose.

Contraindications

Bone marrow suppression; hypersensitivity.

Special Precautions

Hepatic or renal impairment. Pregnancy, lactation.

Adverse Drug Reactions

Leucopenia, thrombocytopenia, anorexia, nausea, diarrhoea, vomiting; flu-like syndrome, myalgia, malaise, facial flushing, paraesthesia, skin reactions, rashes; alopoecia, photosensitivity reactions.
Potentially Fatal: Myelosuppression; hepatotoxicity, anaphylaxis.

Drug Interactions

Impairs immune response to vaccines; possible infection after admin of live vaccines. Effect increased by CYP1A2 inhibitors e.g. amiodarone, ciprofloxacin, fluvoxamine, ketoconazole, lomefloxacin, ofloxacin and rofecoxib. Effect decreased by CYP1A2

inducers e.g. aminoglutethimide, carbamazepine, phenobarbital and rifampicin.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intravenous: Store at 2-8°C.

Mechanism of Action

The exact mechanism of action is still unclear but it appears to form methylcarbonium ions that attack nucleophilic groups by attaching to the 7-position of guanine on DNA. It also cross-links DNA strands leading to inhibition of DNA, RNA and protein synthesis.

Absorption: Poorly absorbed from the GI tract (oral).

Distribution: Crosses the blood-brain barrier; localised in the liver.

Protein-binding: 5%.

Metabolism: Extensively hepatic.

Excretion: Urine (as unchanged drug). Elimination half-life: 20 min (initial), 5 hr (terminal).

CIMS Class

Cytotoxic Chemotherapy

ATC Classification

L01AX04 - dacarbazine; Belongs to the class of other alkylating agents. Used in the treatment of cancer.

*dacarbazine information:
Note that there are some more drugs interacting with dacarbazine
dacarbazine
dacarbazine brands available in India
Always prescribe with Generic Name : dacarbazine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ARZI vial DABAZ vial DACARBA vial DACAREX vial DACARIN vial DACARZINE vial DACZIN vial DECARB vial ONCODAC vial

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([all drugs])

daclizumab

CIMS Class : (Immunosuppressants)

daclizumab

P - Contraindicated in pregnancy

L - Caution when used during lactation

related daclizumab information

Indication & Dosage

Intravenous

Prophylaxis of acute graft rejection in renal transplantation

Adult: As part of an immunosuppressive regimen: 1 mg/kg over 15 minutes within 24 hr before surgery. Repeat at 2-wkly intervals for a total of 5 doses.

Child: 1-18 yr: 1 mg/kg over 15 minutes within 24 hr before surgery. Repeat at 2-wk intervals for a total of 5 doses.

Reconstitution: Dilute 25 mg of daclizumab in 50 ml of sterile 0.9% sodium chloride solution before IV admin.

Incompatibility: Do not infuse with other medications through the same IV line or mix with other medications.

Contraindications

Hypersensitivity.

Special Precautions

Caution when used in patients who have previous exposure to daclizumab. Increased risk for infectious complications and secondary malignancies. Pregnancy, lactation.

Adverse Drug Reactions

Diarrhoea, constipation, dyspepsia, fever, postoperative pain, pruritus, respiratory tract infection, urinary tract infection, vomiting, chest pain, oedema, hyper-/hypotension, tachycardia, thrombosis, dizziness, fatigue, fever, headache, insomnia, pain, post-traumatic pain, tremor, dysuria, bleeding, oliguria, renal tubular necrosis, cough, dyspnoea, pulmonary oedema, back pain and musculoskeletal pain.
Potentially Fatal: Severe acute hypersensitivity reactions.

Drug Interactions

Increased risk of mortality when used with anti-lymphocyte antibody therapy.

Storage

Intravenous: Should be administered within 4 hr of preparation if stored at room temperature.

Mechanism of Action

Daclizumab is a humanised monoclonal murine antibody that acts as an interleukin-2 receptor antagonist. It binds to the a-chain (CD25) of the interleukin-2 receptor on the surface of activated T-lymphocytes.
Excretion: Terminal elimination half-life: 11-38 days.

CIMS Class

Immunosuppressants

ATC Classification

L04AC01 - daclizumab;

*daclizumab information:
Note that there are some more drugs interacting with daclizumab
daclizumab
daclizumab brands available in India
Always prescribe with Generic Name : daclizumab, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ZENAPAX vial
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([all drugs])
dactinomycin
CIMS Class : (Cytotoxic Chemotherapy)
dactinomycin
P - Caution when used during pregnancy
L - Contraindicated in lactation
Lab ¤ - Lab interference
related dactinomycin information
Indication & Dosage

Intravenous

Wilm's tumour

Adult: 15 mcg/kg/day or 400-600 mcg/m2 BSA/day for 5 days.

Child: >6 mth: 15 mcg/kg/day or 400-600 mcg/m2 BSA/day. To be given for 5 days per 2-wk cycle.

Intravenous

Ewing's sarcoma

Adult: 15 mcg/kg/day or 400-600 mcg/m2 BSA/day for 5 days.

Child: >6 mth: 15 mcg/kg/day or 400-600 mcg/m2 BSA/day. To be given for 5 days per 2-wk cycle.

Intravenous

Childhood rhabdomyosarcoma

Adult: 15 mcg/kg/day or 400-600 mcg/m2 BSA/day for 5 days.

Child: >6 mth: 15 mcg/kg/day or 400-600 mcg/m2 BSA/day. To be given for 5 days per 2-wk cycle.

Intravenous

Gestational trophoblastic tumours

Adult: 12 mcg/kg/day for 5 days as a single agent or 500 mcg/day on days 1 and 2 of combination regimens.

Intravenous

Metastatic nonseminomatous testicular cancer

Adult: 1 mg/m2 on day 1 of combination regimens.

Reconstitution: Reconstitute with sterile water for inj without preservatives under aseptic conditions because preservatives may cause precipitation.
Incompatibility: Y-site incompatibility: Filgrastim.

Overdosage

Nausea, vomiting, diarrhoea, mucositis, GI ulceration, skin disorders (e.g. exanthema, desquamation and epidermolysis), severe haematopoietic depression, veno-occlusive disease, acute renal failure and death. Treatment of toxicity is mainly symptomatic and supportive. Monitor skin and mucous membrane integrity, renal, hepatic and bone marrow functions frequently.

Contraindications

Infection with chicken pox or herpes zoster; hypersensitivity; infants <12 mth. Lactation.

Special Precautions

Admin drug with care to avoid extravsasation. GI toxicity and bone marrow suppression has been reported when given with x-ray

therapy. Increased risk of hepatomegaly and elevated SGOT levels when administering within 2 mth of irradiation for the treatment of right-sided Wilms' tumor. Discontinue drug if stomatitis, diarrhoea or severe haematopoietic depression results, until patient recovers. Monitor renal, hepatic and bone marrow functions regularly. Pregnancy.

Adverse Drug Reactions

Cheilitis, dysphagia, oesophagitis, ulcerative stomatitis, pharyngitis; anorexia, nausea, vomiting, abdominal pain, diarrhoea, GI tract ulceration; liver toxicity including ascites, hepatomegaly, hepatitis, LFT abnormalities; anaemia, agranulocytosis, leukopenia, thrombocytopenia, pancytopenia, reticulopenia, alopoecia; skin eruptions, acne, flare-up of erythema or increased pigmentation of previously irradiated skin. If extravasation occurs during IV use, it leads to severe damage of soft tissues. Malaise, fatigue, lethargy, fever, myalgia, proctitis and hypocalcaemia.
Potentially Fatal: Veno-occlusive disease (primarily hepatic) may result in fatality especially in children <48 mth.

Lab Interference

Dactinomycin may interfere with bioassay procedures for the determination of antibacterial drug levels.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intravenous: Store at 25°C.

Mechanism of Action

Dactinomycin binds to the guanine portion of DNA forming a complex which interferes with DNA and RNA synthesis as well as protein synthesis. It may also enhance the cytotoxic effects of radiotherapy.

Distribution: Rapidly distributed with high concentrations in bone marrow and nucleated cells.

Metabolism: Minimal metabolism.

Excretion: Slowly excreted in urine and bile. Plasma half-life: about 36 hr.

CIMS Class

Cytotoxic Chemotherapy

ATC Classification

L01DA01 - dactinomycin; Belongs to the class of cytotoxic antibiotics, actinomycines. Used in the treatment of cancer.

*dactinomycin information:
Note that there are some more drugs interacting with dactinomycin
dactinomycin
dactinomycin brands available in India
Always prescribe with Generic Name : dactinomycin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : COSMEGEN vial DACMOZEN ANTINEOPLASTIC vial DACTINO vial

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([all drugs])

dalteparin sodium

CIMS Class : (Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics))

dalteparin sodium

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related dalteparin sodium information

Indication & Dosage

Subcutaneous

Pulmonary embolism

Adult: 200 units/kg daily as a single dose or in 2 divided doses in high-risk patients. Max: 18,000 units daily.

Subcutaneous

Deep vein thrombosis

Adult: 200 units/kg daily as a single dose or in 2 divided doses in high-risk patients. Max: 18,000 units daily.

Subcutaneous

Prophylaxis of venous thromboembolism during surgical procedures

Adult: High-risk thrombosis: 2500 units given 1-2 hr before and 8-12 hr after the procedure followed by 5000 units daily. May continue dosage for up to 5 wk following hip replacement therapy. Moderate-risk thrombosis: 2500 units given 1-2 hr before the procedure followed by 2500 units once daily for 5-7 days or until the patient is fully ambulant.

Subcutaneous

Unstable angina

Adult: 120 units/kg every 12 hr continued for 5-8 days with concomitant low-dose of aspirin. Max: 10,000 units every 12 hr.

Max Dosage: 10,000 u every 12 hrs.

Intravenous

Prophylaxis of clotting in extracorporeal circulation in haemodialysis or haemofiltration

Adult: 30-40 units/kg via IV inj, followed by an IV infusion of 10-15 units/kg/hr. A single dose of 5000 units may be given for haemodialysis or haemofiltration session lasting <4 hr. For patients at high risk of bleeding complications or who are in acute renal failure: 5-10 units/kg via IV inj followed by an infusion of 4-5 units/kg/hr.

Overdosage

Prolongation of the aPTT. Prolonged clotting time induced by dalteparin may be neutralised by protamine, but the anti-Factor Xa activity is only neutralised to about 25-50%. As protamine has an inhibitory effect on primary haemostasis, it should be used only in an emergency. 1 mg of protamine inhibits the effect of 100 IU (anti-Factor Xa) of dalteparin.

Contraindications

Hypersensitivity. Active major bleeding, severe coagulation disorders; lumbar puncture; sympathetic block; brain, spinal cord, eye or ear surgery; severe hypertension.

Special Precautions

Preexisting thrombocytopenia, recent childbirth, DM, subacute bacterial endocarditis, pericarditis, recent lumbar puncture, vasculitis. Monitor coagulation time. Hepatic or renal dysfunction; high doses; osteoporosis; familial antithrombin III deficiency; elderly; children; platelet count and stool occult blood test

recommended during treatment; GI ulceration. Pregnancy and lactation.

Adverse Drug Reactions

Hypersensitivity reactions; thrombocytopenia; inj site pain and tenderness; ecchymoses; haematoma. Prolonged use may lead to alopecia and osteoporosis
Potentially Fatal: Severe haemorrhage.

Drug Interactions

Increased risk of hyperkalaemia when used with potassium sparing drugs such as ACE inhibitors.
Potentially Fatal: Oral anticoagulants, platelet inhibitors and NSAIDs may increase risk of haemorrhage.

Lab Interference

Dalteparin-induced transaminases may interfere with interpretation of LFT results and diagnosis of MI, liver disease and pulmonary embolism.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Intravenous: Store below 25°C. Subcutaneous: Store below 25°C.

Mechanism of Action

Dalteparin sodium is a low molecular weight heparin analogue which inhibits factor Xa more than factor IIa (thrombin).

Absorption: Almost completely absorbed from the GI tract (oral); peak plasma concentrations after 4 hr.

Excretion: Via kidneys; prolonged in renal impairment. Elimination half-life: 2 hr (IV), 3-5 hr (SC).

CIMS Class

Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics)

*dalteparin sodium information:

Note that there are some more drugs interacting with dalteparin sodium

dalteparin sodium further details are available in official CIMS India dalteparin sodium

dalteparin sodium brands available in India

Always prescribe with Generic Name : dalteparin sodium, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : DALPIN PFsyringe FRAGMIN PF-syringe FRAGMIN vial FRAGMIN-GS syringe

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([all drugs])

danazol

CIMS Class : (Androgens & Related Synthetic Drugs)

danazol

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related danazol information

Indication & Dosage

Oral

Endometriosis

Adult: 200-800 mg daily in 2 divided doses adjusted according to response, for 3-6 mth or if necessary, up to 9 mth.

Oral

Benign breast disorders

Adult: Initially, 100-400 mg daily in 2 divided doses adjusted according to response and continued for 3-6 mth.

Oral

Gynaecomastia

Adult: Male adolescents: Initially, 200 mg daily, may increase to 400 mg daily after 2 mth if no response occurs; adult men: Initial: 400 mg daily in up to 4 divided doses. Usual treatment duration: 6 mth.

Child: Male adolescents: Initially, 200 mg daily increased to 400 mg after 2 mth if no response occurs. Treatment usually up to 6 months.

Oral

Hereditary angioedema

Adult: Initially, 200 mg bid-tid reduced thereafter according to patient's response.

Oral

Preoperative thinning of the endometrium

Adult: 400-800 mg daily, in up to 4 divided doses for 3-6 wk.

Oral

Menorrhagia

Adult: 200 mg once daily. Review treatment 3 mth later.

Administration

May be taken with or without food. (Take consistently either always w/ or always without meals.)

Contraindications

Hypersensitivity, pregnancy, lactation, porphyria, thromboembolic disorders; undiagnosed genital bleeding, markedly impaired renal, cardiac or hepatic dysfunction.

Special Precautions

Epilepsy, migraine; cardiac, hepatic, renal disorders. Severe hypertension, diabetes, polycythaemia, history of thrombosis; children.

Adverse Drug Reactions

Oedema, wt gain, sweating, acne, hirsutism, flushing, oily skin or hair, deepening of the voice, clitoral hypertrophy, amenorrhoea, hepatic dysfunction, CNS or GI disturbances, benign intracranial hypertension, reduction in breast size, visual disturbances, elevated LFT values.

Potentially Fatal: Thromboembolic events and fatal strokes have been reported.

Drug Interactions

Increased serum levels of ciclosporin, warfarin, carbamazepine and tacrolimus.

Potentially Fatal: Increased incidence of insulin resistance in diabetic patients.

Food Interaction

Increased conc with high fat meal.

Pregnancy Category (US FDA)

Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.

Mechanism of Action

Danazol suppresses the pituitary-ovarian axis by reducing the release of follicle-stimulating hormone and luteinizing hormone. This causes the regression and atrophy of endometrial tissue, decreases growth rate of abnormal breast tissue and reduces attacks in hereditary angioedema.

Onset: Approximately 4 wk.

Absorption: Absorbed from the GI tract (oral); absorption increases if taken with food.

Metabolism: Hepatic (extensive); converted to 2-hydroxymethylethisterone.

Excretion: Via the urine.

CIMS Class

Androgens & Related Synthetic Drugs

ATC Classification

G03XA01 - danazol; Belongs to the class of antigonadotropins and similar agents. Used as other hormone preparations.

*danazol information:
Note that there are some more drugs interacting with danazol
danazol
danazol brands available in India
Always prescribe with Generic Name : danazol, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : BENZOL tab DANOGEN cap ENDOZOL tab GONABLOK cap GYNADOM tab GYNAZOL cap GYNODAN cap LADOGAL cap POZOL tab ZENDOL cap
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([all drugs])
dapsone
CIMS Class : (Antileprotics) , (Acne Treatment Preparations)
dapsone

P - Caution when used during pregnancy

L - Caution when used during lactation

related dapsone information

Indication & Dosage

Oral

Primary and secondary prophylaxis of Pneumocystis (carinii) jiroveci pneumonia

Adult: 50 mg daily, with pyrimethamine 50 mg once wkly. Alternatively, 100 mg with pyrimethamine 50 mg twice wkly.

Child: 1 mth-18 yr: 2 mg/kg daily (max: 100 mg daily) or 4 mg/kg wkly (max: 200 mg wkly).

Oral

Multibacillary leprosy

Adult: 100 mg daily with clofazimine 50 mg daily, together with rifampicin 600 mg and clofazimine 300 mg once a mth for 12 mth.

<35 kg: dapsone dose: 1-2 mg/kg/day.

Child: and child 10-14 yr old: daily doses of dapsone 50 mg, or 1 to 2 mg/kg if their body-weight is low

Oral

Paucibacillary leprosy

Adult: 100 mg daily with 600 mg rifampicin once a mth, both given for 6 mth.

Child: Reduce dose as for multibacillary leprosy.

Oral

Dermatitis herpetiformis

Adult: Initially, 50 mg daily increased gradually to 300 mg daily if required.

Topical/Cutaneous

Acne

Adult: = 12 yr: As 5% gel: Apply a pea-sized amount thinly to the affected area bid, after washing and patting dry the skin with a clean towel. Rub the gel in, gently and completely, and wash hands after application. Reassess if no improvement after 12 wk.

Administration

Should be taken with food.

Overdosage

Symptoms: nausea, vomiting, hyperexcitability (within a few min to up to 24 hr later), methemoglobin-induced depression, haemolysis (7-14 days after ingestion), seizures and severe cyanosis. Treatment: activated charcoal (20g four times daily) and haemolysis may enhance elimination of dapsone and its

monoacetyl derivative. For patients without G6PD deficiency, methemoglobinemia may be treated with methylene blue 1-2 mg/kg given by slow IV injection (repeated if methemoglobin reaccumulates) or in less severe cases, 3-5 mg/kg every 4-6 hr orally.

Contraindications

Hypersensitivity. Severe anaemia, porphyria.

Special Precautions

G6PD deficiency, methaemoglobin or Hb M. Perform regular blood counts and monitor liver function regularly. Pregnancy and lactation.

Adverse Drug Reactions

Anaemia, peripheral neuropathy, haemolysis and methaemoglobinaemia (dose-related), nephrotic syndrome, psychological changes, hepatitis. Others: Nausea, vomiting, anorexia, headache, maculopapular rash, toxic epidermal

necrolysis, Stevens-Johnson syndrome. Topical: Dryness, redness, oiliness and peeling at application site.
Potentially Fatal: Agranulocytosis, serious cutaneous hypersensitivity reactions, exfoliative dermatitis.

Drug Interactions

Decreased serum conc of dapsone when used with rifampicin. Increased plasma conc with probenecid,trimethoprim. Antagonize clofazimine.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.
Storage

Oral: Store at 15-30°C. Topical/Cutaneous: Store at 15-30°C. Protect from light.

Mechanism of Action

Dapsone inhibits folic acid synthesis by preventing normal bacterial utilization of PABA (PABA).

Absorption: Completely absorbed from the GI tract (oral); peak plasma concentrations after 2-8 hr.

Distribution: Saliva, crosses the placenta and enters breast milk.

Protein-binding: 50-80% (plasma proteins); 100% (monoacetylated metabolite).

Metabolism: Acetylated to monoacetyldapsone (major metabolite and other mono and diacetyl derivatives); hydroxylation (to hydroxylamine dapsone); undergoes enterohepatic recycling.

Excretion: Via urine (20% as unchanged drug).

CIMS Class

Antileprotics / Acne Treatment Preparations

ATC Classification

J04BA02 - dapsone; Belongs to the class of drugs used in the treatment of lepra.

*dapsone information:

Note that there are some more drugs interacting with dapsone

dapsone

dapsone brands available in India

Always prescribe with Generic Name : dapsone, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACNESONE GEL gel DAPSONE tab

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([all drugs])

daunorubicin

CIMS Class : (Cytotoxic Chemotherapy)

daunorubicin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related daunorubicin information

Indication & Dosage

Intravenous

Acute leukaemias

Adult: 30-45 mg/m2 BSA daily on days 1-3 of the induction course and days 1 and 2 for the subsequent courses. Admin as a solution in

0.9% sodium chloride into a fast-running infusion of sodium chloride or glucose. May repeat course 3-6 wk later. Max (total cumulative dose): 550 mg/m2 in patients without risk factors for cardiotoxicity and 400 mg/m2 in patients who have received chest radiotherapy.

Child: For acute lymphoblastic leukaemia: 25 mg/m2 BSA once wkly in combination with other regimens. <2 yr old or BSA <0.5 m2: 1 mg/kg once wkly. Max (total cumulative dose): 300 mg/m2 and in children <2 yr: 10 mg/kg.

Renal impairment: Based on serum-creatinine concentrations: 105-265 micromoles/l: 75% of the usual dose; >265 micromoles/l: 50% of the usual dose.

Hepatic impairment: Based on serum bilirubin concentrations of 12-30 mcg/ml: 75% of the usual dose; >30 mcg/ml: 50% of the usual dose.

Intravenous

AIDS-related Kaposi's sarcoma

Adult: As the liposomal formulation: Initially, 40 mg/m2 once every 2 wk, diluted in glucose 5% to a concentration of 0.2-1 mg/ml and given over 30-60 minutes. May continue for as long as disease control can be maintained.

Renal impairment: Based on serum-creatinine concentrations: 105-265 micromoles/l: 75% of the usual dose; >265 micromoles/l: 50% of the usual dose.
Hepatic impairment: Based on serum bilirubin concentrations of 12-30 mcg/ml: 75% of the usual dose; >30 mcg/ml: 50% of the usual dose.

Incompatibility: Incompatible with heparin sodium and dexamethasone sodium phosphate solution.

Overdosage

Severe myelosupression, cardiotoxicity with or without transient reversible ECG changes leading to CHF. Treatment is supportive and symptomatic.

Contraindications

Heart failure. Pregnancy, lactation.

Special Precautions

Regular blood count and ECG monitoring; elderly, children. Hepatic or renal impairment may increase risk of toxicity. Pre-existing cardiac disease and previous treatment with doxorubicin. Myocardial toxicity leading to potentially fatal congestive heart failure may occur during therapy or mth to yr after therapy cessation. Incidence of myocardial toxicity increases after total cumulative dose exceeds 400-550 mg/m2 in adults, 300 mg/m2 in children >2 yr, or 10 mg/kg in children <2 yr. Risk of severe myelosuppression leading to infection or haemorrhage.

Adverse Drug Reactions

GI disturbances; stomatitis; alopoecia and dermatological reactions. Extravasation of daunorubicin may cause severe local tissue necrosis damaging surrounding muscles, tendons and nerves. IV infusion, back pain, flushing and chest tightness.
Potentially Fatal: Bone marrow suppression, cardiac toxicity, cardiomyopathy and congestive heart failure.

Drug Interactions

Increased risk of cardiotoxicity when used with cyclophosphamide. Increased risk of hepatic toxicity when used with hepatotoxic drugs e.g. high-dose methotrexate.

Potentially Fatal: Immunisation with live vaccines is not recommended. Concurrent radiation may lead to increased radiation reaction.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Powder for inj: Store at 15-25°C. Solution for inj & liposomal inj: Refrigerate at 2-8°C. Do not freeze.

Mechanism of Action

Daunorubicin forms a stable complex with DNA and interferes with the nucleic acid synthesis. It is a cell-cycle nonspecific agent, but its

cytotoxic effects are mostly marked in the S-phase. It also has immunosuppressant and antibacterial effects.
Distribution: Body tissues; crosses the placenta; enters breast milk.
Metabolism: Hepatic; converted to daunorubicinol.
Excretion: Urine (as active form). Elimination half-life: 18.5 hr (daunorubicin), 26.7 hr (active metabolite).

CIMS Class

Cytotoxic Chemotherapy

ATC Classification

L01DB02 - daunorubicin; Belongs to the class of cytotoxic antibiotics, anthracyclines and related substances. Used in the treatment of cancer.

*daunorubicin information:
Note that there are some more drugs interacting with daunorubicin
daunorubicin
daunorubicin brands available in India
Always prescribe with Generic Name : daunorubicin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : DAUNOBIN vial DAUNOCIN vial DAUNOMYCIN vial DAUNOPLUS vial DAUNORUBITEC vial DAUNOSIDE vial DAUNOTEC vial NORUBIN vial

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([all drugs])

deferiprone

CIMS Class : (Antidotes, Detoxifying Agents & Drugs Used in Substance Dependence)

deferiprone

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related deferiprone information

Indication & Dosage

Oral

Iron overload in patients with thalassaemia

Adult: 25 mg/kg tid. Doses >100 mg/kg daily are not recommended.

Child: >6 yr: 25 mg/kg tid.

Administration

May be taken with or without food.

Contraindications

Agranulocytosis, pregnancy and lactation.

Special Precautions

Hepatic and renal impairment. Neutropenia, monitor neutrophil count wkly and discontinue treatment if neutropenia develops. Limited experience in children 6-10 yr.

Adverse Drug Reactions

Musculoskeletal and joint pain; GI disturbances; red-brown discoloration of urine; transient liver enzyme abnormalities; zinc deficiency; neutropenia and agranulocytosis.

Drug Interactions

Avoid using deferiprone with aluminium-containing antacids as it can chelates trivalent metal ions.

Storage

Oral: Store below 30°C.

Mechanism of Action

Deferiprone is an orally effective iron-chelating agent. It is being used when desferrioxamine is unsuitable or contraindicated.
Absorption: Rapidly absorbed from the GI tract after oral admin.
Metabolism: Metabolised to an inactive glucuronide metabolite.
Excretion: Excreted mainly in the urine. Elimination half-life: about 2-3 hr.

CIMS Class

Antidotes, Detoxifying Agents & Drugs Used in Substance Dependence

ATC Classification

V03AC02 - deferiprone; Belongs to the class of iron chelating agents. Used in iron overload.

*deferiprone information:
deferiprone further details are available in official CIMS India
deferiprone
deferiprone brands available in India
Always prescribe with Generic Name : deferiprone, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : KELFER cap
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([all drugs])
deferoxamine
CIMS Class : (Antidotes, Detoxifying Agents & Drugs Used in Substance Dependence)
deferoxamine
P - Caution when used during pregnancy
Lab ¤ - Lab interference
related deferoxamine information
Indication & Dosage

Parenteral

Acute iron poisoning

Adult: Initial dose: 15 mg/kg/hr by slow IV infusion, reducing after 4-6 hr so that the total dose dose not exceed 80 mg/kg in 24 hr. It can also be given via IM Inj as a single dose of 2 g.

Child: Given via IM injection: 1 g as a single dose.

Renal impairment: Use with caution.

Intravenous

Aluminum overload

Adult: Patients with end-stage renal failure, hemodialysis or hemofiltration patients: 5 mg/kg once a wk by slow infusion during the last hr of the dialysis session or 5 hr before the session in more severe cases. For patients on peritoneal dialysis: 5 mg/kg once a wk (via slow IV infusion/SC/IM/intraperitoneally) should be given before the final exchange of the day.

Renal impairment: Use with caution.

Parenteral

Chronic iron overload

Adult: Initially, 500 mg via IV/SC infusion (usually given over 8-12 hr or in some patients, 24 hr). Usual effective dose range: 20-60 mg/kg daily. Admin 3-7 times a wk depending on extent of iron

overload. If given via IM inj, initial dose: 0.5-1 g daily as 1 or 2 injections; maintenance dose is determined by response.

Renal impairment: Use with caution.

Intramuscular

Diagnosis of iron storage disease

Adult: 500 mg as a single dose. To estimate the excretion of Fe in urine over the next 6 hr. An excretion of >1 g suggests Fe storage disease and >1.5 g suggests a pathological cause.

Renal impairment: Use with caution.

Intravenous

Diagnosis of aluminum overload

Adult: 5 mg/kg given via slow IV during the last hr of the dialysis session. Increase in serum aluminium conc above baseline >150 ng/ml (measured at the start of the next dialysis session) suggests aluminium overload.

Renal impairment: Use with caution.

Reconstitution: IV: Add 5 ml of sterile water for Inj to each 500 mg vial or 20 ml of sterile water for Inj to each 2 g vial. This results in a 10% solution. This can then be added to saline, glucose or Ringer's lactate solution to be used as an infusion. IM: Add 2 ml of sterile water for Inj to each 500 mg vial or 8 ml of sterile water for Inj to each 2 g vial.

Incompatibility: Incompatible with heparin.

Overdosage

Symptoms: Hypotension, tachycardia, GI disturbances, transient loss of vision, aphasia, agitation, headache, nausea, pallor, CNS depression, coma, bradycardia and acute renal failure. There is no antidote and treatment is symptomatic. Haemodialysis is helpful in drug removal.

Contraindications

Severe renal disease or anuria.

Special Precautions

Impaired renal function; may color the urine reddish-brown, exacerbate aluminum-related encephalopathy and precipitate seizure (prophylactic with antiepileptic if at risk); susceptible to infection; monitor urinary excretion of iron, ophthalmological, audiological and cardiac function examinations; pregnancy.

Adverse Drug Reactions

Rapid IV injection: Flushing, urticaria, hypotension and shock. SC or IM injection: Local pain. Prolonged SC: Pruritus, erythema and swelling. GI disorders, dysuria, fever, allergic skin rashes, tachycardia, cardiac arrhythmias, convulsions and leg cramps; visual disturbances, cataract formation, hearing loss; may retard growth in very young childn. Pulmonary syndrome with high IV doses.

Drug Interactions

Increased risk of neurological symptoms when used concurrently with phenothiazines. Ascorbic acid improves Fe excretion but it should not be given during the 1st mth of starting deferoxamine treatment as it may worsen Fe toxicity. May affect imaging results if given together with gallium-67.

Lab Interference

Interferes with test for total iron-binding capacity and colorimetric Fe assays.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intramuscular: Before reconstitution, store below 25°C (77°F). After reconstitution: May store at room temperature for 7 days; protect from light. Do not refrigerate reconstituted solution. Intravenous: Before reconstitution, store below 25°C (77°F). After reconstitution: May store at room temperature for 7 days; protect from light. Do not refrigerate reconstituted solution. Parenteral: Before reconstitution, store below 25°C (77°F). After reconstitution: May store at room temperature for 7 days; protect from light. Do not refrigerate reconstituted solution.

Mechanism of Action

Deferoxamine has a high affinity for ferric iron and forms chelates or stable water-soluble complexes with iron and other trivalent metal ions eg, aluminum. It removes free and bound iron from

haemosiderin and ferritin, increasing the excretion of iron in urine and bile.
Absorption: Poorly absorbed from the GI tract.
Metabolism: Metabolised mainly in the plasma.
Excretion: Chelates with metal ions, which are then excreted in the urine.

CIMS Class

Antidotes, Detoxifying Agents & Drugs Used in Substance Dependence

ATC Classification

V03AC01 - deferoxamine; Belongs to the class of iron chelating agents. Used in iron poisoning.

*deferoxamine information:
Note that there are some more drugs interacting with deferoxamine
deferoxamine
deferoxamine brands available in India

Always prescribe with Generic Name : deferoxamine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : DESFERAL vial

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([all drugs])

deflazacort

CIMS Class : (Corticosteroid Hormones)

deflazacort

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related deflazacort information

Indication & Dosage

Oral

Allergic and inflammatory disorders

Adult: Initially, up to 120 mg daily. Maintenance: 3-18 mg/day.

Child: 0.25-1.5 mg/kg/day given on alternate days.

Hepatic impairment: Dose reductions may be needed.

Contraindications

Systemic infection; live virus vaccines in those receiving immunosuppressive doses.

Special Precautions

Adrenal suppression and infection, child, adolescents, elderly, history of TB and steroid myopathy, hypertension, recent MI, CHF, liver failure, renal impairment, DM and glaucoma (including family history), osteoporosis, corneal perforation, severe affective disorders, epilepsy, peptic ulcer, hypothyroidism, pregnancy and lactation.

Adverse Drug Reactions

GI disturbances, musculoskeletal, endocrine, neuropsychiatric, ophthalmic, fluid and electrolyte disturbances; susceptible to infection, impaired healing, hypersensitivity, skin atrophy, striae, telangiectasia, acne, myocardial rupture following recent MI, thromboembolism.

Drug Interactions

Antacids, ACE inhibitors, acetazolamide, adrenergic neuron blockers, antidiabetics, aspirin, barbiturate, ß-blockers, calcium-channel blockers, carbamazepine, carbenoxolone, cardiac glycosides, clonidine, coumarins, diazoxide, diuretics, erythromycin, hydralazine, ketoconazole, methotrexate, methyldopa, mifepristone, minoxidil, moxonidine, nitrates, nitroprusside, NSAIDs, oestrogens, phenytoin, primidone, rifamycins, ritonavir,somatropin, ß2 sympathomimetics, theophylline, vaccines.

Food Interaction

Salad and vegetable diet including alcohol may affect anticoagulant control.

Mechanism of Action

Deflazacort, derived from prednisolone, is a corticosteroid with mainly glucocorticoid activity. An anti-inflammatory dose of 6 mg deflazacort is equiv to 5 mg prednisolone.

CIMS Class

Corticosteroid Hormones

ATC Classification

H02AB13 - deflazacort; Belongs to the class of glucocorticoids. Used in systemic corticosteroid preparations.

*deflazacort information:
Note that there are some more drugs interacting with deflazacort
deflazacort
deflazacort brands available in India
Always prescribe with Generic Name : deflazacort, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ALNACORT tab BIOZAC tab CINCORT tab CORE tab CORTIMAX tab DEFCORT tab DEFGLU tab DEFJEE tab DEFLAR tab DEFOCART tab DEFZA tab DEZERT tab DFZ tab DUCORT tab EMZACORT tab FLOZAMIN tab FLOZASTAR tab LAZA susp LAZA tab LAZOC tab MDCORT tab MP NEXT tab NAYACORT tab NEW PREMISOL tab PRISM tab SOLME tab STERCORT tab

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([all drugs])

demeclocycline

CIMS Class : (Tetracyclines)

demeclocycline

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related demeclocycline information

Indication & Dosage

Oral

Susceptible infections

Adult: 150 mg four times daily or 300 mg bid.

Child: >8 yr: 7-13 mg/kg daily divided every 6-12 hr.

Renal impairment: Dose adjustments or increase in frequency may be needed.

Hepatic impairment: Dose adjustments or increase in frequency may be needed. Max: 1 g daily.

Oral

Atypical pneumonia

Adult: 300 mg tid.

Renal impairment: Dose adjustments or increase in frequency may be needed.

Hepatic impairment: Dose adjustments or increase in frequency may be needed. Max: 1 g daily.

Oral

Chronic hyponatraemia associated with syndrome of inappropriate antidiuretic hormone secretion (SIADH)

Adult: Initial dose: 900-1200 mg/day in divided doses. Maintenance dose: 600-900 mg/day in divided doses.

Renal impairment: Dose adjustments or increase in frequency may be needed.

Hepatic impairment: Dose adjustments or increase in frequency may be needed. Max: 1 g daily.

Administration

Should be taken on an empty stomach. (Take w/ a full glass of water on an empty stomach at least 1 hr before or 2 hr after meals.)

Overdosage

Treatment is symptomatic and supportive. Haemodialysis or peritoneal dialysis unlikely to be helpful.

Contraindications

Hypersensitivity. Pregnancy and lactation.

Special Precautions

Children <12 yr; SLE; renal or hepatic disease.

Adverse Drug Reactions

Photosensitivity. Reversible nephrogenic diabetes insipidus. Permanent staining of teeth; nausea; rash; GI upsets; dysphagia; enterocolitis; anogenital inflammation (moniliasis). Hypersensitivity; haemolytic anaemia, thrombocytopenia, neutropenia and eosinophilia; raised blood urea and liver enzymes. Potentially Fatal: Anaphylaxis (rare).

Drug Interactions

Antacids, milk, calcium, magnesium and iron preparations reduce absorption. Diuresis induced by amiloride and metolazone may be enhanced. May reduce efficacy of oral contraceptives when used concurrently.

Food Interaction

Milk and milk products reduce absorption.

Lab Interference

May interfere with urinary urobilinogen estimation.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store below 25°C.

Mechanism of Action

Demeclocycline binds to 30s ribosomal subunit causing an inhibition in protein synthesis of susceptible bacteria.
Absorption: 60-80% of an oral dose is absorbed from the GI tract.
Excretion: Elimination half-life: about 12 hr.

CIMS Class

Tetracyclines

ATC Classification

D06AA01 - demeclocycline; Belongs to the class of topical tetracycline and derivatives agents used in the treatment of dermatological diseases.
J01AA01 - demeclocycline; Belongs to the class of tetracyclines. Used in the treatment of systemic infections.

*demeclocycline information:
Note that there are some more drugs interacting with demeclocycline
demeclocycline

demeclocycline brands available in India

Always prescribe with Generic Name : demeclocycline, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : LEDERMYCIN tab

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([all drugs])

dequalinium

CIMS Class : (Mouth/Throat Preparations)

dequalinium

related dequalinium information

Indication & Dosage

Mouth/Throat

Minor infections of the mouth and throat

Adult: Per lozenge contains 250 mcg dequalinium: Suck 1 lozenge, repeat as needed.

Special Precautions

Safety in pregnancy and lactation has not been established.

Adverse Drug Reactions

Allergy and sore tongue.

Mechanism of Action

Dequalinium is a bisquanternary quinolinium antiseptic which kills many gram-positive and gram-negative bacteria. It is also active against fungi.

CIMS Class

Mouth/Throat Preparations

ATC Classification

D08AH01 - dequalinium; Belongs to the class of quinolone derivative antiseptics. Used in the treatment of dermatological diseases.
G01AC05 - dequalinium; Belongs to the class of quinolone derivative antiinfectives. Used in the treatment of gynecological infections.

R02AA02 - dequalinium; Belongs to the class of antiseptics used in throat preparations.

*dequalinium information:
dequalinium
dequalinium brands available in India
Always prescribe with Generic Name : dequalinium, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : DEQUADIN loz
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([all drugs])
desloratadine
CIMS Class : (Antihistamines & Antiallergics)
desloratadine
P - Contraindicated in pregnancy
L - Contraindicated in lactation
related desloratadine information
Indication & Dosage

Oral

Allergic conditions

Adult: 5 mg once daily.

Child: =12 yr: 5 mg once daily; 6-11 yr: 2.5 mg; 1-5 yr: 1.25 mg; 6-11 mth: 1 mg. Doses to be taken once daily.

Renal impairment: Initially, 5 mg every other day.

Hepatic impairment: Initially, 5 mg every other day.

Administration

May be taken with or without food.

Overdosage

Treatment is symptomatic and supportive. Standard measures to reduce absorption to be adopted. Haemodialysis unlikely to be useful.

Contraindications

Hypersensitivity.

Special Precautions

Severe renal or hepatic failure; children <6 mth, elderly, epilepsy, pregnancy and lactation.

Adverse Drug Reactions

Headache, fatigue, somnolence, dizziness; nausea, dyspepsia; xerostomia, dysmenorrhoea; pharyngitis.

Storage

Oral: Store below 30°C.

Mechanism of Action

Desloratadine is a long-acting, tricyclic, non-sedating, selective peripheral histamine H1-receptor antagonist which inhibits the release of pro-inflammatory mediators from human mast cells and basophils.
Absorption: Peak plasma concentrations after 3 hr (oral).
Distribution: Protein-binding: 82-87%.
Metabolism: Hepatic; converted to 3-hydroxydesloratadine.
Excretion: Via urine and faeces (as metabolites).

CIMS Class

Antihistamines & Antiallergics

ATC Classification

R06AX27 - desloratadine; Belongs to the class of other agents used as systemic antihistamines.

*desloratadine information:
Note that there are some more drugs interacting with desloratadine
desloratadine further details are available in official CIMS India
desloratadine
desloratadine brands available in India
Always prescribe with Generic Name : desloratadine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ALERDAIN tab ALLEREDE tab ALLERGESIC tab BIOMON tab DAZIT tab DELORTA tab DELOTID tab DESENT tab DESLOR tab DESLORIV tab DESNOVA tab DES-OD film-coated tab DEXLY tab DILORA tab D-LORATIN

film-coated tab D-LORDEX tab DYL film-coated tab LORDAY tab LORETA tab NEOLORIDIN Rapi-tab NEOLORIDIN tab NUCOPE tab OTRIVIN-ALERT tab RODERA film-coated tab RODERA susp VEROMON tab

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([all drugs])

desmopressin

CIMS Class : (Antidiuretics)

desmopressin

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related desmopressin information

Indication & Dosage

Oral

Cranial diabetes insipidus

Adult: Initially, 100 mcg tid adjusted according to response. Maintenance: 100-200 mcg tid, up to 100-1200 mcg daily.

Child: Initially, 100 mcg tid adjusted according to response. Maintenance: 100-200 mcg tid, up to 100-1200 mcg daily.

Oral

Primary nocturnal enuresis

Adult: 200-400 mcg at bedtime.

Child: =5 yr: 200-400 mcg at bedtime.

Nasal

Cranial diabetes insipidus

Adult: 10-40 mcg daily as a single or divided doses.

Child: 3 mth-12 yr: 5-30 mcg daily.

Nasal

Diagnosis of diabetes insipidus

Adult: 20 mcg as a single dose.

Child: 20 mcg as a single dose.

Nasal

Renal function testing

Adult: 40 mcg as a single dose.

Child: 1-15 yr: 20 mcg and infants: 10 mcg. To be given as a single dose.

Nasal

Primary nocturnal enuresis

Adult: 20-40 mcg at bedtime.

Child: =5 yr: 20-40 mcg at bedtime.

Nasal

Nocturia associated with multiple sclerosis

Adult: 10-20 mcg at bedtime.

Nasal

Type I Von Willebrand's disease

Adult: 300 mcg; <50 kg: 150 mcg. Should be given within 2 hr before the surgery.

Parenteral

Cranial diabetes insipidus

Adult: 1-4 mcg daily IM, SC or IV.

Child: 0.4 mcg IM, SC, or IV.

Parenteral

Diagnosis of diabetes insipidus

Adult: 2 mcg as a single dose via SC/IM.

Child: 2 mcg SC/IM.

Parenteral

Renal function testing

Adult: 2 mcg given as SC or IM inj.

Child: Infants: 0.4 mcg; children: 2 mcg. Dose to be given as SC or IM inj.

Intravenous

Type I Von Willebrand's disease

Adult: 0.3-0.4 mcg/kg by slow infusion over 15-30 min before surgery.

Intravenous

Testing of fibrinolytic response

Adult: 0.4 mcg/kg infused over 20 min.
Child: 0.4 mcg/kg infused over 20 min.

Administration

May be taken with or without food.

Contraindications

Hypersensitivity. Impaired renal function (CrCl <50 ml/min). Decompensated cardiac failure with ongoing diuretic treatment.

Special Precautions

Not to be used in the treatment of Type IIb von Willebrand's disease and nephrogenic diabetes insipidus. Fluid intake restricted to a min and only to satisfy thirst for 8 hr after admin (particularly in the very young and the elderly). Nasal route avoided in patients with nasal mucosal diseases. Caution in CV diseases, oedema states, impairment, hypertension, elderly, cystic fibrosis, fluid and electrolyte imbalance, thrombotic disease; infants and young children. Inj not recommended for infants <3 mth for bleeding disorders. Pregnancy and lactation.

Adverse Drug Reactions

Nausea, transient headache; nasal congestion, rhinitis; flushing; mild abdominal cramps; epistaxis; sore throat, cough, stuffiness; allergic reactions, inj site pain, erythema, swelling, BP changes and thrombotic events in predisposed individuals.
Potentially Fatal: Water intoxication and dilutional hyponatraemia.

Drug Interactions

Drugs that may potentiate antidiuretic effect of desmopressin: chlorpropamide,
clofibrate, carbamazepine,fludrocortisone, urea, or TCAs. Drugs that may decrease antidiuretic effect of desmopressin: lithium, heparin,demeclocycline, noradrenaline, and alcohol. Caution when using with other vasopressors.

Lab Interference

Cross-reacts with some antisera raised against arginine vasopressin and oxytocin, but as these assays are rarely performed in clinical practice, it has little significance.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Intravenous: Refrigerate at 2-8°C. Nasal: Refrigerate at 2-8°C. Oral: Store at 20-25°C. Parenteral:Refrigerate at 2-8°C.

Mechanism of Action

Desmopressin increases the cellular permeability of the collecting ducts causing an increased water reabsorption, smooth muscle constriction. It also stimulates factor VIII and plasminogen activation activity in blood.

Absorption: Absorbed from the nasal mucosa (intranasal), absorbed in sufficient amounts from the GI tract to produce therapeutic effects at high doses (oral).

Metabolism: Largely destroyed in the GI tract.

Excretion: Elimination T1/2 (biphasic): 8 min (initial phase), 75 min (terminal phase).

CIMS Class

Antidiuretics

ATC Classification

H01BA02 - desmopressin; Belongs to the class of vasopressin and analogues. Used in posterior pituitary lobe hormone preparations.

*desmopressin information:
Note that there are some more drugs interacting with desmopressin
desmopressin
desmopressin brands available in India
Always prescribe with Generic Name : desmopressin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : DES-PRESS inhalation soln D-PRESSIN nasal spray D-PRESSIN TAB tab D-VOID N-spray MINIRIN inj MINIRIN nasal spray MINIRIN tab

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([all drugs])

dexamethasone

CIMS Class : (Corticosteroid Hormones) , (Eye Corticosteroids) , (Topical Corticosteroids)

dexamethasone

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related dexamethasone information

Indication & Dosage

Oral

Anti-inflammatory

Adult: 0.75-9 mg daily in 2-4 divided doses; may also be given via IM/IV admin.

Child: 1 mth?18 yr: 10?100 mcg/kg daily in 1?2 divided doses via oral admin, adjusted according to response; up to 300 micrograms/kg daily may be used in emergency situations.

Oral

As a screening test for Cushing's syndrome

Adult: 0.5 mg every 6 hr for 48 hr after determining baseline 24-hr urinary 17-hydroxycorticosteroid (17-OHCS) concentrations. During the second 24 hr of dexamethasone admin, urine is collected and analysed for 17-OHCS. Alternatively, after a baseline plasma cortisol determination, 1 mg may be given at 11 pm and plasma cortisol determined at 8 am the next morning. Plasma cortisol and urinary output of 17-OHCS are depressed after dexamethasone admin in normal individuals but remain at basal levels in patients with Cushing?s syndrome.

Oral

Acute exacerbations in multiple sclerosis

Adult: 30 mg daily for 1 wk followed by 4-12 mg daily for 1 mth.

Child: 1 mth?12 yr: 100?400 mcg/kg daily in 1?2 divided doses; 12?18 yr: Initially 0.5?24 mg daily. Max. 24 mg daily.

Parenteral

Cerebral oedema caused by malignancy

Adult: As phosphate: 10 mg IV followed by 4 mg IM every 6 hr until response is achieved, usually after 12-24 hr. May reduce dosage after 2-4 days then gradually discontinued over 5-7 days. In severe cases, an initial dose of 50 mg IV may be given on day 1, with 8 mg

every 2 hr, reduced gradually over 7-13 days. Maintenance dose: 2 mg 2-3 times daily.

Child: As phosphate: <35 kg: Initially 20 mg, then 4 mg every 3 hr for 3 days, then 4 mg every 6 hr for 1 day, then 2 mg every 6 hr for 4 days, then decrease by 1 mg daily. >35 kg: Initially 25 mg, then 4 mg every 2 hr for 3 days, then 4 mg every 4 hr for 1 day, then 4 mg every 6 hr for 4 days, then decrease by 2 mg daily. Doses are given via IV inj.

Intra-articular

Inflammatory joint diseases

Adult: 0.8-4 mg depending on the size of the affected joint. For soft-tissue inj, 2-6 mg may be used. May repeat inj every 3-5 days to every 2-3 wk.

Intravenous

Unresponsive shock

Adult: As phosphate: Initially, 40 mg or 1-6 mg/kg as a single IV inj, may repeat every 2-6 hr. Continue high-dose treatment only until patient?s condition has stabilised and not to be continued beyond 48?72 hr.

Intravenous

Bacterial meningitis

Adult: 0.15 mg/kg 4 times daily, to be given 10-20 min before or with the 1st dose of anti-infective treatment. Treatment should be given for the first 2-4 days of the anti-infective treatment.

Child: As phosphate: 2 mth?18 yr: 150 mcg/kg every 6 hr for 4 days, starting before or with 1st dose of antibacterial treatment.

Intravenous

Prophylaxis of nausea and vomiting associated with cytotoxic therapy

Adult: Prevention: 10-20 mg 15-30 minutes before admin of chemotherapy on each treatment day. For continuous infusion regimen: 10 mg every 12 hr on each treatment day. For midly emetogenic regimen: 4 mg every 4-6 hr.

Ophthalmic

Ocular inflammation

Adult: As 0.1% suspension: Apply 1-2 drops into the affected eye/s 4-6 times daily in mild disease, up to hrly admin in more severe disease. As 0.05% ointment: Apply 0.5-1 inch ribbon of ointment into the conjunctival sac(s) up to 4 times daily. Reduce to once daily dosing once conditon has improved.

Administration

Should be taken with food.

Overdosage

Treatment is supportive and symptomatic. In acute overdosage, gastric lavage or emesis may be used.

Contraindications

Hypersensitivity; active untreated infections; ophthalmic use in viral, fungal disease of the eye.

Special Precautions

Patients with hypothyroidism; cirrhosis, hypertension, CHF, ulcerative colitis, thromboembolic disorders, osteoporosis, glaucoma, cataracts or TB of the eye, diabetes, peptic ulcer. Monitor blood glucose levels in diabetics and coagulation indices in patients on warfarin. Elderly, children and adolescent; pregnancy and lactation.

Adverse Drug Reactions

Growth retardation, osteoporosis, peptic ulcer, glaucoma and subcapsular cataracts, vertebral compression fractures. Cushing-like features, pancreatic dysfunction and pancreatitis, GI upsets, increased appetite, increased fragility of the skin. Increased susceptibility to infection. Topical application: Dermal atrophy, local irritation, folliculitis, delayed wound healing, systemic absorption and toxicity with occlusive dressing on application to large areas of the body and broken skin. Topical application to eye: Corneal ulcers, glaucoma and reduced visual ability. Inhalation: Hoarseness, candidiasis of mouth and throat. Intra-articular inj: Aseptic necrosis of bone and joint damage.
Potentially Fatal: HPA supression; CV collapse on rapid IV admin.

Drug Interactions

Increased risk of hypokalaemia when used concurrently with potassium-depleting drugs such as amphotericinB and loop diuretics. Reduces efficacy of isoniazid, salicylates, vaccines and toxoids. Increased activity of dexamethasone and cyclosporin when used together. Concurrent use with aspirin or ethanol may lead to increased GI side effects.
Potentially Fatal: Reduced efficacy in combination with ephedrine, cholestyramine, phenytoin, phenobarbitaland rifampicin.

Food Interaction

Dexamethasone interferes with calcium absorption. Limit caffeine.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

in 1st trimester

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intra-articular: Store at 15-30°C. Intravenous: Store at 15-30°C. Ophthalmic: Store at 15-30°C. Oral:Store at 15-30°C. Parenteral: Store at 15-30°C.

Mechanism of Action

Dexamethasone is a synthetic glucocorticoid which decreases inflammation by inhibiting the migration of leukocytes and reversal of increased capillary permeability. It suppresses normal immune response.

Onset: As acetate: Prompt.

Duration: 72 hr.

Absorption: Readily absorbed from the GI tract (Oral).

Distribution: Readily crosses the placenta. Protein binding: About 77%.

Metabolism: Hepatic.

Excretion: Via urine (65% of the dose within 24 hr). Half-life: About 190 min.

CIMS Class

Corticosteroid Hormones / Eye Corticosteroids / Topical Corticosteroids

ATC Classification

A01AC02 - dexamethasone; Belongs to the class of local corticosteroid preparations. Used in the treatment of diseases of the mouth.

C05AA09 - dexamethasone; Belongs to the class of products containing corticosteroids for topical use. Used in the treatment of hemorrhoids.

D07AB19 - dexamethasone; Belongs to the class of moderately potent (group II) corticosteroids. Used in the treatment of dermatological diseases.

D07XB05 - dexamethasone; Belongs to the class of moderately potent (group II) corticosteroids in other combinations. Used in the treatment of dermatological diseases.

D10AA03 - dexamethasone; Belongs to the class of topical corticosteroids used in the treatment of acne.

H02AB02 - dexamethasone; Belongs to the class of glucocorticoids. Used in systemic corticosteroid preparations.

R01AD03 - dexamethasone; Belongs to the class of topical corticosteroids used as nasal decongestants.

S01BA01 - dexamethasone; Belongs to the class of corticosteroids. Used in the treatment of inflammation of the eye.

S01CB01 - dexamethasone; Belongs to the class of corticosteroids/antiinfectives/mydriatics combinations. Used in the treatment of eye diseases.

S02BA06 - dexamethasone; Belongs to the class of corticosteroids used in the treatment of inflammation of the ear.
S03BA01 - dexamethasone; Belongs to the class of corticosteroids used in ophthalmologic and otologic preparations.

*dexamethasone information:
Note that there are some more drugs interacting with dexamethasone
dexamethasone further details are available in official CIMS India
dexamethasone
dexamethasone brands available in India
Always prescribe with Generic Name : dexamethasone, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : CYCDEX eye drops DECDAK ST tab DECDAN tab DECDAN vial DECOL-C eye drops DECOLITE eye drops DECOL-N eye drops DECOL-P eye oint DECRINA vial DEDRON inj DEFLOX eye drops DEKSA inj DEMISONE INJ inj DEMISONE tab DENCLOR eye drops DEOSONE inj DEX inj DEXACIP EYE DROPS eye drops DEXACIP tab DEXACIP vial DEXACORT-N eye drops DEXACORT-N oint DEXAJECT vial DEXALAB vial DEXALOG-N eye drops DEXAMAC

vial DEXAMAG tab DEXAMETHASONE inj DEXAMETHASONE INJ inj DEXAMETHASONE tab DEXAMETHASONE TAB tab DEXAMINE tab DEXAMON eye drops DEXANE tab DEXAQUIN oint DEXAR vial DEXARIV tab DEXASIA inj DEXASONE DPS eye drops DEXASONE INJ vial DEXASONE tab DEXCIN eye drops DEXONA drops DEXONA inj DEXONA tab DEX-V inj IDIZONE inj IDIZONE tab INTRADEX inj LOSONE eye drops LOW-DEX eye drops MEXA inj MIFLOX-DM eye drops MILLICORTENOL cream MILLICORTEN-VIOFORM cream MOSI-D eye drops NEOREN-D eye drops OBRA-D eye drops OBRA-D eye oint OCUROID eye drops PYRICORT eye drops PYRIMON eye drops REDEXA amp RENIDEX eye drops SOFRADEX cream SOFRADEX-F cream SOLODEX eye/ear drops SOLODEX-J eye/ear drops STEDEX INJ inj TAURCOL-D eye drops TAURDEX-N eye drops WYMESONE inj WYMESONE tab

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([all drugs])

dexchlorpheniramine

CIMS Class : (Antihistamines & Antiallergics)

dexchlorpheniramine

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related dexchlorpheniramine information

Indication & Dosage

Oral

Allergic conditions

Adult: 2 mg every 4-6 hr.

Child: 2-5 yr: 0.5 mg; 6-12 yr: 1 mg, dose to be taken every 4-6 hr.

Max Dosage: Adult: 12 mg daily. Child 6-12 yrs: 6 mg daily; 2-5 yrs: 3 mg daily.

Administration

May be taken with or without food.

Contraindications

Premature infants or full-term neonates.

Special Precautions

Pregnancy; lactation; severe CV disorders; asthma. May impair ability to drive or operate machinery. Angle-closure glaucoma,

urinary retention, prostatic hypertrophy, pyloroduodenal obstruction; renal and hepatic impairment; elderly; epilepsy.

Adverse Drug Reactions

Exfoliative dermatitis. Sedation; antimuscarinic effects, CNS depression and disturbances; occasionally, paradoxical CNS stimulation; psychomotor impairment; headache; palpitations and arrhythmias; convulsions, sweating, myalgia, paraesthesias, extrapyramidal symptoms, tremor; sleep and GI disturbances. Rarely, hypersensitivity reactions and blood disorders; tinnitus, hypotension; hair loss. Injections may cause transient hypotension or CNS stimulation and irritation.

Drug Interactions

CNS depressants eg, alcohol, barbiturates, hypnotics, opioid analgesics; anxiolytic sedatives and neuroleptics; other antimuscarinics; MAOIs; betahistine; ototoxic drugs.

Lab Interference

May interfere with skin testing.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Mechanism of Action

Dexchlorpheniramine is the dextrorotatory isomer of chlorpheniramine and has approximately twice its activity by wt.

CIMS Class

Antihistamines & Antiallergics

ATC Classification

R06AB02 - dexchlorpheniramine; Belongs to the class of substituted alkylamines used as systemic antihistamines.

*dexchlorpheniramine information:

Note that there are some more drugs interacting with dexchlorpheniramine

dexchlorpheniramine

dexchlorpheniramine brands available in India

Always prescribe with Generic Name : dexchlorpheniramine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BIO-CPM tab DEXCPM-SR SR-tab DEXODIL tab DEXODIL-SR tab DPM-2 tab SYNRAMINE tab

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([all drugs])

dexibuprofen

CIMS Class : (Nonsteroidal Anti-inflammatory Drugs (NSAIDs))

dexibuprofen

P - Contraindicated in pregnancy

Food ¤ - Food interaction

related dexibuprofen information

Indication & Dosage

Oral

Pain and inflammation associated with musculoskeletal and joint disorders, Dysmenorrhoea

Adult: 600-900 mg daily in 2-3 divided doses. May increase to 1200 mg daily for patients with acute conditions or exacerbations.

Max Dosage: 400 mg/dose and 1200 mg/day.

Renal impairment: Dose reduction is recommended.

Hepatic impairment: Dose reduction is recommended.

Contraindications

Hypersensitivity to aspirin or NSAIDs; active or suspected GI ulcer or history of recurrent GI ulcer; GI bleeding or other active bleedings or bleeding disorders; active Crohn's disease or ulcerative colitis; haemorrhagic diasthesis and other coagulation disorders, or patients receiving anticoagulant therapy; severe heart failure, renal or hepatic impairment; child <18 yrs; pregnancy (third trimester).

Special Precautions

History of bronchial asthma; renal or hepatic disorders; bleeding disorders; CV disease; elderly; lactation.

Adverse Drug Reactions

GI bleeding, heartburn, epigastric pain; dyspepsia, peptic ulcer; nausea, vomiting, diarrhoea; jaundice, hepatitis; rash; thrombocytopaenia; visual disturbances; tinnitus; depression; fatigue, headache, dizziness, vertigo.

Drug Interactions

Avoid concomitant use with anticoagulants, other NSAIDs and salicylates. Increases risk of methotrexate andlithium toxicity.

Food Interaction

Decreased peak serum levels if taken with food but no effect on the extent of absorption.

Storage

Oral: Store at or below 25°C.

Mechanism of Action

Dexibuprofen is a NSAID. It acts by inhibition of cyclo-oxygenase, which is involved in prostaglandin synthesis.

CIMS Class

Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

ATC Classification

M01AE14 - dexibuprofen; Belongs to the class of propionic acid derivatives of non-steroidal antiinflammatory and antirheumatic products. Used in the treatment of inflammation and rheumatism.

*dexibuprofen information:
Note that there are some more drugs interacting with dexibuprofen
dexibuprofen
dexibuprofen brands available in India
Always prescribe with Generic Name : dexibuprofen, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : BRUTEK tab SIBET tab

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([all drugs])

dextromethorphan

CIMS Class : (Cough & Cold Preparations)

dextromethorphan

P - Caution when used during pregnancy

related dextromethorphan information

Indication & Dosage

Oral

Cough suppressant

Adult: 10-20 mg every 4 hr, or 30 mg every 6-8 hr. Extended-release oral suspension: 60 mg bid. Max: 120 mg/day.

Child: 6-12 yr: 5-10 mg every 4 hr or 15 mg every 6-8 hr; 2-6 yr: 2.5-5 mg every 4 hr or 7.5 mg every 6-8 hr; up to 2 yr: Individualised dosage. Extended release oral suspension: 6-12 yr: 30 mg bid; 2-6 yr: 15 mg bid. Max: 6-12 yr: 60 mg/day; 2-6 yr: 30 mg/day.

Administration

May be taken with or without food.

Overdosage

Symptoms: In mild overdose, tachycardia, hypertension, vomiting, mydriasis, diaphoresis, nystagmus, euphoria, loss of motor coordination, and giggling; in moderate intoxication, in addition to those listed above, hallucinations and a plodding ataxic gait; in severely intoxication, agitation or somnolence. Management: treatment is symptomatic and supportive. Naloxone may be useful in reversing toxicity.

Contraindications

Patients at risk of developing resp failure. During an acute attack. Patients receiving MAOI or for 2 wk after discontinuing them. Persistent or chronic cough.

Special Precautions

3rd trimester of pregnancy; atopic childn; child <1 yr; sedated or debilitated patients; patients confined to supine position; history of asthma. Moderate to severe renal impairment; liver disease.

Adverse Drug Reactions

Dizziness, GI disturbances.

Drug Interactions

Tricyclic antidepressants (TCAs), antipsychotics, anxiolytics and hypnotics, cimetidine, ciprofloxacin, domperidone, metoclopramide, mexiletine, CYP2D6 inhibitors, ritonavir, alcohol.
Potentially Fatal: Memantine, moclobemide.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Dextromethorphan, a derivative of levorphanol, is an antitussive agent. It has a central action on the cough center in the medulla.
Onset: Oral: 30 minutes.
Duration: Oral: Up to 6 hr.
Absorption: Rapidly absorbed in the GI tract.
Metabolism: Hepatically metabolised.
Excretion: Excreted in the urine unchanged.

CIMS Class

Cough & Cold Preparations

ATC Classification

R05DA09 - dextromethorphan; Belongs to the class of cough suppressants, opium alkaloids and derivatives. Used in the treatment of dry cough.

*dextromethorphan information:
Note that there are some more drugs interacting with dextromethorphan
dextromethorphan
dextromethorphan brands available in India

Always prescribe with Generic Name : dextromethorphan, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ABCOF-DM syr A-COF syr ACTICOF syr ACTIDEX syr ACTIONER-DX syr AGIKUFF-D syr AGRUS syr AGRUS-NS syr ALERNYL-DC syr ALEX LOZENGE loz ALMIN SYR syr AMBITUS syr AMBRODEX-D syr AMBROWIN-DX expectorant ARCOLD SYR syr ARCOLD TAB tab ARIKOF-D syr ASI-KUFF syr BAROHIST-D syr BENLYLIN syr BEX expectorant BIODER PLUS tab BIOGOLD syr BIOREX syr BRODCET tab BRONCARE syr BROTEE-D syr CAPEX-DMR liqd CC CAP soft-gelatin caps CC-KOFF CAP soft-gelatin caps CETIN-D liqd CHERICOF COUGH FORMULA sachet CHERICOF LOZENGES loz CHERICOF SYR COUGH FORMULA syr CHESCARE syr CHESTCLEAR syr CHESTON MELTEES tab CHESTON-CS syr CINDEXA syr CLEARTUSS-D syr CLEDEX-SF liqd CLISTIM-DMR liqd COBURY-DX syr CODRIL-DX syr COFAID-DC liqd COFDEX PLUS liqd COFDEX PLUS SYR liqd COFDEX SYR syr COF-Q loz COFSTOP-Z syr COFTEX-DMR syr COFTEX-DMR TAB tab COGOF syr COLDEC tab COR-4 susp COR-4D syr COREX-DX syr CORID syr COS-D syr COSYP syr COTUSS syr CUFCALM syr CUFREE

liqd DELETUS tab DELETUS-D liqd DEXCOLD syr DEXFAR-D syr DEXIMIN liqd DEXKOF syr DEX-PC syr DEXTROTUSS syr DEXTUR syr DILO-DX syr DM SYR syr Dr.KOFF tab ELITE-P susp EMLINCTUS syr ENCOLD soft-gelatin caps EPHEDREX CAPS cap EP-KOFF soft-gelatin caps EST-COFF syr EXIPLON-DM syr EXPECT-D syr FINCOF syr FLU-4-DMR syr FLUZET SUSP susp FLUZET SYR syr GLYCODIN syr GRILINCTUS syr HONEYSIP syr INDIKOF-A syr INGAHIST PLUS syr JELLICOR jelly KOFAREST DX syr KOFAREST LOZENGES loz KOFBAN syr KOFEND-D syr KOFGARD syr KOFKUL syr KOFRID TAB tab LABOCOF SYR syr LASTUSS-CT tab LASTUSS-D syr LASTUSS-LA syr LENOMOL tab LEXCOF COUGH LOZENGES loz LIBITUS syr LOREX syr MEGARIL-D syr MERICOF syr MONO-CC tab MONODEX syr MUCOBAR SYRUP syr MUCORESP-3D susp NASOCARE PLUS syr NASOCARE PLUS tab NORVENT-D syr NSI-KUFF syr NT-KUF syr NTKUF-D syr NUKUF syr NUTUSS syr OMNITUS syr OOX-DM syr OOX-P syr PEDIAMIN syr PEDICOF-D liqd PHENLINCTUS linctus PHENSEDYL-DM syr PHYTUS SYR syr PIRIL-DX syr PIRITON-CS syr PROTUSSA syr QRCS syr RATHERMA-CD syr RECTUM syr REKUF syr RESPICURE-D syr RESPICURE-P syr RESPIGIL-DM syr RESPIRA-D syr RESPOREX syr RESPUT-D syr RESQ-D syr RETIG syr RIDCOF liqd RIZKOF liqd SAYOCOF

syr SEDOSOLVIN susp SEDOSOLVIN tab SIADES syr SINACT 3 SUSP susp SINACT DM syr SINAREST LINCTUS linctus SINAREST-CC syr SINOCLEAR COUGH FORMULA syr SINOCLEAR-P syr SOVENTUS-D syr STREET syr SUPERHIST syr SUPKO-DX syr SUPPRESSA syr SWIDEX liqd SYNABRON-D syr SYRUP ARID-D syr TERBOLAX D syr T-MINIC COUGH SYP syr TOFF MD dispertab TOSSEX-DMR syr TOX DCP syr TRAXINE-DX syr TRI-A-KOFF DM syr TRIATUSSIC syr TRICODEX SYRUP syr TRIGENIC-CS syr TRITUS drops TRITUS PLUS SUSP susp TRITUS PLUS TAB tab TRITUS syr TRITUS tab TUSBAN-D syr TUSCOF syr TUSDEC syr TUSDEC-DMR tab TUSP syr TUSPRESS syr TUSQ-D COUGH LOZENGES loz TUSQ-DX liqd TUSQ-DX SYR syr TUSSTAT syr VARTUS-D syr VELREX tab VISCODYNE-D liqd VISCOF-D syr VISTADEX syr VISTADEX SYRUP syr VIZCLEAR TAB tab XETUSS syr XPECT-A syr ZED syr ZEDEX syr ZEDEX-SF syr ZIMBA liqd ZINCOCET syr ZUKANSI syr ZYCOF-D syr ZYDRIL PLUS syr ZYKUF-D syr ZYNTUS-D syr ZYTUS-D syr

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([all drugs])

dextropropoxyphene

CIMS Class : (Analgesics (Opioid))

dextropropoxyphene

P - Contraindicated in pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related dextropropoxyphene information

Indication & Dosage

Oral

Mild to moderate pain

Adult: As hydrochloride: 65 mg 3-4 times daily. As napsilate: 100 mg 3-4 times daily.

Renal impairment: Dose reduction may be needed.

Hepatic impairment: Dose reduction may be needed.

Administration

May be taken with or without food.

Overdosage

Symptoms: Coma, respiratory depression, circulatory collapse, pulmonary oedema, seizures, nephrogenic diabetes insipidus, ECG

abnormalities. Death may occur as early within the 1st 15 minutes to 1 hr. Management: Intensive symptomatic and supportive therapy to be instituted immediately. IV naloxone may reverse intoxication. Induction of emesis or gastric lavage followed by activated charcoal helps to reduce absorption. Monitor blood gases, pH, electrolytes and ECG. Dialysis is unlikely to be useful.

Contraindications

Hypersensitivity, chronic resp diseases, porphyria, pregnancy. Patients on MAOI treatment or within 2 wk of stopping treatment.

Special Precautions

Suicidal patients, hepatic or renal disease; lactation, elderly.

Adverse Drug Reactions

Dizziness, sedation, weakness; nausea, vomiting, constipation; rash, urticaria; visual disturbances; physiological dependence.
Potentially Fatal: Convulsions in long-term therapy. Cardiac conduction abnormalities and arrhythmias; liver impairment.

Drug Interactions

Inhibits hepatic metabolism of benzodiazepines, ß-blockers, carbamazepine, phenytoin and warfarin. Increased risk of toxicity when co-administered with ritonavir. Potentiation of depressant effects when used with alcohol or CNS depressants.
Potentially Fatal: Accidental or intentional overdosage fatal (especially if combined with alcohol, and analgesics e.g. paracetamol and aspirin).

Food Interaction

Absorption decreased.

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Dextropropoxyphene is a relatively weak opioid analgesic which binds to mu- and kappa-receptors in order to block pain perception

in the cerebral cortex. This results in inhibiton of pain sensation flow into high centers.

Absorption: Readily absorbed from the GI tract; napsilate form more slowly absorbed than the HCl (oral); peak plasma concentrations after 1-2 hr.

Distribution: Concentrated in the liver, lungs and brain; crosses the placenta and small amounts enter breast milk. Protein-binding: 80%.

Metabolism: Hepatic, to nordextropropoxyphene (norpropoxyphene); undergoes 1st-pass metabolism.

Excretion: Urine (as metabolites). Elimination half-life: 6-12 hr (dextropropoxyphene), 30-36 hr (norpropoxyphene).

CIMS Class

Analgesics (Opioid)

ATC Classification

N02AC04 - dextropropoxyphene; Belongs to the class of diphenylpropylamine derivative opioids. Used to relieve pain.

*dextropropoxyphene information:

Note that there are some more drugs interacting with dextropropoxyphene

dextropropoxyphene

dextropropoxyphene brands available in India

Always prescribe with Generic Name : dextropropoxyphene, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : IBRUVON FORTE cap NEUROVON cap ORTHODEX FORTE tab ORTHODEX PLUS cap PARVODEX cap POXY PLUS tab PROXYTAB tab SPASMONEUROVON cap

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([all drugs])

dextrose

CIMS Class : (Miscellaneous) , (Intravenous & Other Sterile Solutions)

dextrose

P - Caution when used during pregnancy

related dextrose information

Indication & Dosage

Oral

Hypoglycaemia

Adult: 10-20 g as single dose; may repeat in 10 min if needed.

Child: >2 yr: 10-20 g as single dose; may repeat in 10 min if needed.

Intravenous

Hypoglycaemia

Adult: 10-25 g (40-100 ml of 25% solution or 20-50 ml of 50% solution). Doses may be repeated in severe cases.

Child: =6 mth: 0.25-0.5 g/kg/dose; >6 mth: 0.5-1 g/kg/dose. Doses may be repeated in severe cases. Max: 25 g/dose.

Intravenous

Hyperkalaemia

Adult: 25-50 g combined with 10 units of regular insulin, administered over 30-60 minutes; may repeat if necessary. Alternatively, 25 g combined with 5-10 units of regular insulin infused over 5 minutes; may repeat if necessary.

Child: and infants: 0.5-1 g/kg (using 25% or 50% solution) combined with regular insulin (1 unit for every 4-5 g dextrose given); infuse over 2 hr, may repeat if necessary.

Overdosage

Reevaluate patient's condition and institute appropriate symptomatic treatment.

Contraindications

Known allergy to corn or corn products. Diabetic coma with hyperglycaemia. Use of hypertonic solutions in patients with intracranial or intraspinal haemorrhage. Patients with delirium tremens and dehydration. Anuria, hepatic coma, or glucose-galactose malabsorption syndrome.

Special Precautions

Overt or known subclinical DM. Patients with carbohydrate intolerance. IV admin of dextrose may result in hypokalaemia, hypophosphataemia and hypomagnesemia. Prolonged infusion of isotonic dextrose solutions may cause water intoxication. Production of insulin may be adversely affected by prolonged parenteral nutrition with dextrose solutions. Rapid admin of hypertonic dextrose solutions may result in hyperglycaemia and hyperosmolar syndrome. Monitor for signs of mental confusion or loss of consciousness. Monitor blood and urinary glucose regularly. Caution when used in very low birth weight infants. Abrupt

withdrawal may lead to rebound hypoglycaemia. Risk of thrombosis when hypertonic (>10%) solutions are administered through peripheral veins. Caution when used parenterally in pregnant women.

Adverse Drug Reactions

Venous thrombosis, phlebitis, hypovolemia, hypervolemia, dehydration, oedema, fever, mental confusion, unconsciousness, hyperosmolar syndrome, hyperglycaemia, hypokalaemia, acidosis, hypophosphataemia, hypomagnesemia, polyuria, glycosuria, ketonuria, nausea, diarrhoea, polydipsia, vein irritation, tissue necrosis, pulmonary oedema, tachypnoea.

Storage

Intravenous: Store at 25°C. Oral: Store at 25°C.

Mechanism of Action

Dextrose is a monosaccharide that is used as a source of calories and water for hydration. It helps to reduce loss of body protein and nitrogen. It also promotes glycogen deposition in the liver. When

used with insulin, it stimulates the uptake of potassium by cells, especially in muscle tissue, thus lowering serum potassium levels.
Absorption: Rapidly absorbed from the small intestine when taken orally.
Metabolism: Metabolised to carbon dioxide and water.

CIMS Class

Miscellaneous / Intravenous & Other Sterile Solutions

*dextrose information:
dextrose
dextrose brands available in India
Always prescribe with Generic Name : dextrose, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : GLUCORICH powd TRICHOICE CAPD FLUID infusion UPS powd
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([all drugs])
diacerein

CIMS Class : (Other Drugs Acting on Musculo-skeletal System)

diacerein

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related diacerein information

Indication & Dosage

Oral

Osteoarthritis

Adult: 50 mg bid.

CrCl (ml/min)

Dosage Recommendation

<30

25 mg daily.

Administration

Should be taken with food. (Take w/ or immediately after meals.)

Overdosage

Symptoms: diarrhoea. Management: symptomatic treatment.

Contraindications

Pregnancy, lactation. Hypersensitivity to anthraquinone derivatives.

Special Precautions

Renal impairment. Monitor CBC, LFT and urinalysis every 6 mth.

Adverse Drug Reactions

Diarrhoea, epigastric pain, nausea, vomiting, intense yellow colouring of urine.

Drug Interactions

Decreased absorption with aluminium and/or magnesium hydroxide antacids. Increased risk of diarrhoea with laxatives, antibiotics. Avoid co-admin with fibres and phytates.

Storage

Oral: Store at 15-25°C.

Mechanism of Action

Diacerein is an anthraquinone derivative that has been used in osteoarthritis. It is thought to act via inhibition of interleukin-1ß.

CIMS Class

Other Drugs Acting on Musculo-skeletal System

ATC Classification

M01AX21 - diacerein; Belongs to the class of other non-steroidal antiinflammatory and antirheumatic products. Used in the treatment of inflammation and rheumatism.

*diacerein information:
diacerein
diacerein brands available in India
Always prescribe with Generic Name : diacerein, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : ACER cap ACHQUIT-D tab ALNAMAX cap ALNAMAX-G tab ALTOCERIN tab ALTOCERIN-GM tab ANCE cap ARORINX cap ARORINX-M tab ARTHOCERIN cap ARTHOCERIN-A cap ARTHOCERIN-G cap ARTHODIA-G tab ARTHROMUV cap ARTHROVIT PLUS tab ARTIFIT cap ARTRODAR tab BIOJOINT tab BIOSTAN-D tab CARTIDIN cap CARTIEL D cap CARTIFACT cap CARTIMOST GM tab CARTIZ 50 cap CARTIZ-GM tab CARTRODAR cap CEDIA cap CEDIA-AC tab CERDIA tab CERIN cap COMPENSATE tab COSA-G tab DAICART cap DENCERIN cap DIACER cap DIACURE cap DIALEED cap DIASIM cap DIASOL cap DICI cap DICIMAX cap DICIMAX-G tab DIEZ cap DIFIRIN PLUS tab DIMS-GM tab DIOSTEO cap DISKARE tab DN PLUS tab DURAJOINT cap DURAJOINT-GM tab DYCERIN cap DYCERIN-A tab DYCERIN-GM tab ELJOINT tab FERINE-50 cap FLEXIBEL-AD cap FLEXIBEL-D cap GLOCERIN tab GUDCERIN cap HILIN cap ICERIN cap ICERIN-GM tab JAIZZY cap JAIZZY-GM tab JOINCERIN cap LECEREIN tab LECEREIN-GM tab LECEREIN-P tab MYCER cap MYCER G cap NUCERIN cap OA PLUS tab ORCERIN cap ORDI tab ORDI-G tab ORTHOBACT cap ORTHOCERIN-G tab ORTOCER cap OSTAKAIR-D cap OSTICER cap OSTIFIN-G tab OSTODIA-G tab OSTOGARD cap OSTOKIND tab OSTORIN cap RASIN

cap REGNX cap RESET cap TOPCERIN tab TRIPLE-D tab UPKIP tab VENDE cap ZERINE cap ZERINE GOD tab

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([all drugs])

diazepam

CIMS Class : (Anxiolytics) , (Anticonvulsants)

diazepam

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related diazepam information

Indication & Dosage

Oral

Severe anxiety

Adult: 2 mg tid. Max: 30 mg daily.

Elderly: Dose reduction may be required.

Renal impairment: Dosage adjustments may be needed.

Oral

Insomnia associated with anxiety

Adult: 5-15 mg at bedtime.

Child: and adolescents (12-18 yr): 1-5 mg at bedtime to control night terrors and sleepwalking.

Elderly: Dose reduction may be required.

Renal impairment: Dosage adjustments may be needed.

Oral

Premedication before anaesthesia

Adult: 5-20 mg given before general anaesthesia.

Child: 1 mth-18 yr: 200-300 mcg/kg, may be given 45-60 min beforehand. Max: 10 mg (up to 12 yr); 20 mg (up to 18 yr).

Elderly: Dose reduction may be required.

Renal impairment: Dosage adjustments may be needed.

Oral

Adjunct in seizures

Adult: 2-60 mg daily in divided doses.

Elderly: Dose reduction may be required.

Renal impairment: Dosage adjustments may be needed.

Oral

Muscle spasms

Adult: 2-15 mg daily in divided doses, may increase up to 60 mg daily in severe spastic disorders e.g.cerebral palsy.

Child: 1-12 mth: 250 mcg/kg; 1-5 yr: 2.5 mg; 5-12 year: 5 mg; 12-18 yr: 10 mg (max: 40 mg/day). Dose can be given twice daily.

Elderly: Dose reduction may be required.

Renal impairment: Dosage adjustments may be needed.

Oral

Alcohol withdrawal syndrome

Adult: 5-20 mg repeated after 2-4 hr if necessary. Alternatively, 10 mg 3-4 times daily on the 1st day, reducing to 5 mg 3-4 times daily as required.

Elderly: Dose reduction may be required.

Renal impairment: Dosage adjustments may be needed.

Parenteral

Muscle spasms

Adult: 10 mg IM/IV repeated if necessary after 4 hr. Higher doses may be used in tetanus: 100-300 mcg/kg every 1-4 hr via IV inj; alternatively 3-10 mg/kg may be given over 24 hr by continuous IV infusion or by nasoduodenal tube using a suitable liquid oral dosage form.

Child: =1 mth: Higher doses may be used in tetanus: 100-300 mcg/kg every 1-4 hr via IV inj; alternatively 3-10 mg/kg may be given over 24 hr by continuous IV infusion or by nasoduodenal tube using a suitable liquid oral dosage form.

Elderly: Dose reduction may be required.

Renal impairment: Dosage adjustments may be needed.

Intravenous

Premedication before anaesthesia

Adult: Usual dose: 100-200 mcg/kg.

Child: >1 mth: 100-200 mcg/kg. Max: 1 mth-12 yr: 5 mg/day; 12-18 yr: 20 mg/day.

Elderly: Dose reduction may be required.

Renal impairment: Dosage adjustments may be needed.

Parenteral

Alcohol withdrawal syndrome

Adult: 10-20 mg IM/IV if symptoms are severe and if delirium tremens has developed.

Elderly: Dose reduction may be required.

Renal impairment: Dosage adjustments may be needed.

Parenteral

Severe anxiety

Adult: Up to 10 mg may be used, repeat if needed after 4 hr. Dose can be given via IM or IV inj.

Renal impairment: Dosage adjustments may be needed.

Intravenous

Sedation in minor surgical and medical procedures

Adult: 10-20 mg given via IV inj over 2-4 min.

Child: =1 mth: 100-200 mcg/kg via IV inj over 2-4 min, to be given immediately before the procedure. Max: 5 mg (up to 12 yr); 20 mg (up to 18 yr).

Renal impairment: Dosage adjustments may be needed.

Intravenous

Adjunct in seizures

Adult: 10-20 mg at a rate of 5 mg/min, repeat if needed after 30-60 min. Once the seizures have been controlled, up to 3 mg/kg may be given via slow IV infusion over 24 hr to prevent recurrence.

Child: 1 mth-12 yr: 300-400 mcg/kg over 3-5 min, repeat after 10 min if needed.

Renal impairment: Dosage adjustments may be needed.

Rectal

Severe anxiety

Adult: As rectal solution: 500 mcg/kg, repeated after 12 hr if necessary. As suppository: 10-30 mg.

Elderly: Dose reduction may be required.

Renal impairment: Dosage adjustments may be needed.

Rectal

Premedication before anaesthesia

Adult: As a rectal solution: 500 mcg/kg.

Child: As a rectal solution: Dose is based on age. 1-3 yr: 5 mg; 3-12 yr: 5-10 mg; 12-18 yr: 10 mg.

Elderly: Dose reduction may be required.

Renal impairment: Dosage adjustments may be needed.

Rectal

Adjunct in seizures

Adult: As rectal gel: 200-500 mcg/kg, repeated after 4-12 hr if necessary. Rectal solution may be appropriate for febrile convulsions, status epilepticus and convulsions due to poisoning; suppositories are not suitable due to slow absorption. Typical dose for rectal solution: 500 mcg/kg, repeated every 12 hr if needed; use other anticonvulsive measures is recommended if convulsions are not controlled by the 1st dose.

Child: >2 yr: As rectal gel: 200-500 mcg/kg, repeated after 4-12 hr if necessary. Rectal solution may be appropriate for febrile convulsions, status epilepticus and convulsions due to poisoning; suppositories are not suitable due to slow absorption. Typical rectal solution dose for children >10 kg: 500 mcg/kg, repeated every 12 hr if needed; recommended to use other anticonvulsive measures if convulsions are not controlled by the 1st dose.

Elderly: Dose reduction may be required.

Renal impairment: Dosage adjustments may be needed.

Rectal

Muscle spasms

Adult: As a rectal solution: 500 mcg/kg, repeat every 12 hr if needed.

Child: >10 kg: As a rectal solution: 500 mcg/kg, repeat every 12 hr if needed.

Elderly: Dose reduction may be required.

Renal impairment: Dosage adjustments may be needed.

Reconstitution: Do not mix IV product with other medications. Incompatibility: Y-site incompatibility: Dexmedetomidine, diltiazem, fluconazole, foscarnet, gatifloxacin, heparin, heparin with hydrocortisone sodium succinate, hetastarch, hydromorphone, potassium chloride, propofol, vecuronium, vitamin B complex with C, amphotericin B cholesteryl sulfate complex, atracurium, cefepime, linezolid, meropenem, pancuronium. Syringe incompatibility: Hydromorphone, nalbuphine, sufentanil, doxapram, glycopyrrolate, heparin. Admixture incompatibility: Furosemide, floxacillin, dobutamine, bleomycin, buprenorphine, doxorubicin, fluorouracil.

Administration

May be taken with or without food.

Overdosage

Symptoms: Somnolence, confusion, coma, diminished reflexes. Management: treatment is supportive and symptomatic. Gastric lavage may help to reduce absorption. As with the management of

intentional overdosage with any drug, it should be borne in mind that multiple agents may have been ingested. Flumazenil may be used for the complete or partial reversal of the sedative effects of benzodiazepines. However, the prescriber should be aware of the risk of seizure associated with flumazenil treatment, especially in long-term benzodiazepine users and in cyclic antidepressant overdose. Refer to flumazenil full package insert before use. Dialysis is of limited value.

Contraindications

Hypersensitivity; myasthenia gravis, preexisting CNS depression or coma, respiratory depression; acute pulmonary insufficiency or sleep apnoea syndrome; severe hepatic impairment; acute narrow angle glaucoma; children <6 mth (oral); pregnancy and lactation.

Special Precautions

Impaired renal and hepatic function, respiratory disease, organic cerebral changes, elderly, psychotic patients, epileptics, history of alcohol or drug addiction, impaired gag reflux, obese patients. May cause CNS depression. Discontinue treatment if patient develops psychiatric and paradoxical reactions. Caution when used in

patients with depression or anxiety associated with depression, especially if patient has suicidal risk. May increase risk of falls. Safety and efficacy of the inj have not been established in children <1 mth of age. Safety and efficacy of oral use have not been established in children <6 mth of age. Safety and efficacy of rectal gel have not been established in children <2 yr of age. Abrupt withdrawal or large dose reduction may cause rebound or withdrawal symptoms.

Adverse Drug Reactions

Psychological and physical dependence with withdrawal syndrome, fatigue, drowsiness, sedation, ataxia, vertigo, confusion, depression, GI disturbances, changes in salivation, amnesia, jaundice, paradoxical excitation, elevated liver enzyme values; muscle weakness, visual disturbances, headache, slurring of speech and dysarthria, mental changes, incontinence, constipation, hypotension, tachycardia, changes in libido, pain and thrombophlebitis at inj site (IV).
Potentially Fatal: Respiratory and CNS depression, coma.

Drug Interactions

Increased clearance of diazepam when used with phenytoin, carbamazepine and phenobarbital. Reversible deterioration of parkinsonism may occur when given together with levodopa. Combination with lithium may produce hypothermia. May need to reduce dose of narcotics when used concurrently.
Potentially Fatal: Phenothiazines, barbiturates, MAOIs potentiate action of diazepam. Additive CNS depressant effects with alcohol and CNS depressants or psychoactive medications. Mutual potentiation of action with analgesics, anaesthetics and some anticonvulsants.

Food Interaction

Grapefruit juice may increase serum levels and toxicity of diazepam. Levels may be reduced by St John's wort. Avoid valerian, kava kava, gotu kola and St John's wort.

Lab Interference

False-positive urinary glucose determinations.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Store at 20-25°C. Oral: Store at 15-30°C. Parenteral: Store at 20-25°C. Rectal: Store below 25°C.

Mechanism of Action

Diazepam is a long-acting benzodiazepine with anticonvulsant, anxiolytic, sedative, muscle relaxant and amnestic properties. It increases neuronal membrane permeability to chloride ions by binding to stereospecific benzodiazepine receptors on the postsynaptic GABA neuron within the CNS and enhancing the GABA inhibitory effects resulting in hyperpolarisation and stabilisation.

Absorption: Readily and completely absorbed from the GI tract, peak plasma concentrations after 30-90 min (oral). Rapidly absorbed, peak plasma concentrations after 10-30 min (rectal).

Distribution: Readily crosses the blood-brain barrier; redistributed into fat depots and tissues. Protein-binding: 98-99%.

Metabolism: Extensively hepatic; converted to desmethyldiazepam, oxazepam and temazepam.
Excretion: Urine (as free or conjugated metabolites). Elimination half-life: Rapid (initial), 1-2 days (terminal), 2-5 days (desmethyldiazepam).

CIMS Class

Anxiolytics / Anticonvulsants

ATC Classification

N05BA01 - diazepam; Belongs to the class of benzodiazepine derivatives anxiolytics. Used in the management of anxiety, agitation or tension.

*diazepam information:
Note that there are some more drugs interacting with diazepam
diazepam further details are available in official CIMS India
diazepam
diazepam brands available in India
Always prescribe with Generic Name : diazepam, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ALZEPAM tab ANXOL inj ANXOL tab CALMOD tab CALMPOSE amp CALMPOSE syr CALMPOSE tab CAMRELEASE-TR cap DIACLAM tab DIAZE amp DIAZECALM tab DIAZE-P tab DIPAX tab DIREC-2 rectal applicator DIZEP tab DIZEPAX tab DIZEPAX-M tab DIZEP-P inj ELCION CR cap JUNIZ-RDS supp LAKPAM tab LORI inj PACIQUIL tab PAXUM inj PAXUM tab PEACIN tab PLACIDOX inj PLACIDOX tab REC-DZ rectal applicator SILPREX tab STARLIUM inj SYZIRAL tab SYZIRAL-M tab VALIUM tab ZEPOSE amp ZEPOSE tab ZYCALM tab

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([all drugs])

diclofenac

CIMS Class : (Ophthalmic Decongestants, Anesthetics, Anti-inflammatories) , (Nonsteroidal Anti-inflammatory Drugs (NSAIDs))

diclofenac

P - Contraindicated in pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related diclofenac information

Indication & Dosage

Oral

Bursitis

Adult: As sodium: 75-150 mg daily in divided doses. Max: 150 mg/day.

Hepatic impairment: Dose adjustment may be needed.

Oral

Pain and inflammation associated with musculoskeletal and joint disorders

Adult: As sodium: 75-150 mg daily in divided doses. Max: 150 mg/day.

Hepatic impairment: Dose adjustment may be needed.

Oral

Sprains

Adult: As sodium: 75-150 mg daily in divided doses. Max: 150 mg/day.

Hepatic impairment: Dose adjustment may be needed.

Oral

Tendinitis

Adult: As sodium: 75-150 mg daily in divided doses. Max: 150 mg/day.

Hepatic impairment: Dose adjustment may be needed.

Oral

Strains

Adult: As sodium: 75-150 mg daily in divided doses. Max: 150 mg/day.

Hepatic impairment: Dose adjustment may be needed.

Oral

Acute gout

Adult: As sodium: 75-150 mg daily in divided doses. Max: 150 mg/day.

Hepatic impairment: Dose adjustment may be needed.

Oral

Dysmenorrhoea

Adult: As sodium: 75-150 mg daily in divided doses. Max: 150 mg/day.

Hepatic impairment: Dose adjustment may be needed.

Oral

Migraine

Adult: As potassium: Initially, 50 mg taken at the 1st sign of an attack, an additional dose of 50 mg may be taken after 2 hr if symptoms persist. If needed, further doses of 50 mg may be taken every 4-6 hr. Max: 200 mg/day.

Hepatic impairment: Dose adjustment may be needed.

Intravenous

Postoperative pain

Adult: As sodium: 75 mg infusion in 5% glucose or 0.9% sodium chloride given over 30-120 minutes, may repeat after 4-6 hr if necessary.

Hepatic impairment: Dose adjustment may be needed.

Intramuscular

Tendinitis

Adult: As sodium: 75 mg once daily, injected into the gluteal muscle, may increase to 75 mg bid in severe conditions.

Hepatic impairment: Dose adjustment may be needed.

Intramuscular

Strains

Adult: As sodium: 75 mg once daily, injected into the gluteal muscle, may increase to 75 mg bid in severe conditions.

Hepatic impairment: Dose adjustment may be needed.

Intramuscular

Sprains

Adult: As sodium: 75 mg once daily, injected into the gluteal muscle, may increase to 75 mg bid in severe conditions.

Hepatic impairment: Dose adjustment may be needed.

Intramuscular

Pain and inflammation associated with musculoskeletal and joint disorders

Adult: As sodium: 75 mg once daily, injected into the gluteal muscle, may increase to 75 mg bid in severe conditions.

Hepatic impairment: Dose adjustment may be needed.

Intramuscular

Bursitis

Adult: As sodium: 75 mg once daily, injected into the gluteal muscle, may increase to 75 mg bid in severe conditions.

Hepatic impairment: Dose adjustment may be needed.

Intramuscular

Acute gout

Adult: As sodium: 75 mg once daily, injected into the gluteal muscle, may increase to 75 mg bid in severe conditions.

Hepatic impairment: Dose adjustment may be needed.

Intramuscular

Dysmenorrhoea

Adult: As sodium: 75 mg once daily, injected into the gluteal muscle, may increase to 75 mg bid in severe conditions.

Hepatic impairment: Dose adjustment may be needed.

Intramuscular

Renal colic

Adult: As sodium: 75 mg, may repeat once after 30 minutes if needed. Max: 150 mg/day.

Hepatic impairment: Dose adjustment may be needed.

Intravenous

Prophylaxis of postoperative pain

Adult: As sodium: 25-50 mg infusion given after surgery over 15-60 minutes followed by 5 mg/hr. Max: 150 mg daily.

Hepatic impairment: Dose adjustment may be needed.

Ophthalmic

Postoperative ocular inflammation

Adult: As sodium (0.1% solution): Instill into the appropriate eye 4 times daily starting 24 hr after surgery for up to 28 days.

Ophthalmic

Prophylaxis of intra-operative miosis

Adult: As sodium (0.1% solution): Instill into the appropriate eye 4 times within 2 hr before surgery.

Ophthalmic

Post-photorefractive keratectomy pain

Adult: As sodium (0.1% solution): Instill into the eye twice in the hr before surgery, then 1 drop twice at 5-minute intervals immediately after surgery, then every 2-5 hr while awake for up to 24 hr.

Ophthalmic

Seasonal allergic conjunctivitis

Adult: As sodium (0.1% solution): Instill 1 drop into the affected eye(s) up to 4 times daily.

Ophthalmic

Pain and discomfort after radial keratotomy

Adult: As sodium (0.1% solution): Instill 1 drop before surgery followed by 1 drop immediately after surgery, and then 1 drop 4 times daily for up to 2 days.

Ophthalmic

Control of inflammation after argon laser trabeculoplasty

Adult: As sodium (0.1% solution): Instill 1 drop 4 times during the 2 hr before procedure followed by 1 drop 4 times daily, up to 7 days after procedure.

Ophthalmic

Inflammation and discomfort after strabismus surgery

Adult: As sodium (0.1% solution): Instill 1 drop 4 times daily for the 1st wk; then tid in the 2nd wk, bid in the 3rd wk, and as required for the 4th wk.

Ophthalmic

Pain after accidental trauma

Adult: As sodium (0.1% solution): Instill 1 drop 4 times daily for up to 2 days.

Topical/Cutaneous

Local symptomatic relief of pain and inflammation

Adult: As sodium (1% gel): Apply onto affected area 3-4 times daily.

Hepatic impairment: Dose adjustment may be needed.

Topical/Cutaneous

Osteoarthritis

Adult: As sodium (1.6% solution): Apply in small amounts (20-40 drops) onto affected area 4 times daily.

Hepatic impairment: Dose adjustment may be needed.

Topical/Cutaneous

Actinic keratoses

Adult: As sodium (3% gel): Apply bid for 60-90 days.

Hepatic impairment: Dose adjustment may be needed.

Rectal

Postoperative pain

Adult: 75-150 mg daily, in divided doses (25 mg, 50 mg and 100 mg suppositories only). Max: 150 mg/day (inclusive of diclofenac administered through other routes).

Child: 6-12 yr: 1-2 mg/kg/day in divided doses (12.5 mg and 25 mg suppositories only) for max of 4 days.

Hepatic impairment: Dose adjustment may be needed.

Administration

Should be taken with food. (Take immediately after meals.)

Overdosage

Symptoms: Lethargy, drowsiness, nausea, vomiting, and epigastric pain, GI bleeding. Hypertension, acute renal failure, respiratory depression, anaphylactoid reactions and coma may occur rarely. Treatment in symptomatic and supportive. Emesis and/or activated charcoal and/or osmotic cathartic may reduce drug absorption if present within 4 hr of ingestion. Forced diuresis, alkalinisation of urine, haemodialysis, or haemoperfusion unlikely to be useful.

Contraindications

Active peptic ulcer; hypersensitivity to diclofenac or other NSAIDs. Treatment of perioperative pain in CABG surgery. 3rd trimester of pregnancy. Topical: Not to be applied onto damaged or nonintact skin.

Special Precautions

History of GI ulceration; impaired cardiac, renal or hepatic function; hypertension; lactation. IV admin in patients with moderate or severe renal impairment; hypovolaemia or dehydration; asthma, porphyria. Monitor LFTs in patients on prolonged therapy. May prolong bleeding time; caution when used in patients with coagulation disorders or on anticoagulants. Prolonged therapy may increase risk of anaemia. 1st and 2nd trimester of pregnancy. Elderly, debilitated patients.

Adverse Drug Reactions

GI disturbances; headache, dizziness, rash; GI bleeding, peptic ulceration; abnormalities of kidney function. Pain and tissue damage at Inj site (IM); local irritation (rectal); transient burning and stinging (ophthalmic).
Potentially Fatal: Stevens-Johnson syndrome, exfoliative dermatitis, toxic epidermal necrolysis.

Drug Interactions

Not to be given IV to patients who are receiving other NSAIDs or anticoagulants including low dose heparin. Renal function may be worsened when used with ciclosporin or triamterene. Altered

absorption when given with sucralfate, colestyramine or colestipol. Ophthalmic application of diclofenac may reduce the efficacy of ophthalmic acetylcholine and carbachol. Increased risk of GI ulceration and bleeding when used with corticosteroids, aspirin or anticoagulants.

Potentially Fatal: Increases blood levels of digoxin, lithium and methotrexate. Potentiate potassium-sparing diuretics.

Food Interaction

Slow absorption of enteric-coated tab when given with food.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

D in 3rd trimester or near delivery.

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Intramuscular: Store at 15-30°C. Intravenous: Store at 15-30°C. Ophthalmic: Store at 15-30°C. Oral:Store at 15-30°C. Rectal: Store at 15-30°C. Topical/Cutaneous: Store at 15-30°C.

Mechanism of Action

Diclofenac has potent anti-inflammatory, analgesic and antipyretic actions. It inhibits the enzyme, cyclooxygenase, thus resulting in reduced synthesis of prostaglandin precursors.

Absorption: Rapidly absorbed (oral solution, rectal suppository, IM); more slowly (enteric-coated tab).

Distribution: Penetrates synovial fluid; enters breast milk (small amounts). Protein-binding: >99%.

Metabolism: Extensively hepatic; converted to metabolites.

Excretion: About 60% excreted in urine as glucuronide and sulfate conjugates; 35% in bile; 1-2 hr (elimination half-life).

CIMS Class

Ophthalmic Decongestants, Anesthetics, Anti-inflammatories / Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

ATC Classification

D11AX18 - diclofenac;
M01AB05 - diclofenac; Belongs to the class of acetic acid derivatives and related substances of non-steroidal antiinflammatory and antirheumatic products. Used in the treatment of inflammation and rheumatism.
M02AA15 - diclofenac; Belongs to the class of non-steroidal antiinflammatory preparations for topical use. Used in the treatment of joint and muscular pains.
S01BC03 - diclofenac; Belongs to the class of non-steroidal antiinflammatory agents. Used in the treatment of inflammation of the eye.

*diclofenac information:

Note that there are some more drugs interacting with diclofenac

diclofenac further details are available in official CIMS India

diclofenac

diclofenac brands available in India

Always prescribe with Generic Name : diclofenac, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : 3-D gel ACLOMAX INJ amp ACTFIT GEL gel ACTFIT inj ACTFIT SR-tab ACTFIT tab ACTIMOL-S tab ADGEL gel ADGEL-O oint ADIC-K inj ADIFLAM GEL gel ADIFLAM INJ IM/IVinj ADLIN gel ADPEP-D tab ADS tab AGILE INJ inj AGILE-GEL gel AGILE-K tab ALDASE-D tab ALDIDASE tab ALEFEN inj AMIDASE-D tab AMIZOX gel ANTIFLAM inj ARA GEL gel ARAM GEL oint ARGESIC inj ARIFNAC gel ARK-75 tab ARMDIC TAB tab ARTIDIN tab ARTIFEN-D gel ARTILOV GEL gel ARTILOV tab ATODASE-D tab AVISERA-MR tab BECONAC amp BESTODEK inj BIDNAC GEL gel BINPAIN gel BIODASE-D tab BIOFLEX gel BIONAC inj BIOPEP-D tab BIORAN RAPID tab BIOZOBID tab B-NAC vial CADMAX amp CANNACT enteric-coated tab CAPSIGYL-D GEL gel CAREDEC inj CATASPA tab CEFLAME-K tab CHYMORAL DS tab CIPZEN-D tab CLOPAR DPS. eye drops CLOPAR GEL

gel CLOPAR INJ inj CODERAN tab COFENAC GEL gel COMBINAC amp COMBINAC GEL gel COMBISPAS INJ amp C-SERRA-D dispertab CUGA film-coated tab CULIN GEL gel CURE tab CUZEN-DP tab CYS-D tab CYTODEC tab D.F.O gel DACPAR GEL gel DACPAR-S enteric-coated tab DACRON gel DAZE-D tab DEECLO GEL gel DEEPAS amp DEFCIN amp DELAXIN enteric-coated tab DELAXIN-M oint DELBITOL-50 inj DELBITOL-50 tab DELTA-K tab DEMO film-coated tab DEMO-S film-coated tab DEPAIN GEL gel DEPAS amp DERSY SR-tab DEVONA inj DEVONA-S tab DICIN tab DICLAM inj DICLASIA inj DICLOACT enteric-coated tab DICLOACT-SR film-coated tab DICLOAT inj DICLOAT-GEL oint DICLOBIT amp DICLOBIT GEL gel DICLODOL amp DICLO-DT DT-tab DICLODYNE GEL gel DICLOFAM GEL gel DICLOFAM inj DICLOFAM SR-cap DICLOFAM tab DICLOFAST DT-tab DICLOFEN amp DICLOFEN tab DICLOFENAC inj DICLOFENAC INJ inj DICLOFLAM inj DICLOFLAM SP tab DICLOFLAM tab DICLOFLAME GEL gel DICLOFLAME inj DICLOFLAME tab DICLOGEN PLUS gel DICLOGENTA eye drops DICLO-K tab DICLOLAB eye/ear drops DICLOLAB GEL gel DICLOLAB INJ inj DICLOMA inj DICLOMAX inj DICLOMAX POWER GEL gel DICLOMAX SR-tab DICLOMAX tab DICLOMOL amp DICLOMOL GEL gel DICLOMOL SR-tab DICLOMOVE

inj DICLOMOVE tab DICLOMOVE-NDS cream DICLOM-SP tab DICLONAC enteric-coated tab DICLONAC GEL gel DICLONAC inj DICLONAC SR film-coated tab DICLONET INJ amp DICLONIJ-DT dispertab DICLONIJ-K tab DICLONIJ-SR tab DICLONIP inj DICLONOVA INJ vial DICLONOVA tab DICLOPACE-CI GEL gel DICLOPEP enteric-coated tab DICLORAN inj DICLORAN SR-tab DICLORAN tab DICLORAN-MS oint DICLORIZ GEL gel DICLOSEF tab DICLOSTAR IM-amp DICLOTAL dispertab DICLOTAL GEL gel DICLOTAL inj DICLOTAL SR-film-coated tab DICLOVAR amp DICLOWIN ACTIVE gel DICLOWIN tab DICLOZED amp DICLOZED-GEL oint DICNAC GELINO gel DICNAC tab DICNAC-AQS amp DICNACX inj DICNACX-S tab DICNAP GEL gel DICO amp DICO tab DICOL eye drops DICOL GEL gel DICOLIV amp DICOLIV GEL gel DICOLIV SR-tab DICOLIV vial DICOLIV-S tab DICOL-S tab DIC-OM SR cap DICOS inj DICRON inj DICRON tab DICVEN enteric-coated tab DIFENAC GEL gel DIFENAC tab DIFENIC eye drops DIFIN inj DIFIN PLUS GEL gel DIFIN-S tab DIFISAL SR-tab DIFISAL tab DIKLOFEN supp DIKONB inj DIKUL amp DIKUL SP TABS tab DIKUL TAB tab DIL SE tab DILOFEN EC-tab DILOFEN inj DILONA EYE eye drops DILONA inj DILONA-SP tab DINECOL-GEL cream DION GEL gel DION tab DIOPRA cap DISER tab DISORAL mouthwash DIVEXX tab DIVEXX-GEL

gel DIVON enteric-coated tab DIVON GEL gel DIVON GEL spray DIVON inj DIVON SR-tab DIVON-S enteric-coated tab DIXER-S tab DLF-SR tab D-NOVA gel DOFEC EC-tab DOFEC inj DOFEC PLUS GEL gel DOFEC-S tab DOFLEX SR-tab DOFLEX tab DOL-3a tab DOLACT GEL gel DOLACT INJ inj DOLOBID-M oint DOLOCIDE PLUS gel DOLOCIDE-K tab DOLOPAR GEL gel DOLZY inj DORDASE-DP tab DS-15 GEL gel DS-15 TAB film-coated tab DSM-GEL oint DUFEX CAPS cap DUOFLAM GEL gel DUOFLAM SPY spray DYNAPAR enteric-coated tab DYNAPAR INJ vial DYNAPAR PPI SR-cap DYNAPAR SR-tab DYNAPAR-AQ amp E-DICLO-GEL oint ELWIN-PLUS gel EMANZEN-D film-coated tab EMFLAM GEL gel EMFLAM inj EMFLAM tab E-NAC eye drops ENZOFLAM GEL gel ENZOVEXX tab E-PAR amp ERASE-D tab ESGIPYRIN DS inj EVERSER-D tab EXFLAM GEL gel EXFLAM inj EXFLAM tab FEGAN eye drops FELINI gel FELINI SPRAY spray FENAC inj FENAC tab FENBEST TAB film-coated tab FENDASE SR-enteric-coated tab FENGEL gel FENGEL OINTMENT oint FENSAID GEL gel FENSAIDE inj FENSAIDE SR-tab FENSAIDE tab FENTO amp FILCO-S tab FLAMESE EC-tab FLAMESE INJ inj FLANZED-D enteric-coated tab FLASER-D tab FLEXIBEL GEL gel FLEXIGESIC GEL gel FLEXIGESIC INJ amp FLEXIGESIC-K SR-tab FLEXIGESIC-S tab FLEXURA-D tab FORJOINT GEL gel FREEDOM FORTE

tab FREEDOM tab FREMOV GEL gel GELOSPI gel GIC-75 amp GINAC tab GODIC-S tab HALORAN SR-tab HALORAN tab HEALPIL tab HIDICLODASE tab HOOKY oint HYDASE-D film-coated tab I-GESIC eye drops IJM-GEL oint IMFLAMOL-SR SR-tab INAC amp INAC dispertab INAC GEL gel INAC tab INAC TR-tab INDOFEN amp INDOFEN-E eye drops INFLAKOD tab INSIDER tab INTAGESIC GEL gel INTASE DF tab INTRAGESIC GEL gel INTRAGESIC-INJ inj JONAC GEL gel JONAC inj JONAC SUPP supp JONAC tab JUSGO gel JUSGO SPY spray JUSTIN INJ inj JUSTIN SUPP supp KINETO-D tab KINSER-DP tab KLICK tab KLOSER-D GEL gel KMR GEL gel KNAC tab KURDASE-D tab LABDIC RELIEF gel LABDIC RELIEF TAB tab L-DIVON GEL gel LEBEC-D tab LEEMAX amp LENEX GEL gel LENIN-D oint LINIF LOTION lotion LIPCY GEL gel LIPCY inj LIPCY SR-tab LIPCY tab LOFEN GEL gel LOFY inj LYSER-D tab LYSOFLAM GEL gel MAHADOL GEL gel MARDASE-K tab MAXOFLAM GEL gel MEDICREME-STRONG cream MEGADASE-D tab MICRODASE-D tab MINDOL INJ vial MISHANAC inj MISONAC tab MISONAC-SR tab MOBIAID inj MOBIAID SR-tab MOBIAID tab MOBIGEL gel MOBINORM-S tab MOBISWIFT-D tab MOBYLE GEL gel MORTRIN gel MOSVAR gel MOVONAC CRM cream MOVONAC inj MOVONAC SR-tab MOVONAC tab MUSCODAC gel NAC amp NAC GEL gel NAC

SR-tab NAC tab NACLO GEL gel NACLO inj NACLO tab NACLO TR-cap NACLOMOL GEL gel NACMOL PLUS GEL gel NAC-P inj NACPO GEL gel NACSER D tab NACSER gel NAL-M amp NEODOL-50 inj NEODOL-50 tab NEODOL-K tab NEULAB D softgel NEUROPHEN-COMPOUND soft-gelatin caps NICLOFEN-GEL gel NICLOFEN-S film-coated tab NIDI SPAS inj NIFDEC vial NIFGEL gel NIMULASE-D tab NOBEL GEL gel NOBEL SPAS INJ amp NOCTEL INJ inj NOCTEL oint NOVALINI gel NOVASPAS inj NOVASPAS tab NOVOFEN gel NOVOFLAM-DT dispertab NOVOGEL gel NOVONAC gel NSAID EYE eye drops NUDICLO SR-tab NUFENAC amp NUFENAC GEL gel NUFENAC SR-tab NUFENAC tab NUGESIA GEL oint NUGESIA-SP tab NUPATCH patch ODONAC eye drops OMINI GEL gel ONAFEN INJ amp ONAFEN-GEL oint ONTAC tab OPTASE-D tab OPTASE-DC tab ORONAC GEL gel ORONAC inj ORONAC SR-tab ORONAC tab ORRA-D tab ORTHOCOS oint ORTHOCURE oint ORTHODAC GEL gel ORTHORIS oint OSTEOFLAM GEL gel OSTEOFLAM INJ amp OSTEOFLAM INJ vial OSTEOFLAM tab OXALGIN eye drops OXALGIN GEL gel OXALGIN-D amp OXALGIN-SR tab OXYNAL inj PAINKAIR inj PANAMA inj PANAMA OINT oint PARAFORTAN INJ amp PARIL gel PEPDIC tab PEPSUN-D tab PEPTINIM-D tab PEPZEN-D tab POWERFLAM GEL

gel POWERGEL gel POWERGESIC PLUS gel PREMINAC-S tab PRIMEDASE-D tab PROFENAC eye drops R CLONAC cap RAPINAC inj RASEN tab REACTINE inj REACTINE SR-tab REACTINE tab RELAXYL DA gel RELAXYL GEL gel RELAXYL SPRAY spray RELAXYL TAB SR-tab RELAXYL TAB tab RELAXYL-S enteric-coated tab RELIGEL gel RELIGEL-PC gel RELITASE tab RELIVO GEL gel RIDASE-D tab ROZADIN gel RUBEX GEL gel RUBIGEL gel RUNAC GEL gel RUNAC inj RUNAC SR-tab RUNAC tab SAFEDICLO cap SAFEGUARD enteric-coated tab SAFEGUARD-SR enteric-coated tab SCOT-D tab SD-15 cap S-DOL-D tab SENIC tab SENTER-D tab SEPT-D tab SEPTIDASE-D enteric-coated tab SERADIC enteric-coated tab SERADIC GEL gel SERAL-D tab SERANAVI tab SERAPRO-D tab SERATAUR-D10 tab SERAZYME-DP tab SEREN-D tab SERFLAM D film-coated tab SERIP tab SERIZ-D tab SEROFIN inj SEROFIN PLUS tab SEROS-D tab SEROUS-D tab SERRA-D tab SERRALEX-DP tab SERRAS-D tab SERRINOVA tab SERRINT-D tab SERRODASE-D tab SERRONAK tab SIDER-K tab SN-15 GEL gel SOFTIHEAL tab SOLAN-D oint SOLUDOL dispertab SPADO INJ amp STARDASE-D tab SUBSYDE GEL gel SUBSYDE-CR CR-tab SWELIN-D tab SYMDASE tab SYNAC gel SYNOTRIP-D tab SYNOVIAL tab SYSER-D FC-tab SYSTAFLAM GEL gel TAB SERRODASE-D tab TANZEN-D

tab TERASE tab TISE inj TOLPA-D EC-tab TOPAC gel TRIFENAC inj TRIFENAC-S tab TRIPS film-coated tab TRIPS-K film-coated tab TROMAGESIC tab TROMAX inj TROMAX tembid ULTRADASE enteric-coated tab UNIDIC INJ inj UNIDIC-LA gel UNIDIC-S tab UNIGEL gel V-2 tab VALET amp VALET tab VALET-S tab VALIDAY enteric-coated tab VALIDAY suscap VALISIA gel VARDASE-K tab VERNAC gel VERNAC INJ inj VERUB gel VIRON-SR SR-tab VIVIAN 50 tab VIVIAN ROLL ON gel VOLDIC-GEL gel VOLFLAM-SR tab VOLICAD GEL gel VOLINI GEL gel VOLINI SPRAY spray VOLINI SR-tab VOLINI TAB tab VOLISYM oint VOLNAB gel VOLTAFLAM tab VORAC eye drops VOVENAC GEL gel VOVENAC tab VOVERAN dispertab VOVERAN EMULGEL gel VOVERAN inj VOVERAN OPHTHA eye drops VOVERAN SR-tab VOVERAN tab VOVERAN THERMAGEL gel VOVERAN-D dispertab WISER-DK tab WISNAC-R cap WISNAC-S tab XEROFLAM GEL gel XIDOL GEL gel XIDOL-K inj XMAS GEL gel ZENASE-D tab ZINASE-D tab ZIX-50 tab ZOBID GEL gel ZOBID inj ZOBID-D tab ZOBID-SR tab ZOTADASE-K tab ZOVENAC inj ZOVENAC tab ZOXUS GEL gel ZUPEP-DP tab ZYSER-D tab

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([all drugs])

diclofenac + paracetamol

CIMS Class : (Nonsteroidal Anti-inflammatory Drugs (NSAIDs)) , (Analgesics (Non-Opioid) & Antipyretics)

diclofenac + paracetamol

P - Caution when used during pregnancy

L - Caution when used during lactation

related diclofenac + paracetamol information

Indication & Dosage

Oral

Pain and inflammation associated with musculoskeletal and joint disorders

Adult: Per tablet contains diclofenac sodium 50 mg and paracetamol 500 mg. 1 tablet tid.

Contraindications

Hypersensitivity, active peptic ulcer or GI bleeding, history of allergic responses to aspirin or other NSAIDs, acute porphyria.

Special Precautions

Analgesic nephropathy, renal or hepatic impairment, hypertension, cardiac failure, bronchospasm, patients taking diuretics and elderly, lactation.

Adverse Drug Reactions

GI disturbances, nephrotic syndrome, epigastric pain, nausea, vomiting, diarrhoea, hepatitis, rash, pruritus, wheezing, bronchospasm, prolonged bleeding time.
Potentially Fatal: Bleeding or perforation through peptic ulcer, rarely blood dyscrasia or anaphylaxis, acute renal failure.

Drug Interactions

Potentiates potassium-sparing diuretics. Reduced serum levels of salicylates.
Potentially Fatal: Increased levels of lithium, digoxin and methotrexate.

Mechanism of Action

Diclofenac is a NSAID (NSAID). Paracetamol is an analgesic and antipyretic. When used together, the actions of paracetamol set in

earlier and provides pain relief before the effects of diclofenac Na set in.

CIMS Class

Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Analgesics (Non-Opioid) & Antipyretics

ATC Classification

D11AX18 - diclofenac;
M01AB05 - diclofenac; Belongs to the class of acetic acid derivatives and related substances of non-steroidal antiinflammatory and antirheumatic products. Used in the treatment of inflammation and rheumatism.
M02AA15 - diclofenac; Belongs to the class of non-steroidal antiinflammatory preparations for topical use. Used in the treatment of joint and muscular pains.
N02BE01 - paracetamol; Belongs to the class of anilide preparations. Used to relieve pain and fever.
S01BC03 - diclofenac; Belongs to the class of non-steroidal antiinflammatory agents. Used in the treatment of inflammation of the eye.

*diclofenac + paracetamol information:

Note that there are some more drugs interacting with diclofenac + paracetamol

diclofenac + paracetamol

diclofenac + paracetamol brands available in India

Always prescribe with Generic Name : diclofenac + paracetamol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : 3-PIN tab ACETONAC tab ACTFIT-P tab ACTIMOL tab ACTIZOBID tab ADIFLAM COMPOUND tab AGILE tab AGILE-S tab ALDIDASE-P tab AMIDASE-DP tab ANAIDA tab ARGESIC PLUS tab ARMDIC PLUS TAB tab ARMDIC SP TAB SRtab ASOLT tab ASOLT-AT tab AVIFEM tab AVISERA PLUS tab AZET PLUS tab BESTEC tab BIDNAC tab BIONAC-FORTE tab BIOZOBID PLUS tab BUTACORT-DP tab BUTA-M tab BUTAPROXYVON cap CEFLAME tab CEP-DP tab CLOMET-P tab C-NAC tab COFENAC tab COMBIGESIC-DP tab COMBINAC TAB tab CUGA PLUS film-coated tab CYTODEC FORTE tab DACPAR tab DACRON-PLUS tab DAZE-DP tab DAZINA-DP tab DECIZOX tab DEFENAC-P tab DELFINA PLUS tab DELOCK-MR tab DEMO-P film-coated tab DEMO-SP film-coated

tab DENTAIN tab DEVONA PLUS tab DIAZOX amp DIAZOX tab DIC-550 tab DICIOSIS tab DICLOACT PLUS tab DICLOAT-PLUS tab DICLOBIT TAB tab DICLOFAM PLUS tab DICLOFLAM P tab DICLOFLAM PLUS tab DICLOGEN PLUS TAB tab DICLOGESIC tab DICLOHILL-P tab DICLOLAB PLUS tab DICLOMOL TAB tab DICLOMOVE-P tab DICLONAC-P tab DICLONIJ-KP tab DICLONOVA P tab DICLOPEP PLUS film-coated tab DICLORAN-A tab DICLOSAR-P tab DICLOSIM tab DICLOSYM tab DICLOTAB tab DICLOTAL FORTE tab DICLOTOP tab DICLOVAR-CZ tab DICLOVAR-PLUS tab DICLOWIN PLUS tab DICLOZED-PLUS tab DICNAC-P tab DICNACX-P inj DICNACX-SP tab DICNAP tab DICO P tab DICOLIV PLUS tab DICOL-PLUS tab DICRON PLUS tab DICULONE tab DICVEN PLUS tab DIFENAC PLUS tab DIFIN PLUS tab DIFISAL PLUS tab DIKPA inj DIKPA tab DIKUL P TABS tab DILOFEN-P tab DILONA PLUS tab DILOPHEN-SP tab DION-P tab DIPAL-F tab DIPCLO-MR tab DIVEXX-P tab DIVON PLUS tab DIXFREE-SP tab DODO tab DOFLEX PLUS tab DOLACT tab DOLOCIDE-KP tab DOLOFENAC tab DOLWIN tab DON tab DORDASE-D tab DP GESIC tab DSP tab DUAL GESIC tab DUBLACT inj DYNAPAR L.D cap DYNAPAR TAB tab EBILITY tab E-FEN tab EMANZEN-DP film-coated tab ENZOFLAM tab ESGIPYRIN tab FENAC-P tab FENADEC PLUS film-coated tab FENDIC PLUS

tab FENSAIDE-P tab FLAMAR-DP tab FLAMESE-K tab FLANZEN-DP tab FLEXIGESIC tab FLOZEN PLUS tab FORGESIC-SP tab FRENAC PLUS film-coated tab GIC-SR tab HALORAN PLUS tab HIDICLO PLUS tab HIDICLO tab IBUGESIC PLUS-NF tab IBUMAX TAB tab IMFLAMOL-C tab INAC-P tab INFLARYL-AD tab INTAGESIC tab INTRAGESIC tab JONAC PLUS tab KINETO DP tab KURDASE PLUS tab LIPCY-A tab LUPIVON-D tab LYSER-DP film-coated tab LYSOFLAM amp LYSOFLAM tab MAGADOL TAB tab MAXIGESIC tab MAXOFLAM film-coated tab MAXOFLAM-D tab MAXREL tab MEDINAC FORTE film-coated tab MICRODASE-DP tab MOBINORM tab MOBITONE tab MOVEX-SP tab MYDIC-S tab NAC PLUS tab NACLOMOL tab NACLOMOL-K tab NACLOMOL-S tab NAL-PM amp NEUROPHEN TAB tab NICLOPAR-S film-coated tab NOVODEX cap N-PAIN RELIEF tab NUMOL tab ONAFEN tab ORONAC PLUS tab ORTHODAC tab OSDIP tab OSYNEC-K tab OXALGIN-DP tab OXYBUTA tab OXYNAL-P tab OXYPAMOL-D tab PAINKAIR TAB tab PAMAGIN PLUS tab PANAMA-D tab PARACIP PLUS tab PARADIC tab PARAFORTAN tab PARATEL-DS tab PARAZOBID tab PARDIC tab PEPDIC FORTE tab PEPDIC PLUS tab POWERFLAM tab PREMINAC-SP tab REACTINE PLUS tab REACTINE-PM tab REDUCIN-A tab RELAX tab RELAXYL

PLUS tab RELIEF-SD tab RELITASE FORTE tab RELITASE PLUS tab RIDASE PLUS tab RUNAC-P tab RYDOL tab SANCER-D tab SCOT PLUS tab SCOT tab SCOT-MR tab SERADIC-P film-coated tab SEREN-DP tab SEREZON PLUS tab SERIZ PLUS tab SEROFIN-DP tab SEROMARK tab SERRA-DP tab SERRALEX PLUS tab SERRAS-DP tab SERROPAR-K tab SERTIFEN-D tab SIAPAIN RELIEF tab SIDER-P tab SIXER tab SIXER-A tab STRUMA tab SUBSYDE-P tab SUDASE-DP tab SYNOTRIP-DS tab SYSER-DP tab TECLOMOL tab TECLOMOL-Z tab TEEPRO tab TERASE-10 tab TOLFEN-NF tab TRIFENAC-SP tab ULTRAFLAM tab UNIDIC-A tab V-2 PLUS tab VALET-PM amp VALET-SP tab VIDGESIC tab VIVOGESIC PLUS tab VOLFLAM PLUS tab VOLFLAM-D tab VOVENAC PLUS tab WARTOF PLUS tab WIKIGESIC-SP tab WINPAIN tab WISNAC-SP tab XEROFLAM tab XIONAC tab XIONAC-SP tab ZAX-KP tab ZENASE-DP tab ZINASE-DP tab ZONE-MR tab ZOTADASE-DP tab ZOXUS tab ZUDICO tab ZYSER-DP tab

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([all drugs])

dicycloverine hydrochloride

CIMS Class : (Antispasmodics)

dicycloverine hydrochloride

P - Caution when used during pregnancy

L - Contraindicated in lactation

related dicycloverine hydrochloride information

Indication & Dosage

Oral

Gastrointestinal tract spasm

Adult: 10-20 mg tid.

Child: 2-12 yr: 10 mg tid; 6 mth-2 yr: 5-10 mg 3-4 times daily.

Elderly:

Intramuscular

Gastrointestinal tract spasm

Adult: 20 mg 4 times a day given only for 1-2 days. Replace with oral therapy as soon as possible.

Administration

Dicycloverine: May be taken with or without food. (May be taken before or after meals.)

Overdosage

Symptoms: headache, dizziness, nausea, dry mouth, difficulty in swallowing, dilated pupils and hot dry skin. Management: treatment is symptomatic. Reduce drug absorption by emetics or gastric lavage.

Contraindications

Intestinal obstruction; intestinal atony; myasthenia gravis; glaucoma; reflux oesophagitis; infants <6 mth; lactation.

Special Precautions

Hepatic or renal disease, urinary retention, paralytic ileus, hyperthyroidism, hypertension, congestive heart failure, cardiac tachyarrhythmia, children, elderly, pregnancy.

Adverse Drug Reactions

Difficulty in accommodation, exacerbation of glaucoma; tachycardia, palpitations, arrhythmias; urinary retention; restlessness; confusion, excitement, hallucination and delirium.
Potentially Fatal: Respiratory arrest in infants <10 wk.

Drug Interactions

Antagonise the effect of drugs that affect GI motility e.g. metoclopramide. Absorption affected by concurrent admin with antacids.

Storage

Intramuscular: Store below 30°C. Oral: Store below 30°C.

Mechanism of Action

Dicycloverine HCl relieves smooth muscle spasm in the GI and urinary tract. This effect is partly due to antimuscarinic action and partly direct action on the smooth muscle.

CIMS Class

Antispasmodics

ATC Classification

A03AA07 - dicycloverine; Belongs to the class of synthetic anticholinergics, esters with tertiary amino group. Used in the treatment of functional bowel disorders.

*dicycloverine hydrochloride information:
Note that there are some more drugs interacting with dicycloverine hydrochloride
dicycloverine hydrochloride
dicycloverine hydrochloride brands available in India
Always prescribe with Generic Name : dicycloverine hydrochloride, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ACTISPAS PLUS tab AGLOPAM tab ARSULIDE-D tab AVID PLUS tab BETASPASM FORTE tab BRAL film-coated tab CENTWIN INJ inj CENTWIN susp CENTWIN tab CLOACT film-coated tab CLOACT susp COLICSPAM drops COLICSPAM susp COLICSPAM TAB tab COLIDEX tab COLIGON PLUS tab COLIGON tab COLIGON-O film-coated tab COLIMEF tab COLIMEX drops COLIMEX tab COLINET tab COLIRID tab COLISPAS P-drops COLISPAS tab COLISPAS TAB tab COLIXIN MPS tab COLIZA INJ inj COMBISPAS DPS drops COMSPA tab CYCLOCOS tab CYCLOMEFF tab CYCLO-P

cap CYCLOPAM drops CYCLOPAM INJ amp CYCLOPAM INJ vial CYCLOPAM PLUS tab CYCLOPAM susp CYCLOPAM TAB tab CYCLOSYM tab CYCLOWIN drops CYCLOWIN tab CYCLOZED tab CYCLOZED-N tab CYCLOZOBID tab CYPA tab DAM-SPAS DPS P-drops DAM-SPAS tab DECOLIC INJ amp DECOLIC-V tab DICLOGESIC SPAS tab DICLONIJ SPAS tab DICLOSPA TAB tab DICOMIN tab DICYCLOME-P tab DICYCLOMINE inj DIOSPAS tab DOLOSPAN tab DOMSPAS tab DP-SPAS amp DP-SPAS tab DP-SPAS vial DUOSPAN 70 tab DYMEF-260 tab DYNAMET tab DYSMEN tab DYSMEN-INJ inj DYSMERYL tab DYSPAS tab EFESPAS tab EGINOR tab ENDOSPAS susp ENDOSPAS TAB tab FRI-SPAS drops FRI-SPAS tab FRISPAS-P tab GEFSPASS tab GRIPRID tab HASPAS drops HYVON-SPAS cap JAGRIL-SPAS tab KOLISPAS tab LITSPAS drops LOWDOL tab LUPISPAS inj MAFIA tab MEFAC-SPAS tab MEFAMIC-D tab MEFAR-PD tab MEFATIN SPAS tab MEFCIL-SPAS 20 tab MEFCIL-SPAS tab MEFDIC tab MEFDOL SPAS tab MEFLAXIN tab MEFMIN SPAS tab MEFNIC SPAS tab MEFSAID tab MEFSYM-PLUS tab MEFSYM-SPAS tab MEFTAGESIC tab MEFTAL-SPAS DROPS drops MEFTAL-SPAS DS-tab MEFTAL-SPAS INJ amp MEFTAL-SPAS SUSP susp MEFTAL-SPAS tab MEFZE SPAS tab MERISPAS tab MESPAS tab NELSID-D tab NEUROSPAS cap NEUROSPAS

DROPS drops NEUROSPAS-MF tab NICISPAS tab NIDIC tab NIMKUL DCM tab NIMSPA tab NIMSPAS tab NIMUSPAS tab NORMOSPAS tab NT-SPAS inj NT-SPAS TAB tab NTSPASS tab ORLIDOX-D tab PAMOL DCM tab PARASPAS tab PARVON SPAS cap PASM tab PEDICOL liqd P-SPA tab QSPAM tab RELIPEN film-coated tab RESPAS liqd SENITA SPAS tab SOMASPAS film-coated tab SPAROT tab SPASDIC-M tab SPASDRIV tab SPASGUN tab SPASID DROPS drops SPASID tab SPASIN-D tab SPASKID drops SPASLIN tab SPASLIN-M tab SPASMAGIN tab SPASMED tab SPAS-MF tab SPASMINDON P-drops SPASMINDON tab SPASMOBAN DROPS drops SPASMOBAR cap SPASMOCIP PLUS cap SPASMODART tab SPASMODIP PLUS tab SPASMO-FLEXON tab SPASMONICE tab SPASMONIL drops SPASMONIL INJ inj SPASMONIL PLUS tab SPASMONIL tab SPASMO-PROXYVON cap SPASMO-PROXYVON FORTE amp SPASMO-PROXYVON INJ inj SPASMOVEN tab SPASMOVON cap SPASNIC tab SPASREM drops SPASWIN tab SPAZ tab SPAZOF DPS drops SPAZOF SUSP susp SWISPAS INJ amp SWISPAS INJ vial SWISPAS TAB tab SWISPAS-M tab SYNALGESIC tab TAB ACISPAS tab TEVNIC tab TIFNIM SPAS tab TOPSPAS tab TRIGAN MF tab TRIGAN-D INJ inj TRIGAN-D tab XIONSPAS tab ZE-SPAS tab ZIDIUM-SPAS tab ZYPAS tab

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([all drugs])

didanosine

CIMS Class : (Antivirals)

didanosine

P - Caution when used during pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related didanosine information

Indication & Dosage

Oral

HIV infection

Adult: As tablet/capsule: =60 kg: 400 mg daily as a single dose or in 2 divided doses; <60 kg: 250 mg daily as a single dose or in 2 divided doses.

Child: 2 wk-8 mth: 100 mg/m2 bid; >8 mth: 120 mg/m2 bid. For chewable or dispersible tablets: >3 mth: 240 mg/m2 daily or 180 mg/m2 daily if given with zidovudine; doses may be given in 1-2 divided doses. For enteric-coated capsules: >6 yr: 240 mg/m2 daily or 180 mg/m2 daily if given with zidovudine.

Renal impairment: Dosage adjustments based on weight and creatinine clearance. Dose should preferably be admin after dialysis.

CrCl (ml/min)
Dosage Recommendation
30-59
=60 kg: 200 mg daily as a single dose or in two equally divided doses (tablets); 100 mg bid (oral solution). < 60 kg: 150 mg daily as a single dose or in two equally divided doses (tablets); 10
10-29
=60 kg: 150 mg once daily (tablets); 167 mg once daily (oral solution). < 60 kg: 100 mg once daily (tablets or oral solution)
<10
=60 kg:100 mg once daily (tablets or oral solution). < 60 kg: 75 mg once daily (tablets); 100 mg once daily (oral solution).

Hepatic impairment: Dose adjustment may be needed.

Administration

Should be taken on an empty stomach. (Take on an empty stomach ½ hr before or 2 hr after meals.)

Overdosage

Symptoms: pancreatitis, peripheral neuropathy, hyperuricemia and hepatic dysfunction. Management: There is no known antidote. Empty stomach by inducing emesis or by gastric lavage. Treatment is supportive and symptomatic with careful monitoring of the patient. Haemodialysis may remove some of the drug while peritoneal dialysis is unlikely to be useful.

Contraindications

Hypersensitivity; lactation.

Special Precautions

History of pancreatitis and liver disease; pregnancy; impaired hepatic and renal function; peripheral neuropathy; hyperuricaemia. Half-yrly dilated retinal examinations are recommended. May be associated with the development of non-cirrhotic portal hypertension; monitor patients for the development of portal hypertension and oesophageal varices. Suspend use in patients with suspected pancreatitis and discontinue use in patients with

confirmed pancreatitis. Suspend use in patients who develop clinical symptoms or signs with or without laboratory findings of lactic acidosis and severe hepatomegaly with steatosis. Consider usage discontinuation or interruption in patients with worsening liver disease. Patients may develop peripheral neuropathy, retinal changes and optic neuritis, immune reconstitution syndrome and redistribution/accumulation of body fat.

Adverse Drug Reactions

Pancreatitis; peripheral neuropathy; diarrhoea, nausea, vomiting, abdominal pain; headache, fatigue, rash, hyperuricaemia; hepatic failure; retinal depigmentation, neuritis.

Drug Interactions

Increased effect with allopurinol and ganciclovir; hydroxyurea; increased toxicity with ribavirin or tenofovir. Decreased effects of quinolones, tetracyclines, indinavir. Increased risk of pancreatitis when used withpentamidine, stavudine or co-trimoxazole. Increased risk of liver toxicity when used with other antiretroviral agens, hydroxyurea or ribavirin.

Food Interaction

Effect decreased by food.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Didanosine is a nucleoside reverse transcriptase inhibitor that inhibits DNA synthesis of retroviruses by competitive inhibition of reverse transcriptase and incorporation into viral DNA.

Absorption: Rapidly hydrolysed in the gastric acid. Bioavailability ranges from 20-40%.

Distribution: Plasma protein binding: <5%.

Metabolism: Metabolised intracellularly to the active antiviral metabolite dideoxyadenosine triphosphate.
Excretion: Elimination half-life: About 1.5 hr.

CIMS Class

Antivirals

ATC Classification

J05AF02 - didanosine; Belongs to the class of nucleoside and nucleotide reverse transcriptase inhibitors. Used in the systemic treatment of viral infections.

*didanosine information:
Note that there are some more drugs interacting with didanosine
didanosine
didanosine brands available in India
Always prescribe with Generic Name : didanosine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : DDRETRO tab DINEX chewable tab DINEX-EC cap D-SINE tab RETRODEL-KIT kit VIROSINE-DR cap

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([all drugs])

diethylcarbamazine

CIMS Class : (Anthelmintics)

diethylcarbamazine

P - Contraindicated in pregnancy

L - Caution when used during lactation

related diethylcarbamazine information

Indication & Dosage

Oral

Loiasis

Adult: Initially, 1 mg/kg daily, increased gradually to 6 mg/kg daily over 3 days then maintained for 3 wk. A corticosteroid may be given concurrently for the treatment of filarial infections.

Oral

Toxocariasis

Adult: Initially, 1 mg/kg daily, increased gradually to 6 mg/kg daily over 3 days then maintained for 3 wk. A corticosteroid may be given concurrently for the treatment of filarial infections.

Oral

Filariasis

Adult: Initially, 1 mg/kg daily, increased gradually to 6 mg/kg daily over 3 days then maintained for 3 wk. A corticosteroid may be given concurrently for the treatment of filarial infections.

Oral

Prophylaxis of loiasis

Adult: 300 mg wkly.

Contraindications

Pregnancy, hypersensitivity; lactation; infants, elderly or debilitated patients; impaired renal function; cardiac disease.

Special Precautions

Patients with poor health.

Adverse Drug Reactions

Fever, headache, vomiting, dizziness, drowsiness, nausea, chills.

Potentially Fatal: Severe hypersensitivity reactions may occur especially in the treatment of onchocerciasis where rare Mazzotti

reaction characterised by rash, itching, headache, muscle and joint pains, tachycardia, postural hypotension may start within 2 hr of drug administration. Encephalitis and retinal haemorrhage.

Storage

Oral: Store below 30°C.

Mechanism of Action

Diethylcarbamazine is an anthelmintic that is used in the treatment of lymphatic filariasis. It is active against the microfilariae and adult worms of W. bancrofti, B. malayi, B. timori and Loa loa but only against the microfilariae of O. volvulus. It is also used in treatment of toxocariasis. Repeated courses may be necessary.

Absorption: Readily absorbed from the GI tract (oral); skin (topical); conjunctiva (optical).

Distribution: Widely distributed in tissues.

Excretion: Urine (as unchanged drug and N-oxide metabolite).

CIMS Class

Anthelmintics

ATC Classification

P02CB02 - diethylcarbamazine; Belongs to the class of piperazine and derivatives agents used as antinematodal.

*diethylcarbamazine information:
diethylcarbamazine
diethylcarbamazine brands available in India
Always prescribe with Generic Name : diethylcarbamazine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : BANOCIDE film-coated tab BANOCIDE FORTE tab BANOCIDE syr BANOCIDE tab CARBAMYL F- tab CARBAMYL syr CARCET film-coated tab CARCET FORTE film-coated tab CARLEV FORTE tab CARLEV tab DECET tab DECET-BD syr DECET-BD tab DECET-OD tab DICARB INGA syr DICARB INGA tab DICARB tab EOFIL FORTE tab EOFIL tab ESNOPIL syr ESNOPIL tab FLARY-FORTE tab HETRAZAN syr HETRAZAN tab UNICARBAZAN FORTE tab UNICARBAZAN tab

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([all drugs])

digoxin

CIMS Class : (Cardiac Drugs)

digoxin

P - Caution when used during pregnancy

Lab ¤ - Lab interference

Food ¤ - Food interaction

related digoxin information

Indication & Dosage

Oral

Heart failure

Adult: Rapid digitalisation: Loading dose of 0.75-1.5 mg during the first 24-hr period as a single dose or in divided doses every 6 hr for less urgent or greater risk cases. For mild heart failure: Loading dose may not be required, 250 mcg 1-2 times daily. For patients with normal renal function, steady-state plasma concentrations are usually achieved in about 7 days. Usual maintenance: 125-250 mcg daily but may range from 62.5-500 mcg daily.

Child: Neonate <1.5 kg: Initial: 25 mcg/kg/day in 3 divided doses for 24 hr, then 4-6 mcg/kg/day in 1-2 divided doses; neonate 1.5-

2.5 kg: Initial: 30 mcg/kg/day in 3 divided doses for 24 hr, then 4-6 mcg/kg/day in 1-2 divided doses; Neonate >2.5 kg and child 1 mth-2 yr: Initial: 45 mcg/kg/day in 3 divided doses for 24 hr, then 10 mcg/kg/day in 1-2 divided doses. 2-5 yr: Initial: 35 mcg/kg/day in 3 divided doses for 24 hr, then 10 mcg/kg/day in 1-2 divided doses. 5-10 yr: Initial: 25 mcg/kg/day (max: 750 mcg/day) in 3 divided doses for 24 hr, then 6 mcg/kg/day (max: 250 mcg/day) in 1-2 divided doses. 10-18 yr: Initial: 0.75-1.5 mg/day in 3 divided doses for 24 hr, then 62.5-750 mcg/day in 1-2 divided doses. Reduce doses if patient has been given cardiac glycoside in the preceding 2 wk.

Elderly: Lower doses are given.

Renal impairment: Dosage reductions may be needed.

Oral

Supraventricular arrhythmias

Adult: Rapid digitalisation: Loading dose of 0.75-1.5 mg during the first 24-hr period as a single dose or in divided doses every 6 hr for less urgent or greater risk cases. For mild heart failure: Loading dose may not be required, 250 mcg 1-2 times daily. For patients with normal renal function, steady-state plasma concentrations are usually achieved in about 7 days. Usual maintenance: 125-250 mcg daily but may range from 62.5-500 mcg daily.

Child: Neonate <1.5 kg: Initial: 25 mcg/kg/day in 3 divided doses for 24 hr, then 4-6 mcg/kg/day in 1-2 divided doses; neonate 1.5-2.5 kg: Initial: 30 mcg/kg/day in 3 divided doses for 24 hr, then 4-6 mcg/kg/day in 1-2 divided doses; Neonate >2.5 kg and child 1 mth-2 yr: Initial: 45 mcg/kg/day in 3 divided doses for 24 hr, then 10 mcg/kg/day in 1-2 divided doses. 2-5 yr: Initial: 35 mcg/kg/day in 3 divided doses for 24 hr, then 10 mcg/kg/day in 1-2 divided doses. 5-10 yr: Initial: 25 mcg/kg/day (max: 750 mcg/day) in 3 divided doses for 24 hr, then 6 mcg/kg/day (max: 250 mcg/day) in 1-2 divided doses. 10-18 yr: Initial: 0.75-1.5 mg/day in 3 divided doses for 24 hr, then 62.5-750 mcg/day in 1-2 divided doses. Reduce doses if patient has been given cardiac glycoside in the preceding 2 wk.

Elderly: Lower doses are given.

Renal impairment: Dosage reductions may be needed.

Intravenous

Emergency heart failure

Adult: For patients who have not received cardiac glycosides in the previous 2 wk. 0.5-1 mg by IV infusion as a single dose over at least 2 hr or in divided doses with each dose given over 10-20 minutes. Maintenance dose is usually given orally.

Renal impairment: Dosage reductions may be needed.

Reconstitution: Admin undiluted or diluted with a 4-fold or greater volume of Sterile Water for Injection, 0.9% Sodium Chloride Injection, or 5% Dextrose Injection.
Incompatibility: Using less than a 4-fold volume of diluent could lead to precipitation of the digoxin.

Administration

May be taken with or without food.

Overdosage

Symptoms: Hyperkalaemia, cardiac arrhythmias and heart block. Management: Treatment is symptomatic and supportive. Reduce absorption by gastric lavage if present within 30 min of ingestion. Do not induce vomiting or attempt passage of a gastric tube if presented >2 hr after ingestion or already has toxic manifestations, as this may induce an acute vagal episode and worsen digitalis-related arrhythmias. Activated charcoal is helpful in reducing drug absorption. Monitor serum potassium levels and keep potassium levels between 4.0-5.5 mmol/l. Digoxin-specific antibody fragments (FAB) is a specific antidote for digoxin and may be used to reverse

potentially life-threatening ventricular arrhythmias due to digoxin overdosage. Haemodialysis is unlikely to be useful.

Contraindications

Digitalis toxicity, ventricular tachycardia/fibrillation, obstructive cardiomyopathy. Arrhythmias due to accessory pathways (e.g. Wolff-Parkinson-White syndrome).

Special Precautions

Cardiac dysrhythmias, hypokalaemia, hypertension, IHD, hypercalcaemia, hypomagnesaemia, electroconversion, chronic cor pulmonale, aortic valve disease, acute myocarditis, congestive cardiomyopathies, constrictive pericarditis, heart block, elderly, renal impairment, abnormalities in thyroid function; pregnancy. IV digoxin can only be given to patients who have not received cardiac glycosides in the preceding 2 wk.

Adverse Drug Reactions

Extra beats, anorexia, nausea and vomiting. Diarrhoea in elderly, confusion, dizziness, drowsiness, restlessness, nervousness,

agitation and amnesia, visual disturbances, gynaecomastia, local irritation (IM/SC inj), rapid IV admin may lead to vasocostriction and transient hypertension.
Potentially Fatal: Cardiac arrhythmias in combination with heart block.

Drug Interactions

Effectiveness reduced by phenytoin, neomycin, sulphasalazine, kaolin, pectin, antacids and in patients receiving radiotherapy. Metoclopramide may alter the absorption of solid dosage forms of digoxin. Blood levels increased by calcium channel blockers, spironolactone, quinidine and calcium salts.
Potentially Fatal: Electrolyte imbalances such as hypokalaemia and hypomagnesemia (e.g. admin of potassium-losing diuretics, corticosteroids) can increase the risk of cardiac toxicity.

Food Interaction

Absorption delayed.

Lab Interference

May increase conc of urinary 17-hydroxycorticosteroids.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intravenous: Store at 25°C. Oral: Store at 25°C.

Mechanism of Action

Digoxin is a cardiac glycoside which has positive inotropic activity characterized by an increase in the force of myocardial contraction. It also reduces the conductivity of the heart through the atrioventricular (AV) node. Digoxin also exerts direct action on vascular smooth muscle and indirect effects mediated primarily by the autonomic nervous system and an increase in vagal activity.

Absorption: Absorption from the GI tract is variable.

Distribution: Widely distributed in tissues, including the heart, brain, erythrocytes, and skeletal muscle. 20-30% bound to plasma proteins.
Excretion: Excreted mainly unchanged.

CIMS Class

Cardiac Drugs

ATC Classification

C01AA05 - digoxin; Belongs to the class of digitalis glycosides. Used in the treatment of heart failure.

*digoxin information:
Note that there are some more drugs interacting with digoxin
digoxin
digoxin brands available in India
Always prescribe with Generic Name : digoxin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : DIGITRAN tab DIGOSYP liqd DIGOX tab DIGOXIN inj DIGOXIN P-elixir DIXIN amp DIXIN P-syr DIXIN tab LANOXIN tab SANGOXIN tab

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([all drugs])

diltiazem hydrochloride

CIMS Class : (Calcium Antagonists) , (Anti-Anginal Drugs)

diltiazem hydrochloride

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related diltiazem hydrochloride information

Indication & Dosage

Oral

Angina pectoris

Adult: Initially, 60 mg tid, increased to 360 mg daily or up to 480 mg daily, if necessary.

Renal impairment: Dosage adjustment may be needed. Initial dose of 120 mg daily, as a single dose or in 2 divided doses depending on the formulation and titrated carefully as required. Do not increase dose if the heart rate drops <50 beats/min.

Hepatic impairment: Dosage adjustment may be needed. Initial dose of 120 mg daily, as a single dose or in 2 divided doses depending on the formulation and titrated carefully as required. Do not increase dose if the heart rate drops <50 beats/min.

Oral

Hypertension

Adult: Initially, 60-120 mg bid increased if needed. Max: 360 mg daily.

Renal impairment: Dosage adjustment may be needed. Initial dose of 120 mg daily, as a single dose or in 2 divided doses depending on the formulation and titrated carefully as required. Do not increase dose if the heart rate drops <50 beats/min.

Hepatic impairment: Dosage adjustment may be needed. Initial dose of 120 mg daily, as a single dose or in 2 divided doses depending on the formulation and titrated carefully as required. Do not increase dose if the heart rate drops <50 beats/min.

Intravenous

Cardiac arrhythmias

Adult: Initially, 250 mcg/kg by bolus IV Inj over 2 mins, if necessary, after 15 min, may administer another dose of 350 mcg/kg. Individualsie subsequent doses. In patients with atrial fibrillation or flutter: 5-10 mg/hr infusion, increased in increments of 5 mg/hr up to a rate of 15 mg/hr continued for 24 hr.

Renal impairment: Dosage adjustment may be needed.
Hepatic impairment: Dosage adjustment may be needed.

Administration

Normal release prep: May be taken with or without food. (Admin instructions for modified release prep may vary according to brands, refer to lit.)

Overdosage

Symptoms: Altered mental status, shock, bradycardia, hypotension, ECG changes, arrhythmias, heart block, cardiac arrest and heart failure. Management: Treatment is supportive and symptomatic. Gastric lavage and administration of activated charcoal may help to reduce drug absorption. Haemodialysis and peritoneal unlikely to be useful. Charcoal haemoperfusion may be useful.

Contraindications

Sick-sinus syndrome; 2nd or 3rd ° AV block; porphyria. Severe congestive cardiac failure; marked bradycardia. Pregnancy and lactation.

Special Precautions

Elderly. Hepatic or renal impairment; impaired left ventricular function; prolonged AV periods; DM; hypotension. Avoid abrupt withdrawal and long-term use. Patients with sick-sinus syndrome, preexisting AV block, bradycardia and those taking beta-blockers or digitalis are at risk of developing AV block, bradycardia, asystole or sinus arrest.

Adverse Drug Reactions

Headache, ankle oedema, hypotension, dizziness, fatigue, flushing, nausea, GI discomfort, gingival hyperplasia, rashes, erythema multiforme, exfoliative dermatitis, photosensitivity, occasionally hepatitis.
Potentially Fatal: AV block, bradycardia, asystole, sinus arrest.

Drug Interactions

Increases serum theophylline levels. Cimetidine may increase plasma concentrations of diltiazem. Concurrent use may lead to increased blood ciclosporin levels.

Potentially Fatal: Increased depression of cardiac conduction with amiodarone, ß-blockers, digoxin andmefloquine. May potentiate risk of bradycardia and conduction disturbance of propranolol and risk of neurotoxicity of lithium.

Food Interaction

Serum levels may be elevated if taken with food.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intravenous: Store at 15-30°C. Oral: Store at 15-30°C.

Mechanism of Action

Diltiazem relaxes coronary vascular smooth muscles by inhibiting influx of calcium ions during depolarisation of the vascular smooth

muscles and myocardium. It increases myocardial O2 delivery in patients with vasospastic angina and inhibits cardiac conduction, particularly at the SA and AV nodes.

Absorption: Rapidly and almost completely absorbed from the GI tract (oral).

Distribution: Enters breast milk. Protein-binding: 80%.

Metabolism: Hepatic: Extensive first-pass effect; yields desacetyldiltiazem (posseses 25-50% of the activity of the parent drug).

Excretion: Via urine (2-4% as unchanged and metabolites), via bile (remaining metabolites); 3-5 hr (elimination half-life).

CIMS Class

Calcium Antagonists / Anti-Anginal Drugs

ATC Classification

C08DB01 - diltiazem; Belongs to the class of selective benzothiazepine derivative calcium-channel blockers with direct cardiac effects. Used in the treatment of cardiovascular diseases.

*diltiazem hydrochloride information:

Note that there are some more drugs interacting with diltiazem hydrochloride

diltiazem hydrochloride

diltiazem hydrochloride brands available in India

Always prescribe with Generic Name : diltiazem hydrochloride, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ANGIZEM CD ER-cap ANGIZEM tab CARDEM tab CARDISEC tab CHANNEL SR-tab CHANNEL tab CORIEM XL ER-cap DICARD SR-tab DICARD tab DILAM tab DILCAL SR-tab DILCAL tab DILCARDIA SR-tab DILCARDIA tab DILCONTIN-XL CR-tab DILGARD tab DILGARD-XL ER-cap DILGINA tab DILOCOR cap DILOCOR-XR ER-cap DILTER CD tab DILTIAZ tab DILTICARD SR-tab DILTICARD tab DILTIME SR-tab DILTIME tab DILTISYN tab DILTP tab DILZEM inj DILZEM SR-tab DILZEM tab DILZEM-CD cap DILZOR tab DTM tab DZ CD-cap DZ tab HEARTIL tab HERBESSER ER-cap HERBESSER SR-cap ICIDIL tab IONOZEM CR-tab IONOZEM tab ISDIL tab ISKI FC-tab ISKI SR-tab KAIZEM CD cap MASDIL tab MASDIL-OD tab ONZEM SR-cap ONZEM tab Q-DIL CD CD-cap

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([all drugs])

dimenhydrinate

CIMS Class : (Antivertigo Drugs)

dimenhydrinate

P - Caution when used during pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related dimenhydrinate information

Indication & Dosage

Oral

Treatment and prophylaxis of motion sickness

Adult: 50-100 mg 3-4 times daily. For prevention of motion sickness, 1st dose to be given at least 30 minutes before traveling.

Child: 2-6 yr: 12.5-25 mg; 6-12 yr: 25-50 mg; Doses can be repeated every 6-8 hr. Max: 75 mg daily (2-6 yr) and 150 mg daily (6-12 yr).

Oral

Nausea and vertigo caused by Meniere's disease

Adult: 50-100 mg 3-4 times daily. For prevention of motion sickness, 1st dose to be given at least 30 minutes before traveling.

Child: 2-6 yr: 12.5-25 mg; 6-12 yr: 25-50 mg; Doses can be repeated every 6-8 hr. Max: 75 mg daily (2-6 yr) and 150 mg daily (6-12 yr).
Parenteral
Treatment and prophylaxis of motion sickness
Adult: 50 mg in a 5% solution given IM or 0.5% slow IV inj given over 2 min.
Child: 1.25 mg/kg IM or slow IV inj 4 times daily. Max: 300 mg/day.
Parenteral
Nausea and vertigo caused by Meniere's disease
Adult: 50 mg in a 5% solution given IM or 0.5% slow IV inj given over 2 min.
Child: 1.25 mg/kg IM or slow IV inj 4 times daily. Max: 300 mg/day.

Administration

May be taken with or without food.

Overdosage

Symptoms in children: dilated pupils, flushed face, excitation, hallucinations, confusion, ataxia, intermittent clonic convulsions, coma, cardiorespiratory collapse, and death. Symptoms may manifest up to 2 hr after ingestion and death may occur within 18

hr. Symptoms in adult: Difficulty in speech and swallowing, psychosis, sedation then CNS excitation, leading to a cycle of CNS excitation, seizures and postictal depression. Mangagement: Treatment is symptomatic and supportive. Gastric lavage may be performed with an endotracheal tube with cuff inflated in place to prevent aspiration of gastric contents. Keep patient quiet to reduce CNS stimulation. Convulsions may be treated with diazepam in adults and phenobarbital in children.

Contraindications

Hypersensitivity to dimenhydrinate, porphyria. Neonates. Lactation.

Special Precautions

Angle-closure glaucoma, urinary retention, prostatic hyperplasia, pyloroduodenal obstruction, epilepsy. Elderly. Tasks requiring mental alertness. Pregnancy.

Adverse Drug Reactions

Sedation, dry mouth, thickened respiratory tract secretions, tightness of chest, bradycardia followed by tachycardia and arrhythmias, blurred vision, urinary retention, constipation, GI disturbance, blood dyscrasias. Paradoxical CNS stimulation may occur in children and occasionally in adults.

Drug Interactions

Physically incompatible with aminophylline, hydrocortisone, phenothiazines and some barbiturates in solution.
Potentially Fatal: Potentiates the sedative effects of CNS depressants including alcohol, barbiturates, opioid analgesics, sedatives and neuroleptics. MAOIs, atropine, TCAs enhance antimuscarinic effect. Masks ototoxicity produced by aminoglycoside antibiotics.

Lab Interference

May interfere with plasma theophylline estimation by radioimmunoassay.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store below 25°C. Parenteral: Store below 25°C.

Mechanism of Action

Dimenhydrinate is an antihistamine which also has antimuscarinic and central sedative action. It also exerts a depressant action on hyperstimulated labyrinthine function.

CIMS Class

Antivertigo Drugs

*dimenhydrinate information:

Note that there are some more drugs interacting with dimenhydrinate

dimenhydrinate

dimenhydrinate brands available in India

Always prescribe with Generic Name : dimenhydrinate, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : DRAMAMINE inj DRAMAMINE liqd DRAMAMINE tab DRAMINATE tab GRAVOL tab

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([all drugs])

dimercaprol

CIMS Class : (Antidotes, Detoxifying Agents & Drugs Used in Substance Dependence)

dimercaprol

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related dimercaprol information

Indication & Dosage

Intramuscular

Heavy metal poisoning

Adult: Initially 400-800 mg on the 1st day of treatment followed by 200-400 mg on the 2nd and 3rd days. Reduce to 100-200 mg on the 4th and subsequent days, all in divided doses. Advisable to give doses at 4 hrly intervals to minimise risk of adverse effects.

Child: 1 mth?18 yr: 2.5?3 mg/kg every 4 hr for 2 days, 2?4 times on the 3rd day, then 1?2 times daily for 10 days or until recovery.

Renal impairment: Use with caution, dosage adjustments may be needed.

Intramuscular

Adjunct in lead poisoning

Adult: Initially 4 mg/kg followed by 3-4 mg/kg of dimercaprol concomitantly with sodium calcium edetate at 4 hrly intervals. Maintenance: 2-7 days.

Renal impairment: Use with caution, dosage adjustments may be needed.

Overdosage

Symptoms: vomiting, convulsions and stupor within 30 minutes and subsiding within 6 hr following inj.

Contraindications

Iron, selenium, cadmium and organic mercury poisoning, hypersensitivity. Extensive hepatic failure; lactation.

Special Precautions

Renal damage, hypertension. G6PD deficiency. Elderly. Pregnancy and lactation.

Adverse Drug Reactions

Hypertension, tachycardia, malaise, salivation, lacrimation, sweating, tingling of extremities, local pain and abscess at inj site, CNS stimulation, nausea, vomiting, burning sensation of lips, mouth, throat and eyes, muscle and abdominal pain, headache, paraesthesia, fever.

Potentially Fatal: Potentiation of toxicity of iron, selenium, tellurium, cadmium, exacerbation of hypertension, haemolytic crisis in patients with G6PD deficiency.

Drug Interactions

Drugs which acidify urine may impair the estimation of chelated dimercaprol.

Potentially Fatal: Forms toxic complexes with iron, cadmium, selenium or uranium.

Lab Interference

Interferes with normal accumulation of iodine by the thyroid. Decreased I 131 thyroidal uptake values.

Mechanism of Action

Dimercaprol chelates heavy metals e.g. arsenic, gold, mercury, lead as well as antimony, bismuth, nickel and thallium by competing with endogenous sulfhydryl groups on enzymes. This chelation prevents or reverses any inhibition of sulfhydryl enzymes by the metallic poison and forms a complex readily secreted in the kidneys.

Absorption: Peak plasma concentrations after 30-60 min (IM).

Distribution: To all tissues including the brain.

Metabolism: Rapidly hepatic; converted to inactive metabolites.

Excretion: Urine and bile (as metabolites and dimercaprol-metal chelates); 4 hr (elimination half-life).

CIMS Class

Antidotes, Detoxifying Agents & Drugs Used in Substance Dependence

ATC Classification

V03AB09 - dimercaprol; Belongs to the class of antidotes. Used in heavy metals poisoning.

*dimercaprol information:
Note that there are some more drugs interacting with dimercaprol
dimercaprol
dimercaprol brands available in India
Always prescribe with Generic Name : dimercaprol, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : B.A.L. inj
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([all drugs])
dimeticone
CIMS Class : (Emollients & Skin Protectives)

dimeticone

related dimeticone information

Indication & Dosage

Topical/Cutaneous

Head pediculosis

Adult: A 4% solution is used for treatment.

Child: >6 mth: A 4% solution is used for treatment.

Topical/Cutaneous

Skin protectant

Adult: As cream containing dimeticone 22% w/w and benzalkonium chloride 0.1% w/w. Apply to the affected area several times a day as needed.

Adverse Drug Reactions

Rarely, redness, pain and irritation at the site of application.

Mechanism of Action

Dimeticone is water-repellent and is commonly found in topical barrier preparations which are used for protecting the skin against

water-soluble irritants. It is also used to protect the skin against trauma due to incontinence or stoma discharge.

CIMS Class

Emollients & Skin Protectives

*dimeticone information:
dimeticone
dimeticone brands available in India
Always prescribe with Generic Name : dimeticone, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : DICON-I drops SILICOMET soln SILOIL eye drops
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([all drugs])
dinoprostone
CIMS Class : (Drugs Acting on the Uterus)
dinoprostone
P - Caution when used during pregnancy
related dinoprostone information

Indication & Dosage

Extra-amniotic

Pregnancy termination in the 2nd trimester

Adult: As 100 mcg/mL soln: Instill 1 mL through a suitable foley catheter followed by 1-2 mL at 2-hr intervals according to patient's response.

Vaginal

Cervical priming, induction and augmentation of labour

Adult: As cervical gel: Apply 500 mcg in 2.5 mL preparation. May be repeated after 6 hr if necessary. Max: 1.5 mg/24 hr.

Vaginal

Labour induction

Adult: As vaginal gel: 1 mg (or 2 mg for primigravid patients with unfavourable induction features) followed by another 1 or 2 mg after 6 hr if necessary. Max: 3 mg (or 4 mg in unfavourable primigravid patients). As pessary: Initially, 3 mg followed by a further 3 mg after 6-8 hr if necessary. Max: 6 mg.

Overdosage

Rigors, vomiting, severe abdominal pain, uterine hypercontractility and uterine hypertonus. Management: conservative management

may be sufficient in most cases. ß-adrenergic drugs may be used as a treatment of hyperstimulation following admin for cervical ripening.

Contraindications

Hypersensitivity to prostaglandins. Patients in whom oxytocics are generally contraindicated. History of pelvic inflammatory disease; active cardiac, pulmonary, renal or hepatic disease.

Special Precautions

Raised intraocular pressure. Previous caesarean section; history of asthma, epilepsy, hepatic or renal dysfunction, cardiovascular disease; pregnancy.

Adverse Drug Reactions

Hypersensitivity reactions, nausea, vomiting, diarrhoea, abdominal pain; flushing, shivering, headache, dizziness; hypertension; convulsions, ECG changes,local tissue irritation, erythema; pyrexia, increased WBC. Uterine contractile abnormalities with or without foetal distress. Dosage >0.5 mg intracervically can cause hypertonic

uterine contractions. Intra/extra-amniotic inj: Local infection, vomiting, diarrhoea, pyrexia, transient hypotension.
Potentially Fatal: Sudden CV collapse due to accidental IV absorption and intra-amniotic inj. Uterine rupture, amniotic fluid embolism during labour. Foetal distress and death in rare cases.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.
Storage

Extra-amniotic: Cervical gel: Refrigerate at 2-8°C. Vag supp: Store in a freezer below -20°C. Vag insert: Store in a freezer between -20°C & -10°C. Vaginal: Cervical gel: Refrigerate at 2-8°C. Vag supp: Store in a freezer below -20°C. Vag insert: Store in a freezer between -20°C & -10°C.

Mechanism of Action

Dinoprostone causes induction of uterine muscle contraction during pregnancy. It is both a vasoconstrictor and bronchodilator. The pattern of uterine contraction is similar to that in normal labour at term. It can also stimulate the smooth muscle of the GI tract.

Onset: 10 min.

Duration: 2-3 hr (vaginal supp).

Absorption: Small amounts absorbed by the uterus.

Distribution: Diffuses into the maternal blood.

Metabolism: Hepatic, renal, spleen and other tissues: Rapid.

Excretion: Urine; faeces (small amounts).

CIMS Class

Drugs Acting on the Uterus

ATC Classification

G02AD02 - dinoprostone; Belongs to the class of prostaglandins. Used to induce abortion or augment labour and to minimize blood loss from the placental site.

*dinoprostone information:

Note that there are some more drugs interacting with dinoprostone dinoprostone

dinoprostone brands available in India

Always prescribe with Generic Name : dinoprostone, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CERVIPRIME gel DINORIPE gel PG TAB tab PRIMIPROST tab

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([all drugs])

diphenhydramine

CIMS Class : (Antihistamines & Antiallergics)

diphenhydramine

P - Caution when used during pregnancy

L - Contraindicated in lactation

related diphenhydramine information

Indication & Dosage

Oral

Allergic conditions

Adult: As hydrochloride: 25-50 mg 3-4 times daily. Max: 300 mg/day.

Child: 6.25-25 mg 3-4 times daily, up to 5 mg/kg in divided doses. Max: 300 mg/day.

Oral

Treatment and prophylaxis of motion sickness

Adult: As diphenhydramine di (acefyllinate): Usual dose: 90-135 mg, may repeat if needed at intervals of at least 6 hr. Max: 540 mg daily. For prevention, dose to be given at least 30 min before travelling.

Parenteral

Allergic conditions

Adult: As hydrochloride: 10-50 mg as a 1% or 5% solution, up to 100 mg. Dose may be given via deep IM or IV inj. Not more than 400 mg in 24 hr.

Child: 5 mg/kg daily in 4 divided doses. Dose can be given via deep IM or IV inj. Max: 300 mg in 24 hr.

Administration

May be taken with or without food.

Overdosage

Symptoms: Acute delirium with visual and auditory hallucinations, impaired consciousness, psychosis, seizures, antimuscarinic symptoms (e.g. mydriasis, tachycardia and tachyarrhythmias), rhabdomyolysis and respiratory failure.

Contraindications

Hypersensitivity ; neonates, lactation.

Special Precautions

Epilepsy; elderly; performing tasks which require mental alertness; angle-closure glaucoma; pyroduodenal obstruction; urinary tract obstruction; hyperthyroidism; raised intraocular pressure; CV disease; acute asthma; pregnancy.

Adverse Drug Reactions

CNS depression, dizziness, headache, sedation; paradoxical stimulation in children; dryness of mouth, thickened respiratory secretion, blurring of vision, urinary retention; GI disturbances; blood dyscrasias.

Drug Interactions

Masks ototoxicity produced by aminoglycosides. Increases gastric degradation of levodopa and decreases its absorption by reduction of gastric emptying. Antagonises therapeutic effects of cholinergic agents e.g. tacrine, donezepil and neuroleptics. Valerian, St. John's wort, Kava Kava and gotu kola may increase CNS depression.
Potentially Fatal: Potentiates CNS depression with alcohol, barbiturates, analgesics, sedatives and neuroleptics. Additive antimuscarinic action with MAOIs, atropine and TCAs.

Storage

Oral: Store at 15-25°C. Parenteral: Store at 15-25°C.

Mechanism of Action

Diphenhydramine blocks histamine H1-receptors on effector cells of the GI tract, blood vessels and respiratory tract. It also causes sedation and has some anticholinergic action.
Absorption: Absorbed well from the GI tract (oral); peak plasma concentrations after 1-4 hr.

Distribution: Widely distributed, CNS; crosses the placenta and enters breast milk. Protein-binding:Highly bound.
Metabolism: Extensive first-pass metabolism.
Excretion: Via urine (as metabolites, small amounts as unchanged drug); 1-4 hr (elimination half-life).

CIMS Class

Antihistamines & Antiallergics

ATC Classification

D04AA32 - diphenhydramine; Belongs to the class of topical antihistamines used in the treatment of pruritus.
R06AA02 - diphenhydramine; Belongs to the class of aminoalkyl ethers used as systemic antihistamines.

*diphenhydramine information:
Note that there are some more drugs interacting with diphenhydramine
diphenhydramine further details are available in official CIMS India
diphenhydramine
diphenhydramine brands available in India

Always prescribe with Generic Name : diphenhydramine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ASI-DRYL syr BENACOF soft-gelatin caps BENADRYL soft-gelatin caps BENADRYL syr COFRYL syr COFRYL tab KUFFDRYL soft-gelatin caps KUFFDRYL SYR syr NOVADRYL soft-gelatin caps WINSKIN lotion

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([all drugs])

dipyridamole

CIMS Class : (Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics))

dipyridamole

P - Caution when used during pregnancy

L - Caution when used during lactation

related dipyridamole information

Indication & Dosage

Oral

Prophylaxis of thromboembolism following cardiac valve replacement

Adult: 300-600 mg/day in divided doses with an oral anticoagulant.
Child: 5 mg/kg/day in divided doses.
Oral
Secondary prophylaxis of stroke or transient ischaemic attack
Adult: As modified-release preparation: 200 mg bid, with or without aspirin.

Administration

Should be taken on an empty stomach. (Take on an empty stomach 1 hr before meals. May be taken w/ meals to reduce GI discomfort.)

Overdosage

Symptoms: warm feeling, flushes, sweating, restlessness, weakness, dizziness, hypotension and tachycardia. Management: treatment is symptomatic. Empty stomach by gastric lavage. Haemodialysis unlikely to be useful.

Contraindications

Hypersensitivity. Peptic ulcer.

Special Precautions

In patients with rapidly worsening angina, subvalvular aortic stenosis, haemodynamic instability associated with recent MI or coagulation disorders esp when given IV during myocardial imaging. Hypotension, unstable angina, aortic stenosis. Pregnancy and lactation. Safety and efficacy are not established in childn < 12 yrs.

Adverse Drug Reactions

GI disturbances, headache, dizziness, faintness, facial flushing, skin rash, liver dysfunction, angina. Large doses may lower BP.
Potentially Fatal: Risk of worsening angina and cardiac arrhythmias when given IV.

Drug Interactions

Aminophylline may reverse vasodilatation effect. Useful combination with aspirin in prevention of thromboembolism. Efficacy reduced by concurrent admin of antacids. Concurrent use may increase the cardiotoxic effects of adenosine.

Potentially Fatal: Potentiates effects of oral anticoagulants and antiarrhythmic agents.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store below 25°C.

Mechanism of Action

Dipyridamole causes an accumulation of adenosine, adenine nucleotides and cAMP by inhibiting the activity of adenosine deaminase and phosphodiesterase thus inhibiting platelet aggregation and may cause vasodilation.

Absorption: Absorbed incompletely from the GIT (oral); peak plasma concentrations after 75 min.

Distribution: Protein-binding: Highly bound.

Metabolism: Hepatic; there is enterohepatic recirculation.

Excretion: Via bile (as glucuronides); 10-12 hrs (elimination half-life).

CIMS Class

Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics)

ATC Classification

B01AC07 - dipyridamole; Belongs to the class of platelet aggregation inhibitors excluding heparin. Used in the treatment of thrombosis.

*dipyridamole information:
Note that there are some more drugs interacting with dipyridamole
dipyridamole further details are available in official CIMS India
dipyridamole
dipyridamole brands available in India
Always prescribe with Generic Name : dipyridamole, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : CARDIWELL tab DEPLATOL tab DYNACARD tab PERSANTIN tab THROMBONIL tab

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([all drugs])

dipyrone

CIMS Class : (Analgesics (Non-Opioid) & Antipyretics)

dipyrone

P - Caution when used during pregnancy

related dipyrone information

Indication & Dosage

Oral

Severe pain

Adult: 0.5-4 g daily in divided doses.

Contraindications

Hypersensitivity, porphyria or congenital G6PD deficiency, bleeding disorders.

Special Precautions

Pregnancy, disorders of haematopoiesis.

Adverse Drug Reactions

Intolerance (skin, bronchial tract, etc.), gastric symptoms, allergic reactions.
Potentially Fatal: Agranulocytosis, shock.

Drug Interactions

Ciclosporin levels decreased.

Mechanism of Action

It inhibits the synthesis of prostaglandins D and E resulting in analgesic, anti-inflammatory and antipyretic effects. It also has the potential for causing agranulocytosis.
Absorption: Rapidly hydrolysed in gastric juice to active metabolite 4-methyl-amino-antipyrine.
Distribution: Metabolites are distributed into breast milk.
Excretion: Mostly excreted in the urine as metabolites.

CIMS Class

Analgesics (Non-Opioid) & Antipyretics

*dipyrone information:

Note that there are some more drugs interacting with dipyrone

dipyrone

dipyrone brands available in India

Always prescribe with Generic Name : dipyrone, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ANALGIN tab BARALGAN-M inj BARALGAN-M tab METNIMEZ tab NOVALGIN inj ULTRAGIN INJ amp

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([all drugs])

disopyramide

CIMS Class : (Cardiac Drugs)

disopyramide

P - Caution when used during pregnancy

L - Caution when used during lactation

related disopyramide information

Indication & Dosage

Oral

Supraventricular and ventricular arrhythmias

Adult: 300-800 mg daily in divided doses (as conventional capsules every 6 hr; as extended-release capsules every 12 hr), adjusted according to patient's response.

Child: 12-18 yr: 6-15 mg/kg daily; 4-12 yr: 10-15 mg/kg daily; 1-4 yr: 10-20 mg/kg daily; <1 yr: 10-30 mg/kg daily.

CrCl (ml/min)

Dosage Recommendation

>40

400 mg daily in divided doses.

30-40

100 mg every 8 hr; avoid modified release preparations.

15-30

100 mg every 12 hr; avoid modified release preparations.

<15

100 mg every 24 hr; avoid modified release preparations.

Hepatic impairment: 400 mg daily in divided doses. Liver cirrhosis: consider a therapeutic range 50% lower than in patients with normal hepatic function.

Intravenous

Supraventricular and ventricular arrhythmias

Adult: 2 mg/kg (max: 150 mg) by slow inj at a rate of =30 mg/min, followed by 200 mg by mouth immediately upon completion of inj and every 8 hr for 24 hr. If arrhythmia recurs, repeat IV inj but not exceeding 300 mg in the 1st hr and 800 mg in 24 hr. Alternatively, initial IV inj may be followed by IV infusion of 0.4 mg/kg/hr (or 20-30 mg/hr) Max: 800 mg daily.

Renal impairment: Dose adjustments may be required.

Hepatic impairment: Dose adjustments may be required.

Overdosage

Symptoms: Anticholinergic side effects, loss of consciousness, hypotension, respiratory arrest, episodes of apnoea, cardiac conduction disturbances, arrhythmias, bradycardia, CHF, asystole and seizures. Management: Fast and aggressive treatment needed even without any symptoms, as it can be fatal. Empty stomach by emesis or gastric lavage. Treatment is supportive with ECG monitoring. Haemodialysis or charcoal haemoperfusion (preferred) may be useful.

Contraindications

Patients with complete heart block; glaucoma; predisposition to urinary retention; myasthenia gravis. Sinus node disease in absence of pacemaker. Cardiomyopathy. Cardiogenic shock. Hypotension. Hypersensitivity. Children.

Special Precautions

Conduction disorders or uncompensated heart failure. Pregnancy and lactation. Renal and hepatic failure. Family history of glaucoma. Correct potassium deficiency.

Adverse Drug Reactions

Impotence, constipation, difficulty in micturition, dry mouth, blurred vision, nausea, bloating, abdominal pain, vomiting, diarrhoea, colic. Psychosis, depression, skin rashes, dizziness, fatigue, muscle weakness, headache, cholestatic jaundice, elevated liver enzymes, thrombocytopenia, agranulocytosis, ventricular tachycardia and fibrillation, heart failure, hypotension, conduction disturbances.

Potentially Fatal: Urinary retention, severe cardiovascular depression if given as rapid IV inj. High risk of recurrence of failure

in patients with history of congestive cardiac failure. Negative inotropic effect especially prominent in patients with cardiomyopathy, hypertension and uncompensated cardiac failure.

Drug Interactions

Avoid other Class I antiarrhythmics and other cardiac depressants including ß-blockers except in life-threatening arrhythmias. Risk of worsening of arrhythmias, precipitation of new arrhythmias and ventricular fibrillation when used with other anti-arrhythmics. Reduced efficacy when co-admin with phenytoin.
Potentially Fatal: Enhanced antimuscarinic effects with other antimuscarinic drugs. Potentiates negative chronotropic and inotropic effects of ß-blockers and verapamil. Potentiates inhibitory effect on the conduction system produced by digitalis. Potentiates QT interval prolongation produced by TCAs and amiodarone.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals

are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intravenous: Store below 30°C. Oral: Store below 30°C.

Mechanism of Action

Disopyramide is a Ia antiarrhythmic agent which acts by decreasing myocardial excitability and conduction velocity. It lengthens the effective refractory period of the atrium. It also possesses antimuscarinic and negative inotropic effects.

Absorption: Readily and almost completely absorbed from the GI tract (oral); peak plasma concentrations after 0.5-3 hr.

Distribution: Crosses the placenta and enters the breast milk. Protein-binding: 50-65%.

Metabolism: Hepatic: Partial metabolism; converted to mono-N-dealkylated disopyramide (also has antiarrhythmic and antimuscarinic properties).

Excretion: Mainly in the kidneys via urine (50% as unchanged, 20% as N-dealkylated metabolite and 10% as other metabolites; via the faeces (10% of the dose). 4-10 hr (elimination half-life); may be increased in cardiac failure, renal and hepatic impairment.

CIMS Class

Cardiac Drugs

ATC Classification

C01BA03 - disopyramide; Belongs to class Ia antiarrhythmics used in the treatment of arrhythmia.

*disopyramide information:
Note that there are some more drugs interacting with disopyramide
disopyramide
disopyramide brands available in India
Always prescribe with Generic Name : disopyramide, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : NORPACE cap REGUBEAT tab
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([all drugs])

disulfiram

CIMS Class : (Antidotes, Detoxifying Agents & Drugs Used in Substance Dependence)

disulfiram

P - Caution when used during pregnancy

L - Caution when used during lactation

related disulfiram information

Indication & Dosage

Oral

Adjunct in chronic alcoholism

Adult: 800 mg as a single dose on the 1st day of treatment, reduce dose by 200 mg daily. Maintenance: 100-200 mg daily.

Administration

May be taken with or without food.

Contraindications

Hypersensitivity, CVS diseases; peripheral neuropathy, psychosis. Not to be used in patients with alcohol intoxication.

Special Precautions

Diabetes, epilepsy, hepatic/renal impairment, hypothyroidism, cerebral damage, elderly. Liver function and blood tests should be monitored regularly. Pregnancy and lactation.

Adverse Drug Reactions

Drowsiness, fatigue, lassitude, psychotic reactions, peripheral and optic neuropathies, hepatotoxicity, garlic-like or metallic after-taste, GI upset, body odour, bad breath, headache, impotence.
Potentially Fatal: Respiratory depression, CV collapse, arrhythmias, myocardial infarction, acute CHF, convulsions, sudden death.

Drug Interactions

Inhibits hepatic enzymes thus interferes with metabolism of other drugs; enhances anticoagulant effects ofphenytoin and coumarin. Adverse CNS effects may be precipitated with concurrent metronidazole, INH or MAOI therapy. Tricyclic antidepressants exacerbate symptoms of disulfiram alcohol reaction.

Potentially Fatal: Disulfiram alcohol interaction: Intense flushing of neck and face accompanied by heat and sweating, tachycardia, palpitation, dyspnoea, dizziness, headache, HTN initially and then hypotension; GI disturbances, exhaustion, convulsions and cardiopulmonary arrest.

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Disulfiram inhibits aldehyde dehydrogenase, the oxidative enzyme of acetaldehyde, a metabolite of alcohol. The latter is accumulated in the blood, thus producing unpleasant symptoms of disulfiram-alcohol reaction when a patient has taken small amounts of alcohol.
Onset: 12 hrs.
Duration: 1-2 wk after last dose.
Absorption: Rapidly absorbed from the GIT; peak plasma concentrations after 8-10 hrs (oral).
Metabolism: Reduction to diethyldithiocarbamate by the glutathione reductase system in the erythrocytes.
Excretion: Urine (as metabolites); exhaled gas (carbon disulphide).

CIMS Class

Antidotes, Detoxifying Agents & Drugs Used in Substance Dependence

ATC Classification

N07BB01 - disulfiram; Belongs to the class of drugs used in the management of alcohol dependence.
P03AA04 - disulfiram; Belongs to the class of sulfur-containing agents used as ectoparasiticides.

*disulfiram information:
Note that there are some more drugs interacting with disulfiram
disulfiram
disulfiram brands available in India
Always prescribe with Generic Name : disulfiram, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : CHRONOL tab DEADICT tab DE-QUIT tab DFM tab DIABUSE tab DISULFIRAM tab MEDIBUSE tab NT-ADDICT tab

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([all drugs])

divalproex sodium

CIMS Class : (Antipsychotics) , (Antimigraine Preparations) , (Anticonvulsants)

divalproex sodium

P - Contraindicated in pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related divalproex sodium information

Indication & Dosage

Oral

Primary generalised seizures

Adult: Initially, 10-15 mg/kg/day in 2-4 divided doses, if necessary, increase at 5-10 mg/kg/wk. Max: 60 mg/kg/day.

Child: =10 yr: Initially, 10-15 mg/kg/day in 2-4 divided doses, if necessary, increase at 5-10 mg/kg/wk. Max: 60 mg/kg/day.

Oral

Partial seizures

Adult: Initially, 10-15 mg/kg/day in 2-4 divided doses, if necessary, increase at 5-10 mg/kg/wk. Max: 60 mg/kg/day.

Child: =10 yr: Initially, 10-15 mg/kg/day in 2-4 divided doses, if necessary, increase at 5-10 mg/kg/wk. Max: 60 mg/kg/day.

Oral

Acute manic episodes of bipolar disorder

Adult: Initially, 25 mg/kg once daily, may increase rapidly to achieve optimal response at the lowest therapeutic dose. Max: 60 mg/kg/day.

Oral

Prophylaxis of migraine

Adult: 500 mg once daily for 1 wk, may increase to 1000 mg once daily.

Administration

Should be taken with food.

Contraindications

Hepatic disease or severe hepatic impairment; porphyria. Pregnancy.

Special Precautions

Children <2 yr; congenital metabolic disorders; organic brain disease or severe seizure disorders; HIV infection; renal impairment; lactation. Monitor liver function before and during the 1st 6 mth of therapy. Monitor platelet function, signs of pancreatitis and SLE. Gradual withdrawal of valproate. May impair ability to drive or operate machinery. Increased risk of hyperammonaemic encephalopathy in patients with urea cycle disorders.

Adverse Drug Reactions

Behavioural/mood changes; hyperammonaemia; pancreatitis, thrombocytopenia. Abdominal cramps, anorexia, diarrhoea, hair loss, indigestion, nausea and vomiting; tremor; unusual weight loss or gain.
Potentially Fatal: Hepatic failure, pancreatitis.

Drug Interactions

Felbamate increases valproate levels. Phenytoin, phenobarbitone and carbamazepine lower valproate levels. Increased risk of hepatotoxity with hepatotoxic drugs.

Potentially Fatal: Potentiates action of CNS depressants (barbiturates, primidone) and alcohol.

Food Interaction

Food may delay the extent of absorption. Divalproex may cause GI upset; take with large amount of water of food to decrease GI upset.

Lab Interference

False positive result for urine ketones. May alter the results of thyroid function tests.

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Divalproex sodium dissociates to the valproate ion in the GI tract. It is thought to work by increasing brain concentrations of GABA which may also play an important role in the prevention of migraine attacks.

Distribution: Plasma protein binding ranges from 10-18.5%.

Metabolism: Almost entirely by liver.

CIMS Class

Antipsychotics / Antimigraine Preparations / Anticonvulsants

*divalproex sodium information:

Note that there are some more drugs interacting with divalproex sodium

divalproex sodium

divalproex sodium brands available in India

Always prescribe with Generic Name : divalproex sodium, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : DEPAKOTE tab DESVAL-ER tab DICORATE tab DICORATE-ER tab DILEX tab DIPROEX tab DIPROEX-ER tab DISORATE enteric-coated tab DISOVAL-ER film-coated

tab DIVAA tab DIVALEX-OD ER-tab DIVALIN extentab DIVALIN-OD ER-tab DIVALPRID-OD ER-film-coated tab DIVALPRO tab DIVALPRO XR tab DIVALRATE ER extentab DRVEL-ER tab D-VAL ER-tab ELIVAL CR tab EPILEX CHRONO film-coated tab EPREA tab GENVAL-OD ER-tab KAYVAL tab NAVALIN tab PROVAL-ER extentab TIKOPREX tab TREND-XR extentab TRIVAL-CR film-coated tab VAL FCD tab VAL XR extentab VALANCE enteric-coated tab VALANCE-OD tab VALATE CHRONO tab VALCOT-CR film-coated tab VALDIP tab VALEP CHRONO tab VALIMEP-CR tab VALPARIN CHRONO CR-tab VALP-ER extentab VALPEX CR-tab VALPORIS CR-tab VALPRET-CR tab VALPRID-CR film-coated tab VALPROL-CR syr VALPROL-CR tab VALPROSYM-CR tab VAPID-CR tab ZORAT CR 500 tab ZORAT CR tab

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([all drugs])

dobutamine

CIMS Class : (Cardiac Drugs)

dobutamine

P - Caution when used during pregnancy

related dobutamine information

Indication & Dosage

Intravenous

Acute heart failure

Adult: 2.5-10 mcg/kg, up to 0.5-40 mcg/kg according to patient's heart rate, cardiac output, BP and urine output.

Intravenous

Cardiac stress test

Adult: 5 mcg/kg/min for 8 min using a 1 mg/ml solution, dose is then increased at 5 mcg/kg/min until 20 mcg/kg/min, with each dose being infused for 8 min before the next increase. Monitor ECG and stop infusion ifarrhythmias, marked ST segment depression or other adverse effects occur.

Overdosage

Symptoms may include anorexia, nausea, vomiting, tremor, anxiety, palpitations, headache, shortness of breath, and anginal and nonspecific chest pain. Treatment includes discontinuing drug admin, establishing an airway, ensuring oxygenation and ventilation. Initiate resuscitative measures immediately. Severe ventricular tachyarrhythmias may be treated with propranolol or lidocaine. Hypertension usually responds to dose reduction or therapy discontinuation.

Contraindications

Hypersensitivity; idiopathic hypertrophic subaortic stenosis (IHSS).

Special Precautions

Correct hypovolaemia prior to treatment. Increased risk of rapid ventricular response in patients with atrial fibrillation. Insufficient data to determine the safety and efficacy of dobutamine use after acute MI. Elderly. Neonates. Pregnancy.

Adverse Drug Reactions

Increased heart rate and BP, ectopic beats, palpitation. Nausea, headache, chest pain, palpitation, dyspnoea, paraesthesia, leg cramps. Tissue necrosis at site of extravasation.
Potentially Fatal: Cardiac arrhythmias, allergy (rare), MI and hypotension.

Drug Interactions

Increased cardiac output when used with nitroprusside. Increased vasopressor effect of dobutamine when used with bretylium, guanethidine, oxytocic drugs or TCAs.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Intravenous: Store at 15-30°C.

Mechanism of Action

Dobutamine increases contractility and heart rate by stimulating ß-adrenergic receptors in the cardiac tissues.

Absorption: Inactivated in the GI tract (oral).

Metabolism: Converted to 3-O-methyldobutamine.

Excretion: Mainly via urine, via faeces (small amounts); 2 min (elimination half-life).

CIMS Class

Cardiac Drugs

ATC Classification

C01CA07 - dobutamine; Belongs to the class of adrenergic and dopaminergic cardiac stimulants excluding glycosides. Used in the treatment of heart failure.

*dobutamine information:
Note that there are some more drugs interacting with dobutamine
dobutamine
dobutamine brands available in India
Always prescribe with Generic Name : dobutamine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : CARDIFORCE vial CARDIJECT vial DOBICARD amp DOBIER amp DOBIER-LYPHO vial DOBIER-S amp DOBION inj DOBONIS inj DOBONIS-LP vial DOBUCARD vial DOBUCEF vial DOBUCIN inj DOBUGEN-PF amp DOBUGEN-PFV

vial DOBUNEX PF vial DOBURAN amp DOBUSOL amp DOBUSTAT inj DOBUTAM vial DOBUTASYS inj DOBUTREX vial DOBUTROP inj DOTAMIN vial ICIDOB vial INOJECT inj KARDIA amp

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([all drugs])

docetaxel

CIMS Class : (Cytotoxic Chemotherapy)

docetaxel

P - Contraindicated in pregnancy

L - Caution when used during lactation

related docetaxel information

Indication & Dosage

Intravenous

Breast cancer

Adult: As a single agent: Initially, 60-100 mg/m2 BSA by infusion once every 3 wk. In combination therapy: 75 mg/m2 once every 3 wk.

Hepatic impairment: ALT and/or AST >1.5 times the upper limit of normal (ULN), and alkaline phosphatase >2.5 times the ULN:

Reduce dose from 100 mg/m2 to 75 mg/m2. Avoid in severe impairment.

Intravenous

Head and neck cancer

Adult: 75 mg/m2 BSA once every 3 wk. For gastric adenocarcinoma: Dose is given before cisplatin and fluorouracil. For head and neck cancer: Treatment is given for 3 cycles followed by chemoradiotherapy or 4 wk followed by radiotherapy alone. For prostatic cancer: May be given with oral prednisolone 5 mg bid continuously during treatment.

Hepatic impairment: ALT and/or AST >1.5 times the upper limit of normal (ULN), and alkaline phosphatase >2.5 times the ULN: : Reduce dose from 100 mg/m2 to 75 mg/m2. Avoid in severe impairment.

Intravenous

Non-small cell lung cancer

Adult: 75 mg/m2 BSA once every 3 wk. For gastric adenocarcinoma: Dose is given before cisplatin and fluorouracil. For head and neck cancer: Treatment is given for 3 cycles followed by chemoradiotherapy or 4 wk followed by radiotherapy alone. For prostatic cancer: May be given with oral prednisolone 5 mg bid continuously during treatment.

Hepatic impairment: ALT and/or AST >1.5 times the upper limit of normal (ULN), and alkaline phosphatase >2.5 times the ULN: : Reduce dose from 100 mg/m2 to 75 mg/m2. Avoid in severe impairment.

Intravenous

Prostate cancer

Adult: 75 mg/m2 BSA once every 3 wk. For gastric adenocarcinoma: Dose is given before cisplatin and fluorouracil. For head and neck cancer: Treatment is given for 3 cycles followed by chemoradiotherapy or 4 wk followed by radiotherapy alone. For prostatic cancer: May be given with oral prednisolone 5 mg bid continuously during treatment.

Hepatic impairment: ALT and/or AST >1.5 times the upper limit of normal (ULN), and alkaline phosphatase >2.5 times the ULN: : Reduce dose from 100 mg/m2 to 75 mg/m2. Avoid in severe impairment.

Intravenous

Gastric adenocarcinoma

Adult: 75 mg/m2 BSA once every 3 wk. For gastric adenocarcinoma: Dose is given before cisplatin and fluorouracil. For head and neck cancer: Treatment is given for 3 cycles followed by chemoradiotherapy or 4 wk followed by radiotherapy alone. For

prostatic cancer: May be given with oral prednisolone 5 mg bid continuously during treatment.
Hepatic impairment: ALT and/or AST >1.5 times the upper limit of normal (ULN), and alkaline phosphatase >2.5 times the ULN: : Reduce dose from 100 mg/m2 to 75 mg/m2. Avoid in severe impairment.

Contraindications

Previous severe hypersensitivity reaction to docetaxel, the solvent or polysorbate 80. Severe neutropenia; pregnancy, severe liver impairment.

Special Precautions

Lactation. Hepatic impairment. Monitor liver blood function and blood counts regularly. Premedication with oral dexamethsaone at 16 mg daily for 3 days, starting one day before docetaxel treatment is recommended.

Adverse Drug Reactions

Erythematous patches, eruptions, scleroderma, onycholysis, alopoecia, nausea, vomiting, diarrhoea, stomatitis; increases in hepatic transaminases, bilirubin and alkaline phosphatase; mucositis, asthenia, arthralgia, myalgia, paroxysmal atrial tachycardia, atrial flutter, dysrrhythmia, hypertension and heart failure.

Potentially Fatal: Neutropenia; fluid retention syndrome; anaemia.

Drug Interactions

Co-admin of drugs that induce, inhibit, or metabolised by cytochrome P-450 isoenzyme may affect the metabolism of docetaxel.

Potentially Fatal: Caution should be exercised during concomitant therapy with ciclosporin, terfenadine,ketoconazole, erythromycin and troleandomycin.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or

for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Store at 2-25°C.

Mechanism of Action

Docetaxel disrupts the microtubular network in cells that is essential for vital mitotic and interphase cellular functions. It binds to the free tubulin and promotes the assembly of tubulin into stable microtubules while simultaneously inhibiting their disassembly, resulting in inhibition of mitosis.

Distribution: Rapidly distributed throughout body tissues. Protein-binding: >95%

Metabolism: Extensively hepatic.

Excretion: Faeces (as metabolites), urine; 11 hr (elimination half-life).

CIMS Class

Cytotoxic Chemotherapy

ATC Classification

L01CD02 - docetaxel; Belongs to the class of plant alkaloids and other natural products, taxanes. Used in the treatment of cancer.

*docetaxel information:
Note that there are some more drugs interacting with docetaxel
docetaxel
docetaxel brands available in India
Always prescribe with Generic Name : docetaxel, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : CELTERE vial DAXOTEL vial DETAXL vial DOCECAD vial DOCEFREZ vial DOCET vial DOCETAX inj DOCETEC vial DOCETERE vial DOXEL vial FERDOTAX vial TACEEDO vial TAXOTERE vial TAXUBA vial TUBITERE vial WINTAXEL vial ZENOTERE vial
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([all drugs])
docusates
CIMS Class : (Laxatives, Purgatives)

docusates

P - Caution when used during pregnancy

L - Caution when used during lactation

related docusates information

Indication & Dosage

Oral

Constipation

Adult: As calcium: 240 mg. As sodium: 50-300 mg daily in divided doses, increased up to 500 mg daily.

Child: 120 mg daily.

Rectal

Constipation

Adult: 120-200 mg given as an enema.

Contraindications

Hypersensitivity; intestinal obstruction, undiagnosed abdominal pain; prolonged use. It should not be used to soften earwax when there is inflammation and/or eardrum perforation.

Special Precautions

Pregnancy, lactation, neonates; do not give with liqd paraffin; rectal prep not to be given if haemorrhoids or anal fissure present.

Adverse Drug Reactions

Diarrhoea, nausea, abdominal cramps, skin rash. Rectal: Anorectal pain or bleeding.

Storage

Oral: Store at 15-30°C. Rectal: Store at 15-30°C.

Mechanism of Action

Docusates are faecal softeners used mainly in the treatment of constipation. These anionic surfactants are considered to act primarily by increasing the penetration of fluid into the faeces.
Onset: 12-72 hr.
Absorption: Absorbed from the GI tract (oral).
Distribution: Enters breast milk (as sodium).
Excretion: Faeces

CIMS Class

Laxatives, Purgatives

*docusates information:

docusates

docusates brands available in India

Always prescribe with Generic Name : docusates, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CELLUBRIL cap CELLUBRIL syr DOSLAX cap LAXICON enema LAXICON tab

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([all drugs])

domperidone

CIMS Class : (GIT Regulators, Antiflatulents & Anti-inflammatories) , (Antiemetics)

domperidone

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related domperidone information

Indication & Dosage

Oral

Nausea and vomiting

Adult: 10-20 mg every 4-8 hr. Max: 80 mg/day.

Child: >2 yr and >35 kg: 10-20 mg 3-4 times daily. Max: 80 mg daily.

Oral

Non ulcer dyspepsia

Adult: 10-20 mg tid and at night.

Oral

Migraine

Adult: 20 mg every 4 hr, in combination with paracetamol, as required. Max: 4 doses in 24 hr.

Rectal

Nausea and vomiting

Adult: 60 mg bid.

Child: 60 mg bid.

Max Dosage:

Administration

Should be taken on an empty stomach. (Take 15-30 mins before meals.)

Contraindications

Hypersensitivity. GI haemorrhage, obstruction and perforation, patients with prolactin releasing pituitary hormone, chronic admin or routine prophylaxis of postoperative nausea and vomiting.

Special Precautions

Phaeochromocytoma; children<2 yr, elderly; renal or hepatic impairment. Risk of cardiac arrhythmias and hypokalaemia if administered IV. Pregnancy and lactation.

Adverse Drug Reactions

Drowsiness, extrapyramidal reactions, galactorrhoea, gynaecomastia; constipation or diarrhoea, lassitude, decreased libido, skin rash, itch.
Potentially Fatal: Convulsions, arrhythmias and cardiac arrest, dysrrhythmias in patients with CV disease or hypokalaemia,

patients on cancer chemotherapy. Seizures; hypertensive crisis in patients with phaeochromocytoma.

Drug Interactions

Reduces absorption of digoxin. Increases absorption of aspirin, paracetamol and oral diazepam. Enhances CNS depression by phenothiazine. Antimuscarinic agents and opioids antagonise GI effects. May antagonise hypoprolactinaemic effect of drugs such as bromocriptine. Increased effects when used with CYP3A4 inhibitors such as erythromycin or ritonavir.

Food Interaction

Delayed absorption but higher bioavailability due to reduced first-pass metabolism in gut wall.

Storage

Oral: Store at 15-30°C. Rectal: Store at 15-30°C.

Mechanism of Action

Domperidone is a peripheral dopamine-receptor blocker. It increases oesophageal peristalsis, lower oesophageal sphincter pressure, gastric motility and peristalsis, thus facilitating gastric emptying and decreasing small bowel transit time.

Onset: Oral: 30 min-1hr.

Duration: Oral: 6-8 hr.

Absorption: Peak plasma concentrations after 1 hr (rectal), 30 min (oral).

Distribution: Enters breast milk (small amounts). Protein-binding: >90%.

Metabolism: Extensively hepatic.

Excretion: Urine (as metabolites), faeces (as unchanged drug); 7.5 hr (elimination half-life).

CIMS Class

GIT Regulators, Antiflatulents & Anti-inflammatories / Antiemetics

ATC Classification

A03FA03 - domperidone; Belongs to the class of propulsives. Used in the treatment of functional gastrointestinal disorders.

*domperidone information:

Note that there are some more drugs interacting with domperidone

domperidone further details are available in official CIMS India

domperidone

domperidone brands available in India

Always prescribe with Generic Name : domperidone, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AGLODOM susp AGLODOM tab ALDOM drops AZINORM dispertab AZINORM susp AZINORM-C tab CASDOM drops CASDOM tab COSDOME dispertab CUDOM tab DMP dispertab DMP susp DOM tab DOMACARE tab DOMACT dispertab DOMACT drops DOMBUS drops DOMCOLIC syr DOMCOLIC tab DOMDAY cap DOMDEN MD-tab DOMDEN syr DOMDON susp DOM-DT tab DOMEL-MT tab DOMERIT drops DOMI susp DOMI tab DOMITIL tab DOMKAIR liqd DOMKAIR tab DOMLYX drops DOM-MPS chewable tab DOMNE CR-tab DOMPED dispertab DOMPED susp DOMPED tab DOMPERI DT-tab DOMPERI susp DOMPERISTAL tab DOMPERON drops DOMPERON MEL-tab DOMPERON susp DOMPERON-OD SR-cap DOMPET tab DOMPON dispertab DOMPON F tab DOMPON

susp DOMPRO tab DOMSETTLER SUSP. susp DOMSI susp DOMSIN P-drops DOMSTAL dispertab DOMSTAL drops DOMSTAL MEL-tab DOMSTAL MPS tab DOMSTAL susp DOMSTAL tab DOMTOP dispertab DOMTOP P-drops DOMZOLE-R HG-cap DOVEN-DT tab EMESTAL susp EMESTAL tab EMIDON dispertab EMIDON susp EMITIN susp EMITIN tab ENDOPACE susp ENDOPACE tab GASPAZ film-coated tab GASPAZ-DS dispertab GASTRACTIV susp GASTRACTIV tab GASTRIUM dispertab GASTRIUM susp JUDOM drops JUNIDOM-RDS supp LANS-DX cap MOTILIUM-M tab MOTINORM dispertab MOTINORM drops MOTINORM susp MOTINORM syr MOTINORM tab MOTIWIN drops MOTIWIN susp MOTIWIN tab NAUSHI drops NAUSIDOME susp NAUSIDOME tab NORMETIC susp NORMETIC tab OTRON-D MD-tab PERISTAR syr PRODOM drops PRODOM MM-tab PRODOM susp RABTIC-D cap SAN-DT dispertab STARDOM dispertab STARDOM drops STOPVOM P-susp STOPVOM tab TAURDOM susp TAURDOM tab TRIDOM dispertab TRIDOM susp UGINORM MT tab UNIDOM dispertab VARDOM-DT tab VERTICER tab VOMI susp VOMI-DT tab VOMISTOP dispertab VOMISTOP drops VOMISTOP SR-tab VOMISTOP tab VOMSTAL dispertab VONO tab ZIDON DT-tab ZIDON syr ZYDOM-DT tab

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([all drugs])

domperidone + paracetamol

CIMS Class : (Antimigraine Preparations)

domperidone + paracetamol

Food ¤ - Food interaction

related domperidone + paracetamol information

Indication & Dosage

Oral

Migraine

Adult: 2 tab (20 mg domperidone/1000 mg paracetamol) at onset of migraine attack. Repeat up to every 4 hr if required. Max: 4 g paracatamol/day.

Max Dosage: 8 tab (4 doses) in 24 hr.

Contraindications

Hypersensitivity. GI haemorrhage, obstruction and perforation, patients with prolactin releasing pituitary hormone or chronic admin or for prophylaxis of postoperative nausea and vomiting.

Special Precautions

Phaeochromocytoma; children, elderly; renal or hepatic impairment, risk of cardiac arrhythmias and hypokalaemia if administered IV. Pregnancy, lactation and alcohol-dependent patients.

Adverse Drug Reactions

Drowsiness, extrapyramidal reactions, galactorrhoea, gynaecomastia; constipation or diarrhoea, lassitude, decreased libido, nausea, allergic reactions, skin rashes, acute renal tubular necrosis.

Potentially Fatal: Domperidone: convulsions, arrhythmias and cardiac arrest, dysrhythmias in patients with CV disease or hypokalaemia, patients on cancer chemotherapy. Seizures, hypertensive crisis in patients with pheochromocytoma are seen.

Paracetamol, very rare, blood dyscrasias (eg, thrombocytopaenia, leucopaenia, neutropaenia, agranulocytosis); liver damage are seen.

Drug Interactions

Domperidone reduces absorption of oral digoxin, increases absorption of aspirin and oral diazepam. Enhances CNS depression by phenothiazines. Antimuscarinic agents and opioids antagonise GI effects of domperidone.
Paracetamol reduced absorption of cholestyramine within 1 hr of admin and accelerates absorption ofmetoclopramide.
Potentially Fatal: Paracetamol increases the risk of liver damage in chronic alcoholics. Increased risk of toxicity with other hepatotoxic drugs or drugs which induce microsomal enzymes.

Food Interaction

Delayed absorption of domperidone but higher bioavailability due to reduced first-pass metabolism in gut wall. Decreased rate of absorption of paracetamol with food.

Mechanism of Action

Domperidone is a dopamine antagonist which works to prevent vomiting (symptom of migraine). Domperidone is given with paracetamol, an analgesic, for relief of migraine.

CIMS Class

Antimigraine Preparations

ATC Classification

A03FA03 - domperidone; Belongs to the class of propulsives. Used in the treatment of functional gastrointestinal disorders.
N02BE01 - paracetamol; Belongs to the class of anilide preparations. Used to relieve pain and fever.

*domperidone + paracetamol information:
Note that there are some more drugs interacting with domperidone + paracetamol
domperidone + paracetamol
domperidone + paracetamol brands available in India
Always prescribe with Generic Name : domperidone + paracetamol, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ALICE-D tab BIOPAR tab CASDOM-P tab CUDOM-P tab DIIKE tab DMP PLUS susp DMP PLUS tab DOMAC tab DOMACT-P tab DOMCET SUSPENSION susp DOMCET tab DOMDEN-P tab DOMKAIR-P tab DOM-P tab DOMPAR

tab DOMPERON PLUS tab DOMPON P tab DOMSTAL-P tab DOSET PLUS tab ELDOM-P tab GRENIL susp GRENIL tab MOTINORM-P tab NOSIRID-P tab OXOKOOL PLUS tab STARDOM-P tab TREMOFEN tab ZIDON PLUS tab

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([all drugs])

donepezil

CIMS Class : (Neurodegenerative Disease Drugs)

donepezil

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related donepezil information

Indication & Dosage

Oral

Mild to moderately severe dementia in Alzheimer's disease

Adult: Initially, 5 mg daily at bedtime, increase if necessary up to 10 mg once daily at bedtime after 4-6 wk.

Elderly: Initially, 5 mg daily at bedtime, increase if necessary up to 10 mg once daily at bedtime after 4-6 wk.

Administration

May be taken with or without food.

Overdosage

Overdose may result in cholinergic crisis; symptoms include severe nausea, vomiting, salivation, hypotension, bradycardia, resp depression, collapse and seizures. Muscle weakness may increase and death may occur if resp muscles are involved. Treatment includes supportive measures and use of tertiary anticholinergics (such as atropine).

Contraindications

Hypersensitivity.

Special Precautions

Caution when used in patients with sick sinus syndrome or cardiac conduction abnormalities. May increase secretion of gastric acid; caution when used in patients at risk of ulcer disease. Patients with COPD, asthma, history of epilepsy, bladder obstruction, prostatic

hypertrophy. May cause dose-related diarrhoea, nausea and/or vomiting which usually resolves after 1-3 wk. Safety and efficacy have not been established in children. Pregnancy, lactation.

Adverse Drug Reactions

Nausea, vomiting, anorexia, wt loss, diarrhoea, insomnia, fatigue, muscle cramps; headache and dizziness; syncope, bradycardia; convulsions; increased liver transaminases; sinoatrial and atrioventricular block; hallucinations, agitation and aggressive behavior; minor increases in plasma creatine kinase; potentially bladder outflow obstruction.

Drug Interactions

May increase the neurotoxic effect of antipsychotics. Concurrent use with systemic corticosteroids may increase the adverse effects of donepezil. May increase the neuromuscular-blocking effect of succinylcholine. May increase the adverse effects of cholinergic agonists. May increase the bradycardic effect of ß-blockers.

Food Interaction

Ginkgo biloba may increase the adverse effects of donepezil.

Storage

Oral: Store below 30°C.

Mechanism of Action

Donepezil reversibly and noncompetitively inhibits centrally-active acetylcholinesterase. It is used for the symptomatic treatment of Alzheimer's disease.

Absorption: Well absorbed in the GI tract. Plasma levels peak within 3-4 hr after oral admin.

Distribution: Protein binding: About 95% (mainly albumin).

Metabolism: Partially metabolised in the liver mainly by CYP3A4 to 4 major metabolites.

Excretion: Elimination half-life: About 70 hr. Steady-state concentrations are achieved within 3 wk of treatment initiation.

CIMS Class

Neurodegenerative Disease Drugs

ATC Classification

N06DA02 - donepezil; Belongs to the class of anticholinesterases. Used in the management of dementia.

*donepezil information:
Note that there are some more drugs interacting with donepezil
donepezil further details are available in official CIMS India
donepezil
donepezil brands available in India
Always prescribe with Generic Name : donepezil, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ARICEP tab DEPZIL film-coated tab DONASURE tab DONAZ tab DONECEPT tab DONEP syr DONEP tab DOPEZIL tab DORENT tab NOZIL-10 film-coated tab NOZIL-5 film-coated tab
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([all drugs])
dopamine
CIMS Class : (Cardiac Drugs)

dopamine

P - Caution when used during pregnancy

Lab ¤ - Lab interference

related dopamine information

Indication & Dosage

Intravenous

Acute heart failure

Adult: As hydrochloride: Initially, 1-5 mcg/kg/min increased gradually by up to 5-10 mcg/kg/min according to the patient's BP, cardiac output and urine output. Up to 20-50 mcg/kg/min may be required in seriously ill patients.

Overdosage

Symptoms include excessive BP elevation. Treatment includes reducing rate of admin or temporarily discontinuing therapy until patient's condition stabilises. Usually, no additional remedial measures are needed as dopamine has short duration of action. In severe cases, short-acting a-adrenergic blocking agent, phentolamine, may be used.

Contraindications

Pheochromocytoma, uncorrected tachyarrhythmias, ventricular fibrillation. Hypersensitivity.

Special Precautions

Shock secondary to MI, history of peripheral vascular disease. Correct hypovolaemia before infusion. History of occlusive vascular disease e.g, atherosclerosis, Raynaud's disease, Buerger's disease, diabetic endarteritis; disproportionate increase in diastolic pressure. Pregnancy.

Adverse Drug Reactions

Nausea, vomiting, tachycardia, ectopic beats, palpitation, anginal pain, hypotension, vasoconstriction, bradycardia, hypertension, dyspnoea, headache, widened QRS complexes, azotaemia.

Drug Interactions

Cyclopropane and halogenated hydrocarbon anaesthetics may sensitise myocardium to dopamine and precipitate ventricular arrhythmias. MAO inhibitors prolong and increase dopamine

effects. Ergots potentiate vasoconstriction action of dopamine. Alpha-blockers unmask dopamine's beta action.

Lab Interference

Suppresses pituitary secretion of thyroid-stimulating hormone, growth hormone and prolactin.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intravenous: Store below 30°C.

Mechanism of Action

Dopamine stimulates dopaminergic receptors at lower doses producing renal and mesenteric vasodilation while at higher doses stimulate both dopaminergic and ß-adrenergic receptors producing

cardiac stimulation and renal vasodilation. It increases heart rate and force of contraction. At low infusion rates vasodilatation occurs in the renal, mesenteric, coronary and cerebral beds. At higher rates vasoconstriction in skeletal muscles and a rise in BP.

Absorption: Inactivated in the GI tract and body (oral).

Metabolism: Into dopamine-related products; converted to noradrenaline.

Excretion: Eliminated as metabolic products of noradrenaline; 2 min (elimination half-life).

CIMS Class

Cardiac Drugs

ATC Classification

C01CA04 - dopamine; Belongs to the class of adrenergic and dopaminergic cardiac stimulants excluding glycosides. Used in the treatment of heart failure.

*dopamine information:

Note that there are some more drugs interacting with dopamine

dopamine

dopamine brands available in India

Always prescribe with Generic Name : dopamine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : DOMIN vial DOPACARD inj DOPACEF amp DOPAMINE inj DOPAMINE INJ amp DOPANIS inj DOPAPLUS amp DOPAR amp DOPASOL amp DOPINGA inj DOPRESS amp

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([all drugs])

dorzolamide

CIMS Class : (Antiglaucoma Preparations)

dorzolamide

P - Caution when used during pregnancy

L - Contraindicated in lactation

related dorzolamide information

Indication & Dosage

Ophthalmic

Ocular hypertension, Open-angle glaucoma

Adult: As 2% eye drops: 1 drop tid; bid when used with a topical ß-blocker.

Contraindications

Severe renal impairment; hypersensitivity; hyperchloraemic acidosis. Lactation.

Special Precautions

Hepatic impairment; systemic absorption following topical admin; history of renal calculi or intraocular surgery; chronic corneal defects; risk of choroidal detachment when used after filtration procedures.

Adverse Drug Reactions

Conjunctivitis; superficial punctate keratitis; ocular burning, stinging or itching; eyelid inflammation and crusting; blurred vision; lachrymation; anterior uveitis; transient myopia; corneal oedema; iridocyclitis; headache; dizziness; paraesthesia; asthenia; sinusitis; nausea; hypersensitivity reactions; bitter taste; epistaxis; urolithiasis; rhinitis.

Drug Interactions

Enhance effects of amphetamines, ephedrine, quinidine. Reduce effects of methenamine and its compounds. Enhance antiepileptic-induced osteomalacia. Severe acidosis and increased CNS toxicity with aspirin. Increased excretion of lithium.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Ophthalmic: Store at 15-30°C.

Mechanism of Action

Dorzolamide is a carbonic anhydrase inhibitor that reduces formation of hydrogen and carbonate ions from CO_2 and water thereby reducing aqueous humor secretion, thus lowering intraocular pressure.

CIMS Class

Antiglaucoma Preparations

ATC Classification

S01EC03 - dorzolamide; Belongs to the class of carbonic anhydrase inhibitors used in the treatment of glaucoma and miosis.

*dorzolamide information:
Note that there are some more drugs interacting with dorzolamide
dorzolamide
dorzolamide brands available in India
Always prescribe with Generic Name : dorzolamide, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : DORTAS eye drops DORZOX eye drops MISOPT eye drops OCUDOR eye drops OCUDOR-T eye drops
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([all drugs])
dosulepin

CIMS Class : (Antidepressants)

dosulepin

P - Caution when used during pregnancy

L - Caution when used during lactation

related dosulepin information

Indication & Dosage

Oral

Depression

Adult: Initially, 25 mg tid, gradually increased to 50 mg tid if necessary, alternatively as a single dose at night. Up to 225 mg/day may be used in severe depression.

Elderly: Initially, 50-75 mg daily.

Contraindications

Hypersensitivity, recent MI, neonates, heart block, cardiac arrhythmias, mania, alcohol, other CNS depressants, severe liver disease, prostate disease, children.

Special Precautions

Epilepsy, hypertension, glaucoma, urinary retention, gradual withdrawal, pregnancy, lactation, elderly.

Adverse Drug Reactions

Cholestatic jaundice, sexual dysfunction, exacerbation of psychotic manifestation, cardiac arrhythmias, hypotension, dry mouth, constipation, disturbance of accommodation, tachycardia, postural hypotension, drowsiness, tremors and skin rash. Withdrawal symptoms with abrupt cessation: Insomnia, irritability and excessive sweating.

Potentially Fatal: Bone marrow depression, cardiac arrhythmias and agranulocytosis, reports of ventricular fibrillation and renal failure.

Drug Interactions

Barbiturates reduce antidepressant effect of dosulepin. Raised serum concentrations with methylphenidate. Cigarette smoking enhances metabolism. Increased risk of ventricular arrhythmias when used with drugs that prolong QT interval.

Potentially Fatal: Should not be given concurrently or within 14 days of stopping MAOIs. Potentiates catecholamines,

sympathomimetics, narcotics and alcohol. Reduces hypotensive activity of bethanidine,guanethidine.

Mechanism of Action

Also known as dothiepin. It inhibits the neuronal re-uptake of noradrenaline in the CNS. Its antidepressant activity appears to be related with inhibition of monoamine neurotransmitter re-uptake.
Absorption: Readily absorbed from the GI tract (oral).
Distribution: Enters breast milk.
Metabolism: Extensively hepatic via demethylation to desmethyldothiepin, S-oxidation.
Excretion: Urine (as metabolites), faeces (small amounts).
Elimination half-life: 14-24 hr (dosulepin), 23-46 hr (metabolites).

CIMS Class

Antidepressants

ATC Classification

N06AA16 - dosulepin; Belongs to the class of non-selective monoamine reuptake inhibitors. Used in the management of depression.

*dosulepin information:

Note that there are some more drugs interacting with dosulepin

dosulepin

dosulepin brands available in India

Always prescribe with Generic Name : dosulepin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : DOPIN tab DO-RE-ME tab DOTH tab DOTHCIN tab DOTHERIS tab DOTHEX tab DOTHIN tab DOTHIP film-coated tab DOTHITAB tab ELATE tab EXODEP tab M-DOTHI tab NUDOTH tab PINDEP tab PROTHIADEN film-coated tab THPIN tab

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([all drugs])

doxapram

CIMS Class : (Respiratory Stimulants)

doxapram

related doxapram information

Indication & Dosage

Intravenous

Postoperative respiratory depression

Adult: Initially, 0.5-1.5 mg/kg given via IV inj over at least 30 sec. May repeat hrly, if necessary. Alternatively, it can be given via IV infusion at an initial rate of 2-5 mg/minute, may reduce to 1-3 mg/minute according to patient's response. Max total: 4 mg/kg.

Intravenous

Acute respiratory failure

Adult: 1.5-4 mg/minute by IV infusion.

Overdosage

Symptoms include hypertension, tachycardia, skeletal muscle hyperactivity, enhanced deep tendon reflexes, agitation, confusion, sweating, cough and dyspnoea. Monitor BP, pulse rate and deep tendon reflexes periodically. Management should be symptomatic.

Contraindications

Severe heart disease and hypertension; epilepsy, cerebral oedema, hyperthyroidism, ischaemic heart disease, acute severe asthma, convulsive disorders, phaeochromocytoma, cerebrovascular accident, head injury, physical obstruction of the airway.

Special Precautions

Heart diseases, hepatic or renal impairment. Monitor BP, pulse rate and deep tendon reflexes. Rapid infusion may result in haemolysis. Protect and maintain adequate airway.

Adverse Drug Reactions

Dyspnoea and other respiratory problems. Muscle involvement may range from fasciculations to spasticity or seizures. Headache, dizziness, confusion, hyperactivity, hyperpyrexia particularly in the genital or perineal regions. Nausea, vomiting, diarrhoea, problems with urination. Alterations of BP and various arrhythmias. Thrombophloebitis following extravasation.

Drug Interactions

Pressor effects enhanced by sympathomimetics or MAOIs. Masks residual effects of muscle relaxants. Cardiac arrhythmias with anaesthetics known to sensitise the myocardium. Concurrent use with aminophylline may manifest agitation and increased skeletal muscle activity.

Storage

Intravenous: Store at 15-30°C.

Mechanism of Action

Doxapram is a central and respiratory stimulant which acts by stimulating the peripheral chemoreceptors and central respiratory centers. At higher doses, stimulation of the other parts of the brain and spinal cord occurs. Doxapram also has pressor action and may increase catecholamine release. It improves respiratory depression induced by opioids without affecting analgesia.
Distribution: Rapidly distributed into the tissues after IV admin.
Metabolism: Extensive first-pass effect after IV inj.
Excretion: Metabolites and a small amount of unchanged drug are excreted via bile to the faeces.

CIMS Class

Respiratory Stimulants

ATC Classification

R07AB01 - doxapram; Belongs to the class of respiratory stimulants. Used in treatment of respiratory diseases.

*doxapram information:
doxapram
doxapram brands available in India
Always prescribe with Generic Name : doxapram, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : CAROPRAM inj
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([all drugs])
doxazosin
CIMS Class : (Other Antihypertensives) , (Drugs for Bladder & Prostate Disorders)

doxazosin

P - Caution when used during pregnancy

L - Caution when used during lactation

related doxazosin information

Indication & Dosage

Oral

Hypertension

Adult: As mesilate: Initially, 1 mg at bedtime increased after 1-2 wk according to response. Maintenance: 4 mg once daily. Max: 16 mg daily.

Oral

Benign prostatic hyperplasia

Adult: As mesilate: Initially, 1 mg once daily at bedtime increased after 1-2 wk; monitor BP after 2-6 hr. Maintenance: 2-4 mg daily. Max: 8 mg daily.

Administration

May be taken with or without food.

Overdosage

Symptom of overdosage would include hypotension. IV fluid infusion may be used. Doxazosin is highly protein bound, thus dialysis would not be useful.

Contraindications

Known hypersensitivity to quinazolines.

Special Precautions

Renal or hepatic impairment. Prostatic carcinoma should be ruled out before starting therapy. Orthostatic hypotension may occur at the initiation of therapy or when there is dose increase. Avoid driving or performing hazardous tasks for 24 hr after starting therapy or dose changes. Pregnancy and lactation.

Adverse Drug Reactions

Chest pain, fatigue, headache, influenza-like symptoms, pain, hypotension, palpitation, abdominal pain, diarrhoea, nausea, oedema, dizziness, dry mouth, somnolence, dyspnoea, respiratory disorders, vision abnormalities, impotence, urinary tract infection, increased sweating, anxiety, insomnia. Vertigo, orthostatic

hypotension, arrhythmia, hypotension, arthralgia/arthritis, muscle weakness, myalgia, kinetic disorders, ataxia, hypertonia, muscle cramps, flushing, tinnitus, sexual dysfunction, rhinitis, epistaxis, polyuria, urinary incontinence, fatigue/malaise, face oedema.

Drug Interactions

Decreased hypotensive effect with NSAIDs. Increased hypotensive effect with ß-blockers, diuretics, ACE inhibitors, calcium-channel blockers.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Doxazosin competitively blocks the a1-adrenoceptors on postsynaptic effector cells in arteriolar and venous vascular beds resulting in vasodilation of veins and decrease in total peripheral resistance and BP.

Onset: 2-6 hr (oral).

Duration: 24 hr.

Absorption: Well absorbed from the GI tract; peak plasma concentrations after 2 hr (oral).

Distribution: Protein-binding: Extensive.

Metabolism: Extensively hepatic.

Excretion: Faeces (small amounts as unchanged drug and as metabolites); 22 hr (elimination half-life); not removed by dialysis.

CIMS Class

Other Antihypertensives / Drugs for Bladder & Prostate Disorders

ATC Classification

C02CA04 - doxazosin; Belongs to the class of alpha-adrenoreceptor antagonists, peripherally-acting antiadrenergic agents. Used in the treatment of hypertension.

*doxazosin information:

Note that there are some more drugs interacting with doxazosin

doxazosin further details are available in official CIMS India

doxazosin

doxazosin brands available in India

Always prescribe with Generic Name : doxazosin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ALFAZOSIN tab DOXACARD tab DOXAPRESS tab DURACARD tab DURATEN tab

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([all drugs])

doxepin

CIMS Class : (Antidepressants)

doxepin

P - Caution when used during pregnancy

L - Contraindicated in lactation

related doxepin information

Indication & Dosage

Oral

Depression

Adult: As hydrochloride: Initially, 75 mg daily adjusted according to response; up to 300 mg daily in severely depressed patients; 25-50

mg daily in mildly affected patients. Total daily dose >100 mg should be given in divided doses.

Child:

Administration

May be taken with or without food.

Contraindications

Hypersensitivity; mania, glaucoma, neonates (topical); lactation.

Special Precautions

Epilepsy, CV disease, pregnancy, history of urinary retention, glaucoma; gradual withdrawal. May impair ability to drive or operate machinery.

Adverse Drug Reactions

Drowsiness, dizziness, confusion, headache, dry mouth, constipation, blurring of vision, hypotension, tachycardia, rashes. Topical: Burning, stinging, scaling, oedema and dryness.

Drug Interactions

Methylphenidate may increase plasma doxepin levels.
Potentially Fatal: Potentiates hypertensive action of sympathomimetics. Increased anticholinergic effects with MAOIs. Additive CNS effects with anticholinergics, CNS depressants and alcohol.

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Doxepin inhibits serotonin and norepinephrine re-uptake by the presynaptic neuronal membrane increasing its synaptic conc in the CNS.
Absorption: Readily absorbed from the GIT (oral).
Distribution: Widely distributed; crosses the blood-brain barrier; enters breast milk. Protein-binding: Extensive.
Metabolism: Extensively hepatic via demethylation to desmethyldoxepin, hydroxylation, N-oxidation.

Excretion: Urine (as metabolites); 8-24 hrs (elimination half-life).

CIMS Class

Antidepressants

ATC Classification

N06AA12 - doxepin; Belongs to the class of non-selective monoamine reuptake inhibitors. Used in the management of depression.

*doxepin information:
Note that there are some more drugs interacting with doxepin
doxepin
doxepin brands available in India
Always prescribe with Generic Name : doxepin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : DOXEDEP film-coated tab DOXETAR cap DOXETAR F-cap DOXIN cap DOXURE cream DOXYRIL tab NOCTADERM cream SPECTRA cap

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([all drugs])

doxofylline

CIMS Class : (Antiasthmatic & COPD Preparations)

doxofylline

P - Caution when used during pregnancy

L - Caution when used during lactation

related doxofylline information

Indication & Dosage

Oral

Reversible airways obstruction

Adult: Up to 1200 mg daily.

Mechanism of Action

Doxofylline is a theophylline derivative. Similarly, its mechanism of action is related to the inhibition of phosphodiesterase activities, resulting in bronchodilating effects.

CIMS Class

Antiasthmatic & COPD Preparations

ATC Classification

R03DA11 - doxofylline; Belongs to the class of other systemic drugs used in the treatment of obstructive airway diseases, xanthines.

*doxofylline information:
Note that there are some more drugs interacting with doxofylline
doxofylline
doxofylline brands available in India
Always prescribe with Generic Name : doxofylline, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : BESTOFYLINE syr BESTOFYLINE tab COXYLATE syr COXYLATE tab DOXFIL tab DOXFREE SYR syr DOXFREE tab DOXIBA syr DOXIBA tab DOXMA tab DOXOBID tab DOXOBRON SR-tab DOXOBRON syr DOXOBRON tab DOXOSAFE tab DOXOVENT syr DOXOVENT tab DOXYLIN tab D-XANTHIN SR-tab D-XANTHIN tab EFIN-CR CR-tab EVERDOX tab FILODOX SR-tab FILODOX syr FILODOX tab FYLY tab LUNAIR tab MONOFIN-CR tab MUCOSMA SR-

tab MUCOSMA tab MUCOSMA-T tab OXOWIN tab OXYPUR film-coated tab OXYPUR syr PHYLIN-1 tab PHYLLIN SR-tab PHYLLIN syr PHYLLIN tab ROAR syr ROAR tab SYMPHYLATE syr SYMPHYLATE tab SYNASMA amp SYNASMA tab THEOBUS-DX SR-tab THEODRIL SR-tab THEODRIL syr XYLIN extentab XYLIN syr XYLIN tab ZYLINE-TR tab

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([all drugs])

doxorubicin

CIMS Class : (Cytotoxic Chemotherapy)

doxorubicin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related doxorubicin information

Indication & Dosage

Intravenous

AIDS-related Kaposi's sarcoma

Adult: As pegylated liposome: 20 mg/m2 BSA infused over 30 min once every 2-3 wk.

Hepatic impairment: Moderate impairment (serum-bilirubin: 12-30 mcg/mL): Half the normal dose; severe impairment (serum-bilirubin >30 mcg/mL): Quarter of the usual dose.

Intravenous

Ovarian carcinoma

Adult: As pegylated liposome: 50 mg/m2 BSA infused over 1 hr once every 4 wk.

Hepatic impairment: Moderate impairment (serum-bilirubin: 12-30 mcg/mL): Half the normal dose; severe impairment (serum-bilirubin >30 mcg/mL): Quarter of the usual dose.

Intravenous

Metastatic breast cancer

Adult: 60-75 mg/m2 BSA once every 3 wk in combination with cyclophosphamide given as an infusion over 1 hr diluted in 0.9% sodium chloride or 5% glucose.

Hepatic impairment: Moderate impairment (serum-bilirubin: 12-30 mcg/mL): Half the normal dose; severe impairment (serum-bilirubin >30 mcg/mL): Quarter of the usual dose.

Irrigation

Local malignant neoplasms in the bladder

Adult: 50 ml of a 1 mg/ml solution instilled into the bladder for 1 hr once a mth.

Hepatic impairment: Moderate impairment (serum-bilirubin: 12-30 mcg/mL): Half the normal dose; severe impairment (serum-bilirubin >30 mcg/mL): Quarter of the usual dose.

Overdosage

Acute overdosage may increase the toxic effects of mucositis, leukopenia and thrombocytopenia. Treatment includes hospitalisation of the severely myelosuppressed patient, antimicrobials, platelet transfusions and symptomatic treatment of mucositis. Use of haemopoietic growth factor (G-CSF, GM-CSF) may be considered. Cumulative dosage increases risk of cardiomyopathy and resultant congestive heart failure which may be managed with digitalis preparations, diuretics, and after load reducers such as ACE inhibitors.

Contraindications

Cardiac disease, neonates, pregnancy and lactation, prior irradiation to mediastinum. IM/SC admin. Severe myelosuppression due to previous treatment with antitumour agents or radiotherapy.

Special Precautions

Elderly, children, hepatic impairment. Monitor blood counts and ECG.

Adverse Drug Reactions

Leucopenia, thrombocytopenia, nausea, vomiting, diarrhoea. Rarely facial flushing, rash, alopecia. Blurred vision, headache, seizures, paraesthesia, confusion, malaise, lethargy, skin pigmentation.
Potentially Fatal: Bone marrow suppression, cardiotoxicity.

Drug Interactions

Doxorubicin interacts with a number of other drugs e.g. antibiotics (aminoglycosides), steroids, aminophylline and propranolol.
Potentially Fatal: Cholestasis induced by mercaptopurine may be potentiated by concurrent administration of the drug. Toxicity may be increased if streptozocin is given concurrently.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite

the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Powder for inj: Store at 15-30°C. Solution for inj & liposomal formulations: Refrigerate at 2-8°C. Do not freeze. Irrigation: Powder for inj: Store at 15-30°C. Solution for inj & liposomal formulations: Refrigerate at 2-8°C. Do not freeze.

Mechanism of Action

Doxorubicin is a cytotoxic anthracycline antibiotic. The cytotoxic action results from its binding to DNA and inhibition of nucleic acid synthesis. Doxorubicin has been shown to produce regression in a variety of disseminated malignancies.

Absorption: Rapidly cleared from the blood after IV admin.

Distribution: Distributed into tissues including lungs, liver, heart, spleen and kidneys (IV); crosses the placenta; enters breast milk.

Metabolism: Hepatic; rapidly converted to doxorubicinol.

Excretion: Bile (as unchanged drug); 12 min, 3.3 hr, 30 hr (mean elimination half-lives).

CIMS Class

Cytotoxic Chemotherapy

ATC Classification

L01DB01 - doxorubicin; Belongs to the class of cytotoxic antibiotics, anthracyclines and related substances. Used in the treatment of cancer.

*doxorubicin information:
Note that there are some more drugs interacting with doxorubicin
doxorubicin
doxorubicin brands available in India
Always prescribe with Generic Name : doxorubicin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ADRIAMYCIN vial ADRIM inj ADROSAL vial CADRIA vial CAELYX vial CARDIA vial DOBICIN vial DOBIXIN inj DOXOBIN vial DOXOLEM vial DOXOMED vial DOXOREX vial DOXORUBICIN vial DOXORUBICIN-INJ vial DOXORUBIN vial DOXULIP vial DOXUTEC vial DUXOCIN inj LYPHIDOX

vial NAPRODOX vial ONCODOX inj ONCODRIA vial RUBINAT vial TEVADOX inj TUMODOX inj ZODOX vial

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([all drugs])

doxycycline

CIMS Class : (Tetracyclines) , (Acne Treatment Preparations)

doxycycline

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related doxycycline information

Indication & Dosage

Oral

Susceptible infections

Adult: 200 mg on day 1 followed by 100 mg once daily. Maintain initial dose in severe infections.

Child: >8 yr and <45 kg: Initially, 4 mg/kg in 2 divided doses followed by 2 mg/kg daily.

Oral

Uncomplicated gonorrhoea

Adult: 100 mg bid for 7 days or a single dose of 300 mg followed by another dose repeated 1 hr later.

Oral

Syphilis

Adult: 200 or 400 mg daily in divided doses for 10-15 days.

Oral

Relapsing fever and louse-borne typhus

Adult: 100 or 200 mg as a single dose.

Oral

Prophylaxis of scrub typhus

Adult: 200 mg as a single dose.

Oral

Acne

Adult: 50 mg daily for 6-12 wk.

Intravenous

Susceptible infections

Adult: As hyclate: Initially, 200 mg on day 1 followed by 100 mg daily in a 0.1-1 mg/mL solution infused over 1-4 hr.

Administration

Should be taken with food. (Take w/ a full glass of water & remain upright for at least ½ hr. Avoid taking w/ dairy products.)

Overdosage

Symptomatic and supportive measures should be used. Dialysis may be of little value.

Contraindications

Children <8 yr; pregnancy, lactation; porphyria; hypersensitivity to tetracyclines; severe hepatic dysfunction; prolonged exposure to sunlight or tanning equipment.

Special Precautions

Impaired hepatic function; history or predisposition to oral candidiasis. Should be taken with at least a glass of water in an upright position to reduce the risk of oesophageal injury.

Adverse Drug Reactions

Permanent staining of teeth; rash, superinfection; nausea, GI upsets, glossitis; dysphagia; photosensitivity, hypersensitivity;

haemolytic anaemia, thrombocytopenia, neutropenia and eosinophilia.
Potentially Fatal: Anaphylaxis.

Drug Interactions

Reduction in absorption and bioavailability when used with antacids, calcium, magnesium and iron. Chronic ethanol ingestion reduces serum concentrations. Metabolism increased by hepatic enzyme inducers such asrifampicin, phenytoin and carbamazepine. May reduce the efficacy of oral contraceptives.
Potentially Fatal: Increases digoxin toxicity and effects of oral anticoagulants.

Food Interaction

Serum levels may be slightly decreased if taken with food, milk, iron or calcium. Decreases absorption of calcium, magnesium, iron, zinc and amino acids.

Lab Interference

False elevations of urine catecholamine levels; false-negative urine-glucose test results.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Store at 15-30°C. Oral: Store at 15-30°C.

Mechanism of Action

Doxycycline binds to 30S and 50S ribosomal subunits thus causing alterations on the cytoplasmic membrane of susceptible organisms.

Absorption: Readily and almost completely absorbed from the GI tract (oral); peak plasma concentrations after 2 hr. Absorption not significantly affected by food.

Distribution: Lipid-soluble; into body tissues and fluids. Protein-binding: 80-95%.

Metabolism: Inactivated in the liver.

Excretion: Via urine (40%, may be increased if urine is alkaline); 12-24 hr (elimination half-life).

CIMS Class

Tetracyclines / Acne Treatment Preparations

ATC Classification

A01AB22 - doxycycline; Belongs to the class of local antiinfective and antiseptic preparations. Used in the treatment of diseases of the mouth.
J01AA02 - doxycycline; Belongs to the class of tetracyclines. Used in the treatment of systemic infections.

*doxycycline information:
Note that there are some more drugs interacting with doxycycline
doxycycline further details are available in official CIMS India
doxycycline
doxycycline brands available in India
Always prescribe with Generic Name : doxycycline, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACNEDOX-LB cap APIDOX cap AVIDOX-LB tab AVIDOX-OZ tab AVIDOX-SP tab BIDOX-DT dispertab BIODOXI tab CEEDOX cap CEEDOX tab CHEMEDOX-HT cap CODOX cap DEDOXYN FC-tab DOBID tab DOXICIP cap DOXICIP dispertab DOXICIP drops DOXICIP tab DOXINA tab DOXIPIL tab DOXITAB tab DOX-M DT tab DOX-M ST tab DOX-M TZ tab DOX-M-A tab DOX-M-OZ tab DOXODIN-TR extentab DOXT tab DOXY-1 cap DOXY-1 L-DR FORTE cap DOXYCAP cap DOXYCYCLINE cap DOXYGUARD tab DOXYLEB cap DOXYLIN-DT tab DOXYLIN-TZ tab DOXYN tab DOXYPAL-DR cap DOXYRIC tab DOXYTOP cap DURADOX cap DX-24 tab EMDOX dispertab EMDOX-TZ tab GEEOX cap GINADOX cap GLODOX-LB tab IDOXY TAB tab LAA tab LENTECLIN cap LUPIDOX cap MARTIDOX-M dispertab M-DOX TABLETS tab MICRODOX dispertab MICRODOX DR-cap MICRODOX tab MICRODOX TAB tab MINICYCLINE cap MINICYCLINE dry syr NAB-DT cap NEE cap NEE dispertab NOVADOX film-coated tab NUDOXY cap PDOX-LB cap RAPIDOXYN tab R-DOXY tab REVIDOX tab SANDOX-FC tab SERADOX tab SERRADOX-D tab SWIDOX cap SWIDOX tab TETRADOX cap TETRADOX tab TP-DOX tab VEDOX-L tab VEDOX-TZ tab VIBAZINE dispertab VIVOCYCLINE cap

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([all drugs])

doxylamine + pyridoxine

CIMS Class : (Antiemetics)

doxylamine + pyridoxine

L - Caution when used during lactation

related doxylamine + pyridoxine information

Indication & Dosage

Oral

Pregnancy-associated nausea and vomiting

Adult: Each tab contains doxylamine 10 mg and pyridoxine 10 mg: 2 tab at bedtime. In severe cases or in cases with nausea/vomiting during the day: increase dosage by 1 tab in morning and/or afternoon.

Contraindications

Severe liver disease; avoid alcohol; premature infants or full-term neonates.

Special Precautions

May impair ability to drive and operate machinery. Angle-closure glaucoma, urinary retention, prostatic hypertrophy or pyloroduodenal obstruction; epilepsy; hepatic impairment, elderly. Lactation.

Adverse Drug Reactions

Acute dystonic reactions and long-lasting impaired consciousness in child. CNS depression including slight drowsiness to deep sleep, lassitude, dizziness, incoordination. Headache, psychomotor impairment and antimuscarinic effects. Rarely rashes and hypersensitivity reactions, blood disorders, convulsions, sweating, myalgia, extrapyramidal effects, tremor, confusion, tinnitus, hypotension, hair loss. Severe peripheral neuropathies with long-term admin of large doses of pyridoxine.

Drug Interactions

Doxylamine enhances effects of CNS depressants eg alcohol, barbiturates, hypnotics, opioid analgesics, anxiolytic sedatives and antipsychotics. Atropine, tricyclic antidepressants (TCAs), MAOIs. It can mask signs of ototoxicity caused by aminoglycosides. INH,

penicillamine and OC require greater pyridoxine dose. Pyridoxine reduces the effects of levodopa, phenobarb and phenytoin.

Mechanism of Action

Doxylamine is an antihistamine derived from monoethanolamine possessing antimuscarinic and pronounced sedative effects. Pyridoxine is a precursor of pyridoxal, which functions in the metabolism of carbohydrates, proteins and fats. It is essential in Hb formation and GABA synthesis within the CNS. It also aids in the release of glycogen stored in the liver and muscles.

CIMS Class

Antiemetics

ATC Classification

R06AA09 - doxylamine; Belongs to the class of aminoalkyl ethers used as systemic antihistamines.

*doxylamine + pyridoxine information:

Note that there are some more drugs interacting with doxylamine + pyridoxine

doxylamine + pyridoxine

doxylamine + pyridoxine brands available in India

Always prescribe with Generic Name : doxylamine + pyridoxine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BEDOXIN tab BIOMORN tab BIOPYRI tab BOOKEY PLUS tab BOOKEY tab DBSIX tab DIXIP tab DOLIBIRD tab DOMI-6 tab DOPYX tab DORIA-F tab DORIS-F tab DOSIX-F tab DOXILAN tab DOXIMON tab DOXINATE PLUS enteric-coated tab DOXINATE tab DOXINATE-OD enteric-coated tab DOXYFEM-B6 tab DOXYFOL tab DOXYLA B6 EC-tab DOXYLA B6 FORTE enteric-coated tab DOXYLA B6 PLUS enteric-coated tab DOXYLIC tab DOXYMINE tab DPF tab DPF-OD tab DYMIN-P tab EMESTAT enteric-coated tab EMESTAT-OD enteric-coated tab ENV tab E-PREG tab EVADOX tab FEEL GOOD tab FEEL GOOD-HR tab FLORIDOX tab FOLIFACT tab FOXYDOL tab FRESHTA PLUS tab FRESHTA-DS tab GENIS tab GOOD DAY tab GOODMORN FORTE tab GOODMORN PLUS tab GOODMORN tab IBELN tab INDAXIN-B6 tab KAN-FRESH tab KINDVOM tab LUPINATE tab MORSI tab MORSIK-R tab NAUSIK film-

coated tab NOMIT tab NOMIT-OD tab NOMS tab NONA tab NORVOMIN tab NOSIC enteric-coated tab NOVOTER tab ONAT tab PLEZMOR OD enteric-coated tab PREGDOMSTAL tab PREGLA tab PREGNATE-F enteric-coated tab PREGNAUS FORTE tab PREGNAUS tab PREGVAR tab PREGVEN PLUS tab PREGVOM PLUS tab PREGVOM tab PREREST tab PYRIDO TAB tab QUEEZY enteric-coated tab RELIMOR tab REST-AID enteric-coated tab REST-AID PLUS enteric-coated tab RIVINATE FORTE tab SIFY 6 PLUS tab SINATE tab SYMOREST tab SYSFOL PLUS tab TAB FRESHTA PLUS tab TAB FRESHTA tab TAURNATE tab VOMENA tab VOMINATE enteric-coated tab VOMIPREG OD enteric-coated tab VOMIPREG PLUS enteric-coated tab VOMIPREG tab VOMITOL tab VOMNA-F tab VOMSAFE OD tab VOMSAFE PLUS tab VOMSAFE tab

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([all drugs])

droperidol

CIMS Class : (Antipsychotics)

droperidol

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related droperidol information

Indication & Dosage

Parenteral

Postoperative nausea and vomiting

Adult: Max initial dose: 2.5 mg, may be given via IM/IV admin. Additional doses of 1.25 mg may be given if necessary.

Child: 2-12 yr: Max initial dose of 100 mcg//kg, may be given via IV/IM admin.

Elderly: Dose reduction may be necessary.

Overdosage

Symptoms may include QT prolongation and serious arrhythmias. In the presence of hypoventilation or apnea, oxygen may be used and respiration should be assisted or controlled as needed. Maintain a patent airway. The patient should be under careful observation for 24 hr; ensure adequate body warmth and fluid intake. Hypotension may occur as a result of hypovolemia, may be managed with appropriate parenteral fluid therapy.

Contraindications

Coma; CNS depression; phaeochromocytoma; bone marrow suppression. Patients at risk of arrhythmias, CV disorders, electrolyte imbalance, preexisting QT prolongation.

Special Precautions

Hepatic or renal impairment; history of jaundice; CV disease; DM; hyperthyroidism; Parkinson's disease; epilepsy, depression, myasthenia gravis; prostatic hypertrophy; severe respiratory disease; blood dyscrasias. May precipitate coma, affect driving. Pregnancy; lactation; elderly.

Adverse Drug Reactions

Dry mouth, constipation, micturition difficulty, blurred vision, mydriasis, delirium, agitation, catatonic-like states, insomnia, nightmares, depression, miosis, convulsions, nasal congestion. CV effects; hypersensitivity reactions, haematological disorders, extrapyramidal dysfunction. Amenorrhoea, galactorrhoea, gynaecomastia, weight gain and hyperglycaemia, and altered glucose tolerance. Pain and irritation at the Inj site. Post-op drowsiness.

Drug Interactions

Avoid concurrent use with drugs that may prolong QT interval e.g. certain antihistamines, antimalarials, calcium-channel blockers and antidepressants. May potentiate the action of other CNS depressants e.g. barbiturates, alcohol. Caution when using with drugs that may induce hypokalaemia or hypomagnesemia.

Lab Interference

Minor abnormalities in liver function tests.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Parenteral: Store at 15-25°C.

Mechanism of Action

Droperidol acts mainly at the subcortical levels and exhibits strong sedative effects. It inhibits sympathetic postganglionic a-adrenergic receptor binding sites. It also exhibits antiemetic but has no analgesic effects.
Onset: 3-10 min.
Duration: 2-4 hr.

CIMS Class

Antipsychotics

ATC Classification

N01AX01 - droperidol; Belongs to the class of other agents used as general anesthetics.
N05AD08 - droperidol; Belongs to the class of butyrophenone derivatives antipsychotics. Used in the management of psychosis.

*droperidol information:
Note that there are some more drugs interacting with droperidol
droperidol
droperidol brands available in India

Always prescribe with Generic Name : droperidol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : DROPEROL inj

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([all drugs])

drotaverine

CIMS Class : (Antispasmodics)

drotaverine

P - Caution when used during pregnancy

L - Caution when used during lactation

related drotaverine information

Indication & Dosage

Oral

Antispasmodic

Adult: 40-80 mg tid.

Child: 1-6 yr: 20 mg 3-4 times daiily; >6 yr: 40 mg tid.

Administration

May be taken with or without food.

Contraindications

Severe renal/hepatic/cardiac dysfunction. Porphyria.

Special Precautions

Exercise caution in patients with renal/hepatic/cardiac dysfunction. Pregnacy, lactation.

Adverse Drug Reactions

Vertigo, nausea, vomiting, dry mouth.

Drug Interactions

May attenuate the action of levodopa. Concurrent use of analgesics, antimuscarinics or benzodiazepines. Additive beneficial effect with concurrent use of analgesics, antimuscarinics or benzodiazepines.

Mechanism of Action

Drotaverine has antispasmodic effect mediated via inhibition of phosphodiesterase-IV, specific for smooth muscle. It has a rapid and direct action on the smooth muscle. It acts to correct cyclic AMP and Ca imbalance at the spastic site, thereby relieving smooth muscle spasm and pain.

CIMS Class

Antispasmodics

ATC Classification

A03AD02 - drotaverine; Belongs to the class of papaverine and derivatives. Used in the treatment of functional bowel disorders.

*drotaverine information:
drotaverine
drotaverine brands available in India
Always prescribe with Generic Name : drotaverine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : ABDOWIN tab ABDROT tab ABDROT vial APODROT tab ATD vial BARALGAN-D inj BARALGAN-D tab BARALGAN-DM tab CINDOT amp COEASE-M film-coated tab CYCLOFAS inj DETRIM tab DETRIM-INJ inj DIVO-M tab DORA-M tab DORTSIL tab DORTSIL-M tab DOTACID inj DOTACID tab DOTARIN tab DOTARIN-MF film-coated tab DOTARIV inj DOTRA inj DOTRA-M film-coated tab DOVERIN amp DOVERIN tab DOZEE inj DOZEE-40 tab DOZEE-M tab DRAT-MF tab DROBEL inj DROBEL-MF tab DROFEM tab DROFIC tab DROLID tab DROLID-M tab DROMAC inj DROPAIN tab DROPAR tab DROSYM-MF tab DROT inj DROT tab DROTASPA tab DROTIKIND tab DROTIKIND-M tab DROTIN amp DROTIN DS tab DROTIN PLUS tab DROTIN tab DROTIN-M tab DROTIS inj DROTMIC tab DROTWELL inj DROTWELL-M tab DROTY film-coated tab DROTY inj DROVERA tab DROVET amp DROVET tab DROVIT inj DUDOT inj DUDOT tab DURASPAS inj DURASPAS tab DUTORA-M tab DVN film-coated tab DVN inj DVN PLUS tab DVN-FORTE film-coated tab ELDROT amp ELDROT tab ELDROT-PLUS tab EMVERIN film-coated tab EMVERIN-MF film-coated tab ENZODROT amp FODRO-M tab INORINE inj INORINE tab INORINE-M tab KYDROT tab MAFF-D tab MAJISPA tab MD-MF tab MEFDI inj MEFDI TAB

tab MEFNIC-D tab MEFSAID-D tab MERISPAS INJ inj NOBEL SPAS tab NOVASPAS TAB tab OSPAS tab RANISPAS-DV film-coated tab RELIEF-SPAS tab RIDRO-M tab ROTARO-M tab SAMSPAS inj SAMSPAS tab SAMSPAS-M tab SMS-M tab SPACOVIN DS-tab SPACOVIN tab SPASDROT-M tab SPASGAN-M tab SPASMOTER amp SPASMOTER tab SPASMOTER-M tab SPURGE film-coated tab SWIFTSPAS tab TAV inj TEVNIC-M tab TON-DOT tab TROSPA tab UNIDROT tab XAPPY-DR tab XITAVERIN-MF tab

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([all drugs])

duloxetine

CIMS Class : (Antidepressants)

duloxetine

P - Caution when used during pregnancy

L - Caution when used during lactation

related duloxetine information

Indication & Dosage

Oral

Depression

Adult: 20-30 mg bid or 60 mg once daily. Max: 60 mg daily.

Renal impairment: CrCl =30 ml/min: No adjustment needed. Avoid use in severe impairment.

Oral

Diabetic neuropathy

Adult: 60 mg once daily. Max: 120 mg daily.

Renal impairment: CrCl =30 ml/min: No adjustment needed. Avoid use in severe impairment.

Oral

Moderate to severe stress urinary incontinence in women

Adult: 40 mg bid.

Renal impairment: CrCl =30 ml/min: No adjustment needed. Avoid use in severe impairment.

Administration

May be taken with or without food. (Swallow whole, do not chew/crush.)

Overdosage

Signs and symptoms include serotonin syndrome, somnolence, vomiting and seizures. Treatment consists of general measures such as maintaining an adequate airway, oxygenation and

ventilation. Monitor cardiac rhythm and vital signs. Induction of emesis is not recommended. Gastric lavage with appropriate airway protection, if needed, may be used if performed soon after ingestion or in symptomatic patients.

Contraindications

Uncontrolled narrow-angle glaucoma. Concomitant use or within 2 wk of MAOIs. Renal and hepatic impairment.

Special Precautions

Avoid alcohol and abrupt cessation. May impair ability to drive or engage in task requiring alertness. Increased risk of suicidal thinking and behaviour when used in children and adolescents. Pregnancy, lactation.

Adverse Drug Reactions

Nausea, dry mouth, constipation, decreased appetite, somnolence, fatigue, increased sweating.

Drug Interactions

Increased risk of hepatic toxicity in patients with substantial alcohol use. Increased risk of serotonin syndrome when used with 5HT1 receptor agonists, MAOIs, lithium, tramadol or St John's wort. Avoid concurrent use with drugs that inhibit hepatic enzymes CYP1A2 and CYP2D6.
Potentially Fatal: Avoid use with antiarrhythmics (amiodarone, quinidine), antipsychotics (chlorpromazine), TCAs (fluoxetine, fluvoxamine), azole antifungals, quinolones (ciprofloxacin), ciclosporin.

Mechanism of Action

It is a potent inhibitor of neuronal uptake of serotonin and norepinephrine and also a weak inhibitor of dopamine reuptake.
Absorption: Well absorbed from the GI tract after oral admin.
Distribution: About 96% bound to plasma proteins, mainly albumin and a1-acid glycoprotein.
Metabolism: Extensively metabolised by CYP1A2 and CYP2D6.
Excretion: Mainly excreted in the urine; about 20% is excreted in the faeces. Elimination half-life: 8-17 hr.

CIMS Class

Antidepressants

ATC Classification

N06AX21 - duloxetine;

*duloxetine information:
Note that there are some more drugs interacting with duloxetine
duloxetine further details are available in official CIMS India
duloxetine
duloxetine brands available in India
Always prescribe with Generic Name : duloxetine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : 2-DEP tab AMBIDEXT tab C-PACT cap DELOK cap DLX tab DULANE cap DULANE-M cap DULEX cap DULIFE cap DULOCIN tab DULOJOY tab DULOT cap DULOTRAC tab DULX tab DUMORE cap DUOTOP cap DUPACT cap DUREEP cap DUTIN cap DUVANTA tab DUXET cap DUZAC cap DUZELA cap DUZELA-M cap MYDULA tab NUDEP-20 HG-cap NUDEP-30 HG-cap NUDEP-40 cap SWENTA tab SYLONEX enteric-coated

tab SYMBAL tab SYMBAL-M tab SYMPTA tab VERLOX enteric-coated tab

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([all drugs])

dutasteride

CIMS Class : (Drugs for Bladder & Prostate Disorders)

dutasteride

P - Contraindicated in pregnancy

Lab ¤ - Lab interference

related dutasteride information

Indication & Dosage

Oral

Benign prostatic hyperplasia

Adult: 500 mcg daily (treatment for 6 mth may be required before benefit is obtained).

Administration

May be taken with or without food.

Overdosage

Treatment is symptomatic and supportive.

Contraindications

Severe liver impairment; pregnant women, children, adolescent.

Special Precautions

Excreted in semen therefore use of condom is recommended. Women of childbearing potential should avoid handling dutasteride capsules. Advisable to exclude other causes of benign prostatic hypertrophy (e.g. prostate cancer, infection) before initiating therapy.

Adverse Drug Reactions

Impotence; decreased libido; ejaculation disorders; breast tenderness and enlargement.

Drug Interactions

Concurrent use with CYP3A4 inhibitors such as diltiazem and verapamil may increase serum levels of dutasteride.

Lab Interference

May interfere with interpretation of prostate-specific antigen test results.

Storage

Oral: Store at 25°C.

Mechanism of Action

Dutasteride has antiandrogenic properties. It inhibits 5a-reductase, thus preventing the conversion of testosterone to 5a-dihydrotestosterone which is the main androgen involved in causing prostate enlargement.
Absorption: Absorbed from the GI tract, reaching peak serum concentration in 1-3 hr. Bioavailability: About 60%.
Distribution: Highly bound to plasma proteins.
Metabolism: Metabolised by CYP3A4 and CYP3A5.

Excretion: Mainly excreted as metabolites in faeces. Elimination half-life: About 3-5 wk.

CIMS Class

Note that there are some more drugs for Bladder & Prostate Disorders

ATC Classification

G04CB02 - dutasteride; Belongs to the class of testosterone-5-alpha reductase inhibitors. Used in the treatment of benign prostatic hypertrophy.

*dutasteride information:
dutasteride
dutasteride brands available in India
Always prescribe with Generic Name : dutasteride, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : DUPROST soft-gelatin caps DUTAGEN cap DUTALFA Combikit DUTAS cap STERDU cap VELTRIDE tab

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([all drugs])

dydrogesterone

CIMS Class : (Oestrogens & Progesterones & Related Synthetic Drugs)

dydrogesterone

P - Contraindicated in pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related dydrogesterone information

Indication & Dosage

Oral

Endometriosis

Adult: 10 mg bid-tid cyclically or continuously.

Oral

Recurrent miscarriage

Adult: 10 mg bid given cyclically until conception, then continuously until wk 20 of pregnancy, after which dose may be gradually reduced.

Oral

Menstrual disorders

Adult: 10 mg bid in a cyclical regimen.

Oral

Threatened miscarriage

Adult: Initially, 40 mg followed by 10 mg or more every 8 hr, continued for a wk after symptoms are relieved. Reduce dose gradually after that unless symptoms return.

Oral

Infertility

Adult: 10 mg bid.

Oral

Endometrial protection during menopausal hormonal replacement therapy

Adult: 10 mg 1-2 times daily in a cyclical regimen or 5 mg daily.

Administration

May be taken with or without food.

Contraindications

Hypersensitivity; pregnancy. Undiagnosed abnormal vag bleeding, thromboembolic disorders, history or existing cerebrovascular or coronary artery disease, missed or incomplete abortion, known or

suspected carcinoma of the breast or genital organs, severe hepatic dysfunction, as a diagnostic test for pregnancy.

Special Precautions

Monitor closely for loss of vision, proptosis, diplopia, migraine, signs and symptoms of embolic disorders. CVD or renal impairment, epilepsy, asthma, other conditions which may be aggravated by fluid retention. Lactation.

Adverse Drug Reactions

Dizziness, nausea, headache, fatigue, emotional lability, irritability; abdominal pain and distention; muskuloskeletal pain.

Drug Interactions

Carbamazepine, griseofulvin, phenobarbital, rifampicin enhances the clearance of progestogens.

Lab Interference

Altered serum-lipid profile and liver function tests.

Mechanism of Action

Dydrogesterone is a progestogen structurally related to progesterone. However, unlike progesterone, it does not induce an increase in temp nor inhibit ovulation and may be preferred over other progestational agents when contraceptive effect is not required. It does not have oestrogenic or androgenic properties.
Absorption: Absorbed following buccal, rectal, and vag administration; rapidly absorbed following (IM).
Metabolism: Hepatic: Extensive first-pass effect.
Excretion: Via urine (as sulfate and glucuronide conjugates).

CIMS Class

Oestrogens & Progesterones & Related Synthetic Drugs

ATC Classification

G03DB01 - dydrogesterone; Belongs to the class of pregnadien derivative progestogens used in progestogenic hormone preparations.

*dydrogesterone information:

Note that there are some more drugs interacting with dydrogesterone

dydrogesterone

dydrogesterone brands available in India

Always prescribe with Generic Name : dydrogesterone, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : DUPHASTON tab

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([all drugs])

ebastine

CIMS Class : (Antihistamines & Antiallergics)

ebastine

P - Caution when used during pregnancy

L - Caution when used during lactation

related ebastine information

Indication & Dosage

Oral

Allergic conditions

Adult: 10-20 mg once daily.
Child: >6 yr: 5 mg once daily.

Administration

May be taken with or without food.

Contraindications

Hypersensitivity, cardiac arrhythmias.

Special Precautions

Caution is advised when used in hepatic impairment, renal insufficiency, QTc interval prolongation. Pregnancy, lactation.

Adverse Drug Reactions

Headache, dry mouth, drowsiness, pharyngitis, abdominal pain, dyspepsia, asthenia, epistaxis, rhinitis, sinusitis, nausea, insomnia.

Drug Interactions

Concomitant use of ketoconazole, itraconazole, clarithromycin or erythromycin may increase plasma levels of ebastine and cause QTc interval prolongation.

Storage

Oral: Store below 25°C.

Mechanism of Action

Ebastine, a piperidine derivative, is a long-acting, nonsedating, second-generation histamine receptor antagonist that binds preferentially to peripheral H1 receptors. It is metabolised to active metabolite, carebastine. It has antihistaminic, antiallergic activity and prevents histamine-induced bronchoconstriction. It does not have significant sedative or antimuscarinic actions.

CIMS Class

Antihistamines & Antiallergics

ATC Classification

R06AX22 - ebastine; Belongs to the class of other agents used as systemic antihistamines.

*ebastine information:

Note that there are some more drugs interacting with ebastine

ebastine

ebastine brands available in India

Always prescribe with Generic Name : ebastine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : EBA-P tab EBAST dispertab EBAST tab EROSTIN film-coated tab EROSTIN-DC film-coated tab

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([all drugs])

efavirenz

CIMS Class : (Antivirals)

efavirenz

P - Caution when used during pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related efavirenz information

Indication & Dosage

Oral

HIV infection

Adult: Combined with other antiretrovirals: 600 mg once daily. Dosing at bedtime recommended during 1st 2-4 wk of therapy to improve tolerability.

Child: Combined with other antiretrovirals: >3 yr, 10-14 kg: 200 mg; 15-19 kg: 250 mg; 20-24 kg: 300 mg; 25-32.4 kg: 350 mg; 32.5-39 kg: 400 mg; =40 kg: 600 mg. To be taken once daily.

Administration

Stocrin®: May be taken with or without food.

Sustiva®: Should be taken on an empty stomach. (Take on an empty stomach, preferably at bedtime.)

Overdosage

Treatment is supportive. Activated charcoal may be used to remove unabsorbed drug. Dialysis may not be useful as drug is highly protein-bound.

Contraindications

Severe hepatic impairment; hypersensitivity; lactation.

Special Precautions

Mild to moderate liver disease; renal impairment. Monitor liver enzymes and cholesterol. Discontinue if severe skin rash or fever develops; known or suspected hepatitis B or infection. History of mental illness or seizures; elderly. Pregnancy. Children.

Adverse Drug Reactions

Rash including Stevens-Johnson syndrome and erythema multiforme; CNS effects e.g. dizziness, headache, insomnia, somnolence, abnormal dreams, fatigue, impaired concentration. Nausea, less frequently, vomiting, diarrhoea, hepatitis, depression, anxiety, psychosis, amnesia and ataxia, stupor, vertigo, abdominal pain, hepatic failure, pancreatitis, convulsions, gynaecomastia, pruritus, blurred vision.

Drug Interactions

Hormonal contraceptives; antibacterial e.g. rifampicin, rifabutin, clarithromycin; enzyme inducers. St. John's wort may decrease serum level. Ethanol (hepatic and CNS adverse effects).

Potentially Fatal: Life-threatening adverse effects when used with terfenadine, astemizole, cisapride,midazolam, triazolam and ergot alkaloids.

Food Interaction

High-fat meals increase absorption of efavirenz. Grapefruit juice inhibits its metabolism.

Lab Interference

False-positive results in some urinary cannabinoid tests. Raised liver enzymes and serum cholesterol values.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals

are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Efavirenz, a non-nucleoside reverse transcriptase inhibitor with activity against HIV, blocks the RNA-dependent and DNA-dependent polymerase activities including HIV replication.

Absorption: Absorbed after oral doses; plasma concentrations peak after about 5 hr.

Distribution: >99% bound to plasma proteins.

Metabolism: Metabolised mainly by CYP3A4 and CYP2B6.

Excretion: About 14-34% of a dose is excreted in the urine as metabolites, and 16-61% in the faeces.

CIMS Class

Antivirals

ATC Classification

J05AG03 - efavirenz; Belongs to the class of non-nucleoside reverse transcriptase inhibitors. Used in the systemic treatment of viral infections.

*efavirenz information:

Note that there are some more drugs interacting with efavirenz

efavirenz

efavirenz brands available in India

Always prescribe with Generic Name : efavirenz, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : E.F cap EFAVIR cap EFAVIR film-coated tab EFCURE soln EFCURE tab EFFERVEN tab EVIRENZ cap EVIRENZ tab ODIVIR-KIT kit VIRANZ tab

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([all drugs])

enalapril

CIMS Class : (ACE Inhibitors)

enalapril

P - Contraindicated in pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related enalapril information

Indication & Dosage

Oral

Hypertension

Adult: Initially, 5 mg at bedtime. Maintenance: 10-20 mg once daily increased up to 40 mg in divided doses in severe hypertension. Max: 40 mg/day.

Child: 80 mcg/kg once daily. Max: 5 mg/day.

Elderly: May initiate at lower doses at 2.5 mg daily.

Renal impairment: Initial dose should be halved.

Oral

Heart failure

Adult: Initially, 2.5 mg daily. Maintenance: 20 mg once daily as a single or in 2 divided doses, up to 40 mg daily in 2 divided doses.

Renal impairment: Initial dose should be halved.

Intravenous

Hypertension

Adult: 1.25 mg by slow inj over 5 minutes repeated every 6 hr if needed.

Renal impairment: Initial dose should be halved.

Special Populations: Patients on diuretics: Initial dose should be halved.

Administration

May be taken with or without food.

Contraindications

Hypersensitivity. History of angioedema due to previous treatment with ACE inhibitors; bilateral renal artery stenosis. Pregnancy.

Special Precautions

Impaired renal function. Hyperkalaemia, hypovolaemia, collagen vascular disease, valvular stenosis, during or immediately before or after anaesthesia, unilateral renal artery stenosis. Hypotension due to volume depletion, diuretic therapy. Monitor WBC count. Lactation, children.

Adverse Drug Reactions

Initial hypotension may be severe and prolonged. Dizziness, headache, fatigue, persistent dry cough, abnormal taste, lassitude, rash, neutropenia, renal impairment or failure.
Potentially Fatal: Angioedema.

Drug Interactions

Diuretics potentiate hypotensive action. May increase lithium levels. Other antihypertensives potentiate enalapril action.
Potentially Fatal: Increased risk of bone marrow suppression when used with immunosuppressive drugs. Hyperkalaemia with potassium-sparing diuretics or potassium supplements especially in the presence of renal failure. Probenecid delays excretion. Potentiates analgesia and respiratory depression produced by morphine. NSAIDs may result in further deterioration of renal function.

Lab Interference

False-positive Coombs' test.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

in 2nd & 3rd trimesters

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Store below 30°C. Oral: Store below 30°C.

Mechanism of Action

Enalapril is de-esterified into the active enalaprilat resulting in potent inhibition of ACE thus leading to reduced levels of angiotensin II and aldosterone. Clinically, BP is reduced, salt and water retention is corrected. Ventricular hypertrophy is reversed.

Renal blood flow is increased but in patients with renal impairment there may be oliguria or acute renal failure.
Absorption: 60% of dose is absorbed from the GI tract (oral); peak plasma concentrations after 1 hr (enalapril), 3-4 hr (enalaprilat).
Distribution: Protein-binding: 50-60% (enalaprilat).
Metabolism: Hepatic: Hydrolysed to enalaprilat.
Excretion: Via urine (60% as enalaprilat and unchanged drug); via faeces (remaining dose); 11 hr (elimination half-life). Removed by haemodialysis and peritoneal dialysis.

CIMS Class

ACE Inhibitors

ATC Classification

C09AA02 - enalapril; Belongs to the class of ACE inhibitors. Used in the treatment of cardiovascular disease.

*enalapril information:
Note that there are some more drugs interacting with enalapril
enalapril further details are available in official CIMS India
enalapril

enalapril brands available in India

Always prescribe with Generic Name : enalapril, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ANZE tab BQL tab CANVAS tab CONVERTEN tab DILPRIL tab DILVAS tab EL tab ENA tab ENACE tab ENAL tab ENALAP tab ENAM tab ENAMATE tab ENAPIL tab ENAPRIL tab ENCARDIL tab ENLACARD tab ENLOW tab ENPRIL tab ENTP tab ENVAS amp ENVAS tab ENVAS-RB 25 tab ENVAS-RB tab EPM tab E-PRIL tab HYTROL tab INVORIL tab LUPINACE tab MINIPRIL tab MYOACE tab NEWACE tab NORMACE tab NURIL tab OREN tab TENAM tab VASONORM tab VASOPRIL tab VIVIRIL tab

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([all drugs])

enalapril + hydrochlorothiazide

CIMS Class : (Diuretics) , (ACE Inhibitors)

enalapril + hydrochlorothiazide

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related enalapril + hydrochlorothiazide information

Indication & Dosage

Oral

Hypertension

Adult: Enalapril maleate-10mg+ Hydrochlorothiazide-25mg (tablets) 1/2-1 tab daily.

Elderly: Cautious use

Oral

Chronic heart failure

Adult: Enalapril maleate-10mg+ Hydrochlorothiazide-25mg (tablets) 1/2-1 tab daily.

Elderly: Cautious use

Special Populations: Cautious use with renal impairment.

Administration

May be taken with or without food.

Contraindications

Hypersensitivity, anuria, aortic stenosis, outflow obstruction, hepatic cirrhosis.

Special Precautions

Renal impairment, anaesthesia, concomitant K supplements and K - sparing diuretics, hypovolemic patients pregnancy, lactation.

Adverse Drug Reactions

Syncope, chest pain, abdominal pain, orthostatic hypotension, palpitation, tachycardia, GI symptoms, insomnia, nervousness, paresthesia, vertigo, skin rash, dyspnoea, gout, arthralgia, tinnitus, decreased libido, cough.
Potentially Fatal: NA.

Drug Interactions

Significant increase in serum K levels with K supplements and K sparing diuretics. Lithium toxicity in patients receiving lithium concomitantly. Alcohol, barbiturates, narcotics potentiate orthostatic hypotension. Dosage adjustment of

antidiabetic drugs needed. Potentiation of action of other antihypertensives, corticosteroids, ACTH.
Potentially Fatal: NA.

Food Interaction

Absorption and bioavailability of hydrochlorthiazide may be increased.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

in 2nd & 3rd trimesters.
Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).
Mechanism of Action

Enalapril is an ACE inhibitor, which reduces the levels of AT II and aldosterone. This action is potentiated by Na depletion which activates the renin-angiotensin-aldosterone system. Hydrochlorothiazide also eliminates the vol factor commonly occuring with long term use of vasodilators.

CIMS Class

Diuretics / ACE Inhibitors

ATC Classification

C03AA03 - hydrochlorothiazide; Belongs to the class of low-ceiling thiazide diuretics. Used to promote excretion of urine.
C09AA02 - enalapril; Belongs to the class of ACE inhibitors. Used in the treatment of cardiovascular disease.

*enalapril + hydrochlorothiazide information:
Note that there are some more drugs interacting with enalapril + hydrochlorothiazide
enalapril + hydrochlorothiazide
enalapril + hydrochlorothiazide brands available in India

Always prescribe with Generic Name : enalapril + hydrochlorothiazide, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ENACE-D tab ENAM-D tab ENAPRIL-HT tab ENAPRIL-LD tab ENARETIC tab ENVAS-H tab ENZIDE tab INVOZIDE tab NORMACE-D tab VASONORM-H tab VIVIRIL-D tab

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([all drugs])

enoxaparin

CIMS Class : (Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics))

enoxaparin

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related enoxaparin information

Indication & Dosage

Subcutaneous

Prophylaxis of venous thromboembolism during surgical procedures

Adult: Low to moderate risk: 20 mg (2000 units) once daily with the 1st dose 2 hr pre-operatively. High risk: 40 mg (4000 units) once daily with the 1st dose 12 hr pre-operatively. Alternatively, 30 mg (3000 units) bid starting within 12-24 hr after the operation. After hip replacement surgery, continue treatment at 40 mg once daily for a further 3 wk. For immobilised patients, treatment should continue at 40 mg daily for at least 6 days or until patient becomes fully ambulant, up to a max of 14 days.

CrCl (ml/min)

Dosage Recommendation

<30

Reduce dose. Max: 1 mg/kg/day.

Subcutaneous

Deep vein thrombosis

Adult: 1 mg (100 units)/kg every 12 hr for 5 days and until oral anticoagulation is established.

CrCl (ml/min)

Dosage Recommendation

<30

Reduce dose. Max: 1 mg/kg/day.

Subcutaneous

Prophylaxis of clotting in the extracorporeal circulation during haemodialysis

Adult: 1 mg/kg (100 units/kg) into the arterial line of the circuit at the beginning of the dialysis session. Give a further dose of 0.5-1 mg/kg (50-100 units/kg) if required. Reduce dose in patients at high risk of haemorrhage.

CrCl (ml/min)

Dosage Recommendation

<30

Reduce dose. Max: 1 mg/kg/day.

Subcutaneous

Unstable angina

Adult: 1 mg/kg (100 units/kg) every 12 hr for 2-8 days with low-dose aspirin.

CrCl (ml/min)

Dosage Recommendation

<30

Reduce dose. Max: 1 mg/kg/day.

Contraindications

Hypersensitivity, acute bacterial endocarditis; major bleeding disorder, haemorrhagic stroke, drug-induced thrombocytopenia.

Special Precautions

Renal or hepatic impairment, history of GI ulceration, uncontrolled hypertension, spinal or epidural anaesthesia; lactation and pregnancy; elderly. Periodic blood counts, platelet count and stool occult blood test recommended.

Adverse Drug Reactions

Thrombocytopenia, mild bleeding, inj site irritation, pain and ecchymoses, hypersensitivity and erythema.
Potentially Fatal: Haemorrhagic complications.

Lab Interference

Elevation of transaminases may interfere with interpretation of LFT results and diagnosis of MI, liver disease and pulmonary emboli.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Subcutaneous: Store at 25°C.

Mechanism of Action

Enoxaparin is a low molecular weight heparin with anticoagulant properties. It acts by enhancing the inhibition rate of activated clotting factors including thrombin and factor Xa through its action on antithrombin III.

Absorption: Rapidly and almost completely absorbed after SC inj with a bioavailability of about 100%.

Metabolism: Metabolised hepatically.

Excretion: Elimination half-life: 4-5 hr. Excreted in urine as unchanged drug and metabolites.

CIMS Class

Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics)

ATC Classification

B01AB05 - enoxaparin; Belongs to the class of heparin group. Used in the treatment of thrombosis.

*enoxaparin information:
Note that there are some more drugs interacting with enoxaparin
enoxaparin
enoxaparin brands available in India
Always prescribe with Generic Name : enoxaparin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : CLEXANE PF-syringe CONDERM shampoo CUTENOX PF-syringe DYNALIX PFsyringe ENOXARIN PF-syringe EXOWIN syringe FLOTHIN PF-syringe GREFAC PF-syringe HEPANOX PF-syringe LMWX-PFS inj LOMONOX inj LOMORIN-NX amp LOPARIN PF-syringe LUPENOX vial MACPARIN syringe MAXIPARINE PF-syringe MEGAPARIN

PFsyringe PAXENO PF-syringe TROYNOXA PF-syringe ZAPARIN PF-syringe

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([all drugs])

eperisone

CIMS Class : (Muscle Relaxants)

eperisone

related eperisone information

Indication & Dosage

Oral

Muscle spasms

Adult: 50 mg tid.

Administration

Should be taken with food. (Take after meals.)

Special Precautions

Hepatic impairment. May impair ability to drive and operate machines.

Adverse Drug Reactions

Weakness, dizziness, insomnia, drowsiness, numbness or trembling in the extremities, hepatic and renal dysfunction, haematological changes, skin rashes, itching, GI disturbances, urinary disorders, Rarely, shock.

Drug Interactions

Avoid concomitant use with tolperisone HCl and methocarbamol.

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Eperisone is centrally-acting skeletal muscle relaxant used to improve myotonic symptoms.

CIMS Class

Muscle Relaxants

*eperisone information:

eperisone

eperisone brands available in India

Always prescribe with Generic Name : eperisone, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : RAPISONE tab SKELACT tab

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([all drugs])

ephedrine

CIMS Class : (Vasoconstrictors)

ephedrine

P - Caution when used during pregnancy

L - Contraindicated in lactation

related ephedrine information

Indication & Dosage

Oral

Diabetic neuropathic oedema

Adult: 30-60 mg tid.

Child:

Intravenous

Reversal of spinal or epidural anaesthesia-induced hypotension

Adult: 3-6 mg or up to 9 mg in a 3 mg/mL soln given as slow Inj repeated every 3-4 min, as needed.

Max Dosage: 30 mg.

Administration

May be taken with or without food.

Contraindications

Hypersensitivity. Hypertension, thyrotoxicosis, BPH. Lactation.

Special Precautions

Ischaemic heart disease, hyperthyroidism, diabetes mellitus, hypertension, angle-closure glaucoma, renal impairment; prostatic enlargement; pregnancy, elderly.

Adverse Drug Reactions

Anxiety, tachycardia, tremor, dry mouth, hypertension, cardiac arrhythmias, impaired circulation to the extremities, nervousness, insomnia, palpitations. Difficulty in micturition in patients with prostatic enlargement. Nasal drops: Local irritation, rebound nasal congestion and drug-induced rhinitis on prolonged use.

Potentially Fatal: Delusions, hallucinations. Seen with hypersensitivity and overdosage. Acute CNS and CVS stimulation presenting as vomiting, fever, hypertension, psychosis. Cardiac arrhythmias.

Drug Interactions

Reduces antihypertensive effect of bethanidine and guanethidine. May increase clearance of dexamethasone. Increased incidence of adverse effects when used with theophylline.

Potentially Fatal: Severe HTN when combined with MAOIs or withi 2 wk of discontinuance of MAOI treatment. Increased risk of arrhythmias with cardiac glycosides, quinidine or tricyclic antidepressants. Increased vasoconstriction or pressor effects with ergot alkaloids or oxytocin.

Storage

Intravenous: Store at 15-25°C. Oral: Store at 15-25°C.

Mechanism of Action

Ephedrine has both a- and ß-adrenergic acitivity with pronounced stimulating effects on the CNS. It increases cardiac output, induces peripheral vasoconstriction, bronchodilation, reduces intestinal tone and motility, and relaxes the bladder while contracting the sphincter muscle. It also has stimulant action on the resp center and dilates the pupil witho affecting light reflexes.
Absorption: Readily and completely absorbed form the GIT (oral).
Metabolism: Hepatic.
Excretion: Via urine (largely as unchanged, small amounts of metabolites); 3-6 hrs (elimination half-life).

CIMS Class

Vasoconstrictors

ATC Classification

R01AA03 - ephedrine; Belongs to the class of topical sympathomimetic agents used as nasal decongestants.

R01AB05 - ephedrine; Belongs to the class of topical sympathomimetic combination preparations, excluding corticosteroids. Used as nasal decongestants.

R03CA02 - ephedrine; Belongs to the class of adrenergics for systemic use, alpha- and beta-adrenoreceptor agonists. Used in the treatment of obstructive airway diseases.

S01FB02 - ephedrine; Belongs to the class of sympathomimetics used in the treatment of mydriasis and cyclopegia.

*ephedrine information:

Note that there are some more drugs interacting with ephedrine ephedrine

ephedrine brands available in India

Always prescribe with Generic Name : ephedrine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : EFIPRES amp SULFIDRIN inj

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([all drugs])

epinephrine

CIMS Class : (Cardiac Drugs) , (Antiglaucoma Preparations) , (Antiasthmatic & COPD Preparations)

epinephrine

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related epinephrine information

Indication & Dosage

Inhalation

Acute asthma

Adult: Spray: Aqueous solution with an adrenaline content equivalent to 1:100. Pressurised aerosols delivering metered doses equivalent to approximately 160-275 mcg: 1-2 inhalations, may repeat after 3 hr if necessary.

Parenteral

Acute asthma

Adult: As 1:1,000 aqueous solution: 0.3-0.5 ml (300-500 mcg). Dose may be given via IM or SC inj.

Child: As 1:1,000 aqueous solution: 0.01 ml/kg (10 mcg/kg). Max: 0.5 ml (500 mcg). Dose may be given via IM or SC inj.

Intravenous

Advanced cardiac life support

Adult: Initially, 1 mg (10 mL of a 1:10,000 solution), may repeat as often as every 2-3 minutes throughout the resuscitation process. May also be given via intraosseous route at the same dosage. For endotracheal doses: 2-3 times of the IV dose.

Child: Initially, 10 mcg/kg, may repeat as often as every 2-3 minutes throughout the resuscitation process. Endotracheal doses: 100 mcg/kg. Intraosseous doses are the same as IV doses.

Max Dosage: Intraosseous doses for adults and children are the same as IV doses.

Intravenous

Anaphylactic shock

Adult: 0.5 mg (5 mL of a 1:10,000 solution) given at a slow rate of 100 mcg/minute, stopping when a response is achieved.

Child: 10 mcg/kg. If autoinjectors are used, doses are based on body wt: 15-30 kg: 150 mcg and >30 kg: 300 mcg.

Intramuscular

Anaphylactic shock

Adult: As 1:1,000 solution: 500 mcg (0.5 ml), repeat every 5 minutes as needed until improvement occurs. For emergency self-admin (e.g. via autoinjector): A dose of 300 mcg (0.3 ml) may be used.

Child: Dose depends on age and weight. Usual dose: 10 mcg/kg.

Ophthalmic

Open-angle glaucoma

Adult: Instill 0.5%, 1% or 2% eye drops once or twice daily.

Ophthalmic

Ocular hypertension

Adult: Instill 0.5%, 1% or 2% eye drops once or twice daily.

Overdosage

Overdosage intravascular inj of epinephrine may cause cerebral haemorrhage due to a sharp rise in BP. Fatalities may also result from pulmonary oedema because of peripheral vascular constriction together with cardiac stimulation.

Contraindications

Preexisting hypertension; occlusive vascular disease; angle-closure glaucoma (eye drops); hypersensitivity; cardiac arrhythmias or tachycardia. When used in addition to local anaesthetics: Procedures involving digits, ears, nose, penis or scrotum.

Special Precautions

CV diseases; hyperthyroidism; DM; Parkinson's disease; elderly; pregnancy, lactation.

Adverse Drug Reactions

CNS effects; GI disturbances; epigastric pain; CV disorders; difficulty in micturition with urinary retention; dyspnoea; hyperglycaemia; sweating; hypersalivation; weakness, tremors; coldness of extremities; hypokalaemia. Gangrene, tissue necrosis and sloughing (extravasation) when used in addition to local anaesthetics. Eye drops: Severe smarting, blurred vision, photophobia; naso-lachrymal ducts obstruction. Oedema, hyperaemia and inflammation of the eyes with repeated administration.

Drug Interactions

Halogenated inhalation anaesthetics; ß- or a-blocking agents; methyldopa, guanethidine; drugs with vasoconstrictor and pressor effects; antihypertensives; adrenergic neuron blockers; potassium-depleting drugs; cardiac glycosides; ephedra, yohimbe. TCAs may induce hypertension and arrhythmia.

Lab Interference

Increase in bilirubin, catecholamines, glucose, uric acid.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Inhalation: Store at 25°C. Intramuscular: Store at 25°C. Intravenous: Store at 25°C. Ophthalmic: Store at 25°C. Parenteral: Store at 25°C.

Mechanism of Action

Epinephrine, an active principle of the adrenal medulla, is a direct-acting sympathomimetic. It stimulates a- and ß-adrenergic receptors resulting in relaxation of smooth muscle of the bronchial tree, cardiac stimulation and dilation of skeletal muscle vasculature. It is frequently added to local anaesthetics to retard

diffusion and limit absorption, to prolong the duration of effect and to lessen the danger of toxicity.
Onset: SC: approx 5-10 min; inhalation: approx 1 min; conjunctival instillation: IOP declines approx 1 hr.
Duration: Ocular effect: 12-24 hrs.

CIMS Class

Cardiac Drugs / Antiglaucoma Preparations / Antiasthmatic & COPD Preparations

ATC Classification

A01AD01 - epinephrine; Belongs to the class of other local agents. Used in the treatment of diseases of the mouth.
B02BC09 - epinephrine; Belongs to the class of local hemostatics. Used in the treatment of hemorrhage.
C01CA24 - epinephrine; Belongs to the class of adrenergic and dopaminergic cardiac stimulants excluding glycosides. Used in the treatment of heart failure.
R01AA14 - epinephrine; Belongs to the class of topical sympathomimetic agents used as nasal decongestants.

R03AA01 - epinephrine; Belongs to the class of adrenergic inhalants, alpha- and beta-adrenoreceptor agonists. Used in the treatment of obstructive airway diseases.
S01EA01 - epinephrine; Belongs to the class of sympathomimetics used in glaucoma therapy.

*epinephrine information:
Note that there are some more drugs interacting with epinephrine
epinephrine
epinephrine brands available in India
Always prescribe with Generic Name : epinephrine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ADRENA vial ADRENALINE TARTRATE amp NALINE amp VASOCON inj
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([all drugs])
epirubicin
CIMS Class : (Cytotoxic Chemotherapy)
epirubicin
P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related epirubicin information

Indication & Dosage

Intravenous

Acute leukaemias

Adult: As a single agent: 60-90 mg/m2 every 3-4 wk. May divide dose over 2-3 days if desired. May admin as an inj over 3-5 minutes or as an infusion over up to 30 minutes. Max (total cumulative dose limit): 0.9-1 g/m2. For palliative care: 12.5-25 mg/m2 once wkly.

Hepatic impairment: Moderate liver dysfunction (serum bilirubin concentrations: 12-30 mcg/mL): Doses should be halved; severe liver impairment (serum bilirubin >30 mcg/mL): A quarter of the usual dose.

Intravenous

Solid tumours

Adult: As a single agent: 60-90 mg/m2 every 3-4 wk. May divide dose over 2-3 days if desired. May admin as an inj over 3-5 minutes or as an infusion over up to 30 minutes. Max (total cumulative dose limit): 0.9-1 g/m2. For palliative care: 12.5-25 mg/m2 once wkly.

Hepatic impairment: Moderate liver dysfunction (serum bilirubin concentrations: 12-30 mcg/mL): Doses should be halved; severe liver impairment (serum bilirubin >30 mcg/mL): A quarter of the usual dose.

Intravenous

Multiple myeloma

Adult: As a single agent: 60-90 mg/m2 every 3-4 wk. May divide dose over 2-3 days if desired. May admin as an inj over 3-5 minutes or as an infusion over up to 30 minutes. Max (total cumulative dose limit): 0.9-1 g/m2. For palliative care: 12.5-25 mg/m2 once wkly.

Hepatic impairment: Moderate liver dysfunction (serum bilirubin concentrations: 12-30 mcg/mL): Doses should be halved; severe liver impairment (serum bilirubin >30 mcg/mL): A quarter of the usual dose.

Intravenous

Lymphoma

Adult: As a single agent: 60-90 mg/m2 every 3-4 wk. May divide dose over 2-3 days if desired. May admin as an inj over 3-5 minutes or as an infusion over up to 30 minutes. Max (total cumulative dose limit): 0.9-1 g/m2. For palliative care: 12.5-25 mg/m2 once wkly.

Hepatic impairment: Moderate liver dysfunction (serum bilirubin concentrations: 12-30 mcg/mL): Doses should be halved; severe

liver impairment (serum bilirubin >30 mcg/mL): A quarter of the usual dose.

Intravenous

Adjuvant treatment of axillary-node positive breast cancer

Adult: Recommended starting dose: 100-120 mg/m2. Dose may be given as a single dose on day 1 or in 2 equally-divided doses on days 1 and 8 of each 28-day cycle. Repeat for 6 cycles. Lower starting doses may be considered in patients with pre-existing bone marrow depression or in the presence of neoplastic bone marrow infiltration.

Renal impairment: Dosage adjustment may be needed in severe impairment.

Hepatic impairment: Moderate liver dysfunction (serum bilirubin concentrations: 12-30 mcg/mL): Doses should be halved; severe liver impairment (serum bilirubin >30 mcg/mL): A quarter of the usual dose.

Intravesical

Local treatment of bladder carcinoma

Adult: As 0.1% solution (in normal saline or sterile water): 50 mg wkly for 8 wk; may reduce to 30 mg in 50 ml if chemical cystitis develops. For carcinoma in-situ: May increase dose to 80 mg in 50 ml wkly. For prevention of recurrence in patients who have undergone transurethral resection: 50 mg wkly

for 4 wk, followed by 50 mg once a mth for 11 mth; retain solution in the bladder for 1 hr during each admin.
Hepatic impairment: Moderate liver dysfunction (serum bilirubin concentrations: 12-30 mcg/mL): Doses should be halved; severe liver impairment (serum bilirubin >30 mcg/mL): A quarter of the usual dose.

Special Populations: Patients with heavy pre-treatment, preexisting bone marrow depression, or the presence of neoplastic bone marrow infiltration: Starting dose of 75-90 mg/m2. Dosage modifications after the 1st treatment cycle: Nadir platelet counts < 50,000/mm2, ANC < 250/mm2, neutropenic fever, or grades 3 or 4 nonhaematogenic toxicity: Reduce day 1 dose in subsequent cycles to 75% of the day 1 dose in the current cycle. Day 1 chemotherapy in subsequent courses of treatment should be delayed until platelet counts are exceeding 100,000/mm3, ANC exceeding 1500/mm3, and nonhaematogenic toxicities have recovered to almost grade 1. In addition, for patients receiving divided dose (day 1 and day 8) regimen: Day 8 platelet counts 75,000-100,000/mm3 and ANC 1000-1499/mm3: dose should be 75% of the day 1 dose. Day 8 platelet counts <75,000/mm3, ANC <1000/mm3 or grade 3 or 4 nonhaematologic toxicity: Omit day 8 dose.

Overdosage

Treatment should be supportive (including antibiotic therapy, blood and platelet transfusions, colony-stimulating factors, and intensive care as needed) until the recovery of toxicities. Delayed CHF may be observed mth after anthracycline admin.

Contraindications

Cardiac impairment, severe or recent MI; previous full cumulative doses of anthracyclines. Hypersensitivity; severe hepatic dysfunction. Not for intravesical use where invasive tumours have penetrated the bladder wall; urinary infections, bladder inflammation or catheterisation problems. Pregnancy, lactation.

Special Precautions

Previous extensive radiotherapy, bone infiltration by tumour, severe renal and hepatic dysfunction. May cause tumor lysis syndrome or radiation recall. Elderly women >70 yr. CV disease, hypertensive cardiomyopathy; monitor hematological and cardiac function regularly. Extravasation during IV admin may result in

severe local tissue necrosis. Do not give via IM/SC routes as extravasation can lead to severe local necrosis.

Adverse Drug Reactions

Myelosuppression; cardiotoxicity, alopoecia; mucositis; hyperpyrexia; lethargy; amenorrhoea; nausea and vomiting; diarrhoea; fever; rash, skin changes, anorexia; anaphylaxis; photosensitivity; premature menopause; skin and nail hyperpigmentation; harmless reddish appearance of urine for 1-2 days.

Drug Interactions

Paclitaxel and other anthracyclines. Cimetidine, heparin. Antineoplastic drugs, cardiotoxic drugs, radiation, hepatoactive drugs.

Food Interaction

St. John's wort, alcohol, black cohosh, dong quai.

Lab Interference

Increased transaminases.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Refrigerate at 2-8°C. Intravesical: Refrigerate at 2-8°C.

Mechanism of Action

Epirubicin, an anthracycline with cytotoxic properties. It inhibits DNA and RNA synthesis by steric obstruction after intercalating between DNA base pairs that triggers DNA cleavage by by topoisomerase II. It also inhibits DNA helicase and generates cytotoxic free radicals.

Distribution: Rapidly and extensively distributed into body tissues.

Metabolism: Hepatically metabolised.

Excretion: Eliminated mainly in bile. Terminal elimination half-life: About 30-40 hr.

CIMS Class

Cytotoxic Chemotherapy

ATC Classification

L01DB03 - epirubicin; Belongs to the class of cytotoxic antibiotics, anthracyclines and related substances. Used in the treatment of cancer.

*epirubicin information:
Note that there are some more drugs interacting with epirubicin
epirubicin
epirubicin brands available in India
Always prescribe with Generic Name : epirubicin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : 4-EPPEDO 10 vial 4-EPPEDO 50 vial ALRUBICIN vial EPIDOX vial EPIRUBITEC vial EPITHRA vial EPRICIN

vial FARMORUBICIN vial RUBICYT vial RUBILON vial RUBIZEN vial

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([all drugs])

eptifibatide

CIMS Class : (Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics))

eptifibatide

P - Caution when used during pregnancy

L - Contraindicated in lactation

related eptifibatide information

Indication & Dosage

Intravenous

Unstable angina

Adult: 180 mcg/kg via IV inj followed by 2 mcg/kg/minute by IV infusion for up to 72 hr. If percutaneous coronary intervention is performed during therapy, infusion should be continued for 18-24 hr after procedure, up to a max total duration of 96 hr of therapy.

Renal impairment: Dose reduction may be needed.

CrCl (ml/min)

Dosage Recommendation

<30

Contra-indicated.

Intravenous

Angioplasty

Adult: Initially, 180 mcg/kg via IV inj, to be given immediately before procedure, followed by 2 mcg/kg/minute via IV infusion. A 2nd dose of 180 mcg/kg via IV inj should be given 10 minutes after the 1st dose. Continue infusion until hospital discharge or for up to 18-24 hr (min treatment duration: 12 hr).

Renal impairment: Dose reduction may be needed.

CrCl (ml/min)

Dosage Recommendation

<30

Contra-indicated.

Contraindications

Active bleeding, increased risk of haemorrhage including hemorrhagic disorders, cerebrovascular disorders, history of stroke, uncontrolled hypertension, severe trauma, severe renal impairment, recent major surgery. Lactation.

Special Precautions

Discontinue in case of serious uncontrolled bleeding, or if emergency surgery or thrombolytic therapy is required. Hepatic impairment, platelet counts <100,000 mm3; hemorrhagic retinopathy, drugs affecting haemostasis. Check aPTT or ACT prior to sheath removal. Severe renal impairment, vasculitis, haemorrhagic retinopathy, acute pericarditis or aortic dissection. Pregnancy.

Adverse Drug Reactions

Bleeding, hypotension; localised Inj site reaction; thrombocytopaenia; back pain; anaphylaxis; GI, intracranial or pulmonary haemorrhage.

Drug Interactions

Increased risk of bleeding with heparin, other anticoagulants, antiplatelet and thrombolytic agents.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Mechanism of Action

Eptifibatide is a cyclic heptapeptide which blocks the platelet glycoprotein IIb/IIIa receptor thus preventing platelet aggregation and thrombosis.

Onset: Within 1 hr.

CIMS Class

Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics)

ATC Classification

B01AC16 - eptifibatide; Belongs to the class of platelet aggregation inhibitors excluding heparin. Used in the treatment of thrombosis.

*eptifibatide information:

Note that there are some more drugs interacting with eptifibatide
eptifibatide
eptifibatide brands available in India
Always prescribe with Generic Name : eptifibatide, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ANTIGRILIN inj CLOTIDE vial COROMAX inj EPTIFAB vial FLETA BOLUS infusion bag INTEGRILIN BOLUS vial INTEGRILIN infusion INTIFLO BOLUS infusion INTIFLO infusion UNIGRILIN vial
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([all drugs])
erdosteine
CIMS Class : (Cough & Cold Preparations)
erdosteine
P - Caution when used during pregnancy
L - Caution when used during lactation
related erdosteine information
Indication & Dosage

Oral

Mucolytic

Adult: 300 mg bid. Max duration: 10 days.

Contraindications

Active peptic ulcer.

Special Precautions

Pregnancy, lactation.

Adverse Drug Reactions

Epigastralgia, nausea, vomiting, loose stools, spasmodic colitis, headache.

Storage

Oral: Store below 25°C.

Mechanism of Action

Erdosteine contains two sulfhydryl groups, which are freed after metabolic transformation in the liver. The liberated sulfhydryl groups break the disulphide bonds, which hold the glycoprotein fibres of mucus together. This makes the bronchial secretions more fluid and enhances elimination.

Absorption: Rapid absorption after oral admin.

Distribution: Protein binding: 64.5%.

Metabolism: Undergoes 1st-pass metabolism to form an active metabolite, N-thiodiglycolyl-homocysteine.

Excretion: Elimination half-life: About 1.46 hr (erdosteine), and about 1.62 hr (metabolite). Mainly via the urine, as metabolites.

CIMS Class

Cough & Cold Preparations

ATC Classification

R05CB15 - erdosteine; Belongs to the class of mucolytics. Used in the treatment of wet cough.

*erdosteine information:

erdosteine

erdosteine brands available in India

Always prescribe with Generic Name : erdosteine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ERDOMAC cap ERDOZET cap

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([all drugs])

ergometrine

CIMS Class : (Drugs Acting on the Uterus)

ergometrine

P - Contraindicated in pregnancy

L - Caution when used during lactation

related ergometrine information

Indication & Dosage

Oral

Postpartum and post-abortion bleeding

Adult: 0.2-0.4 mg 2-4 times daily until danger of uterine atony and haemorrhage has passed (usually 48 hr). Max duration: 1 wk postpartum.

Intramuscular

Active management of the 3rd stage of labour

Adult: 500 mcg given with 5 units of oxytocin after delivery of the anterior shoulder of the infant or immediately after delivery.

Intravenous

Excessive uterine bleeding

Adult: 200 mcg via IV inj over at least 1 minute. May follow with oral doses of 200-400 mcg 2-4 times daily until the danger of atony or haemorrhage has passed (usually 48 hr).

Intramuscular

Treatment and prophylaxis of postpartum haemorrhage

Adult: 200 mcg, may repeat in severe bleeding every 2-4 hr as needed.

Overdosage

Symptoms include peripheral vasoconstriction, encephalopathy, convulsions, respiratory failure, acute renal failure and temporary lactose intolerance. Treatment is supportive.

Contraindications

Pregnancy, 1st and 2nd stage of labour, patients with preeclampsia, eclampsia or threatened spontaneous abortion; porphyria.

Special Precautions

Breech and abnormal foetal presentation; hypertension; chronic anaemia; hepatic, renal, respiratory or cardiac impairment; toxemia; lactation; hypocalcaemia. Monitor BP, pulse and uterine response.

Adverse Drug Reactions

Nausea, vomiting, abdominal pain, diarrhoea; headache, dizziness; tinnitus; chest pain, palpitation, bradycardia, transient hypertension and other cardiac arrhythmias; dyspnoea, sometimes rashes, shock.
Potentially Fatal: MI, pulmonary oedema.

Drug Interactions

Halothane causes relaxation of uterine muscle and may interfere with ergometrine action. Enhanced uterotonic effect with prostaglandins and oxytocin. Concurrent admin with CYP3A4 inhibitors may lead to vasospasm, cerebral ischaemia and/or ischaemia of extremities.

Potentially Fatal: Enhanced vasoconstrictive effects with sympathomimetics and other vasoconstrictors.

Storage

Intravenous: Refrigerate at 2-8°C. Oral: Store below 25°C.

Mechanism of Action

Ergometrine causes contraction of the uterine muscle. At low doses, there is an increase in frequency and amplitude of contractions while at higher doses, the basal tone of the uterus is increased. Ergometrine also causes vasoconstriction of peripheral and cerebral vessels.
Onset: 5-15 min (oral); 2-7 min (IM).
Absorption: Rapid absorption from the GI tract (oral).
Metabolism: Hepatic.

CIMS Class

Drugs Acting on the Uterus

ATC Classification

G02AB03 - ergometrine; Belongs to the class of ergot alkaloids. Used to induce abortion or augment labour and to minimize blood loss from the placental site.

*ergometrine information:

Note that there are some more drugs interacting with ergometrine

ergometrine

ergometrine brands available in India

Always prescribe with Generic Name : ergometrine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ERGOTAB FORTE cap ERGOTAB tab ERGOTAUR inj ERGOTAUR tab ERINMET inj LEBERGIN amp MERZEN amp MERZEN tab ZOTARGINE tab

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([all drugs])

ergotamine

CIMS Class : (Antimigraine Preparations)

ergotamine

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related ergotamine information

Indication & Dosage

Oral

Migraine

Adult: As tartrate: 1-2 mg, repeated after 30 minutes if needed. Max:: 6 mg/24 hr, 12 mg/wk. Ensure an interval of at least 4 days between successive 24-hr courses. Not more than 2 courses/mth. May also be given sublingually.

Inhalation

Migraine

Adult: As tartrate: 360 mcg inhaled at the onset of attack and repeated at 5-min intervals, if needed. Max: 6 inhalations/24 hr, 12 inhalations/wk with an interval of at least 4 days between successive 24-hr courses.

Rectal

Migraine

Adult: As tartrate: 2 mg repeated after 1 hr, if needed. Max: 4 mg/24 hr, 8 mg/wk with an interval of at least 4 days between successive 24-hr courses.

Administration

May be taken with or without food.

Contraindications

Severe or uncontrolled hypertension, peripheral vascular disease, pregnancy, lactation, septic conditions, ischaemic heart disease, hyperthyroidism, impaired hepatic or renal function, hypersensitivity, cachexia, collagen disease and fibrotic conditions.

Special Precautions

Anaemia. Monitor for signs of ergotism such as numbness or tingling of the extremities.

Adverse Drug Reactions

Muscle cramps, stiffness, tiredness. Numbness and tingling of extremities. Nausea, vomiting, diarrhoea. Ergotism consisting of hypotension and gangrene of extremities, anginal pain and transient tachycardia or bradycardia.

Potentially Fatal: Severe peripheral vasoconstriction, CV disturbances. Due to vascular occlusions causing gangrene, MI, bowel necrosis, renal failure. Simultaneous use of oral contraceptives or ß-blockers increases the risk.

Drug Interactions

Vasoconstrictor effects enhanced by sympathomimetic agents e.g. adrenaline. Caffeine potentiates the action of ergotamine.
Potentially Fatal: Administration within 6 hr of taking serotonin agonist may lead to increased and prolonged vasopastic reactions. May have increased risk of peripheral vasoconstriction with ß-blockers. Erythromycinincreases plasma conc of ergotamine which may lead to ergotism.

Food Interaction

Beverages containing caffeine e.g. tea, cola and coffee.

Pregnancy Category (US FDA)
Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of

the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.

Storage

Inhalation: Store below 25°C. Oral: Store below 25°C. Rectal: Store below 25°C.

Mechanism of Action

Ergotamine has marked vasoconstrictor effects and partial agonistic action at serotonin receptors. It causes constriction of peripheral and cranial blood vessels and also has powerful oxytocic action on the uterus. It also reduces hyperperfusion in the basilar artery territory.

Absorption: Poorly absorbed from the GI tract (oral, sublingual), decreased further by gastric stasis.

Distribution: Enters breast milk.

Metabolism: Extensive hepatic first-pass effect.

Excretion: Via bile (as metabolites), via urine (4%); elimination T1/2 (biphasic): 2 hr (initial phase), 21 hr (terminal phase).

CIMS Class

Antimigraine Preparations

ATC Classification

N02CA02 - ergotamine; Belongs to the class of ergot alkaloids preparations. Used to relieve migraine.

*ergotamine information:
Note that there are some more drugs interacting with ergotamine
ergotamine further details are available in official CIMS India
ergotamine
ergotamine brands available in India
Always prescribe with Generic Name : ergotamine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : DHE tab ERGOPHEN tab MIGRANIL INJECTION amp MIGRANIL tab MIGRIL tab PSYGRAIN tab SWIGRAIN tab VASOGRAIN tab
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([all drugs])

erythromycin

CIMS Class : (Macrolides) , (Eye Anti-infectives & Antiseptics) , (Acne Treatment Preparations)

erythromycin

P - Contraindicated in pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related erythromycin information

Indication & Dosage

Oral

Susceptible infections

Adult: 1-2 g daily, increased up to 4 g daily for severe infections. Doses >1 g should be given in more than 2 divided doses.

Child: 30-50 mg/kg daily, increased to twice the usual dose in severe cases; 2-8 yr: 1 g daily in divided doses; <2 yr: 500 mg daily in divided doses.

Renal impairment: Severe impairment: Max: 1.5 g daily.

Oral

Severe campylobacter enteritis

Adult: 1-2 g daily, increased up to 4 g daily for severe infections. Doses >1 g should be given in more than 2 divided doses.

Child: 30-50 mg/kg daily, increased to twice the usual dose in severe cases; 2-8 yr: 1 g daily in divided doses; <2 yr: 500 mg daily in divided doses.

Renal impairment: Severe impairment: Max: 1.5 g daily.

Oral

Pertussis

Adult: 1-2 g daily, increased up to 4 g daily for severe infections. Doses >1 g should be given in more than 2 divided doses.

Child: 30-50 mg/kg daily, increased to twice the usual dose in severe cases; 2-8 yr: 1 g daily in divided doses; <2 yr: 500 mg daily in divided doses.

Renal impairment: Severe impairment: Max: 1.5 g daily.

Oral

Diphtheria

Adult: 1-2 g daily, increased up to 4 g daily for severe infections. Doses >1 g should be given in more than 2 divided doses.

Child: 30-50 mg/kg daily, increased to twice the usual dose in severe cases; 2-8 yr: 1 g daily in divided doses; <2 yr: 500 mg daily in divided doses.

Renal impairment: Severe impairment: Max: 1.5 g daily.

Oral

Chanroid

Adult: 1-2 g daily, increased up to 4 g daily for severe infections. Doses >1 g should be given in more than 2 divided doses.

Child: 30-50 mg/kg daily, increased to twice the usual dose in severe cases; 2-8 yr: 1 g daily in divided doses; <2 yr: 500 mg daily in divided doses.

Renal impairment: Severe impairment: Max: 1.5 g daily.

Oral

Chlamydial infections

Adult: 1-2 g daily, increased up to 4 g daily for severe infections. Doses >1 g should be given in more than 2 divided doses.

Child: 30-50 mg/kg daily, increased to twice the usual dose in severe cases; 2-8 yr: 1 g daily in divided doses; <2 yr: 500 mg daily in divided doses.

Renal impairment: Severe impairment: Max: 1.5 g daily.

Oral

Legionnaire's disease

Adult: 1-2 g daily, increased up to 4 g daily for severe infections. Doses >1 g should be given in more than 2 divided doses.

Child: 30-50 mg/kg daily, increased to twice the usual dose in severe cases; 2-8 yr: 1 g daily in divided doses; <2 yr: 500 mg daily in divided doses.

Renal impairment: Severe impairment: Max: 1.5 g daily.

Oral

Bronchitis

Adult: 1-2 g daily, increased up to 4 g daily for severe infections. Doses >1 g should be given in more than 2 divided doses.

Child: 30-50 mg/kg daily, increased to twice the usual dose in severe cases; 2-8 yr: 1 g daily in divided doses; <2 yr: 500 mg daily in divided doses.

Renal impairment: Severe impairment: Max: 1.5 g daily.

Oral

Pneumonia

Adult: 1-2 g daily, increased up to 4 g daily for severe infections. Doses >1 g should be given in more than 2 divided doses.

Child: 30-50 mg/kg daily, increased to twice the usual dose in severe cases; 2-8 yr: 1 g daily in divided doses; <2 yr: 500 mg daily in divided doses.

Renal impairment: Severe impairment: Max: 1.5 g daily.

Oral

Sinusitis

Adult: 1-2 g daily, increased up to 4 g daily for severe infections. Doses >1 g should be given in more than 2 divided doses.

Child: 30-50 mg/kg daily, increased to twice the usual dose in severe cases; 2-8 yr: 1 g daily in divided doses; <2 yr: 500 mg daily in divided doses.

Renal impairment: Severe impairment: Max: 1.5 g daily.

Oral

Trench fever

Adult: 1-2 g daily, increased up to 4 g daily for severe infections. Doses >1 g should be given in more than 2 divided doses.

Child: 30-50 mg/kg daily, increased to twice the usual dose in severe cases; 2-8 yr: 1 g daily in divided doses; <2 yr: 500 mg daily in divided doses.

Renal impairment: Severe impairment: Max: 1.5 g daily.

Oral

Acne

Adult: Maintenance: 250 mg daily. Severe cases may require up to 500 mg bid.

Child: Maintenance dose: 250 mg daily, up to 500 mg bid may be used in those >12 yr. For infants with acne, 250 mg daily in 1 or 2 divided doses may be used.

Renal impairment: Severe impairment: Max dose of 1.5 g daily.

Oral

Prophylaxis against pneumococcal infections

Adult: For patients who are unable to take penicillins or sulfonamides: 250 mg bid.

Child: For patients who are unable to take penicillins or sulfonamides: 1 mth-2 yr: 125 mg bid; for older children: 250 mg bid.

Renal impairment: Adult: Severe impairment: Max: 1.5 g daily.

Oral

Prophylaxis of streptococcal infections in patients with evidence of rheumatic fever or heart disease

Adult: For patients who are unable to take penicillins or sulfonamides: 250 mg bid.

Child: For patients who are unable to take penicillins or sulfonamides: 1 mth-2 yr: 125 mg bid; for older children: 250 mg bid.

Renal impairment: Adult: Severe impairment: Max: 1.5 g daily.

Intravenous

Susceptible infections

Adult: As lactobionate: 15-20 mg/kg/day, up to 4 g/kg/day in severe infections. May be given as a continuous or 6-hrly intermittent infusion over 20-60 minutes. Replace with oral erythromycin as soon as possible.

Renal impairment: Adult: Severe impairment: Max: 1.5 g daily.

Ophthalmic

Treatment and prophylaxis of ophthalmic infections

Adult: As 0.5% ophthalmic ointment: Apply to the affected eye(s) up to 6 times daily.

Ophthalmic

Treatment and prophylaxis of neonatal conjunctivitis

Child: and neonate: As 0.5% ophthalamic ointment: Apply approximately 1 cm in length into each of the lower conjunctival sac, up to 2-6 times daily depending on the severity of the infection.

Topical/Cutaneous

Acne

Adult: As 2% gel/solution: Apply onto affected areas 1-2 times daily. Discontinue treatment if condition worsens or if there is no improvement after 6-8 wk of continuous usage.

Administration

Erythromycin base: Should be taken on an empty stomach. (Best taken on an empty stomach at least ½ hr & preferably 2 hr before meals.)

Overdosage

Treatment is supportive. Erythromycin is not removed by peritoneal dialysis or haemodialysis.

Contraindications

Hypersensitivity; porphyria; hepatic impairment; pregnancy.

Special Precautions

Increased risk of cholestatic hepatitis when treatment is >10 days or in patients with previous history of erythromycin usage. History of hepatic disorders; arrhythmias; prolonged QT interval; lactation. Monitor liver function. Avoid estolate in liver impairment. Caution when using lactobionate in patients with severe renal impairment. May aggravate muscle weakness in patients with myasthenia gravis.

Adverse Drug Reactions

Rash, urticaria; nausea, vomiting, GI discomfort; ototoxicity; central neurotoxicity; agranulocytosis; arrhythmias; pancreatitis.
Potentially Fatal: Hepatotoxicity, cholestatic jaundice; raised serum transaminases; eosinophilia.

Drug Interactions

May antagonise therapeutic effects lincomycin and clindamycin. Concurrent usage may lead to increased absorption of alcohol.

Potentially Fatal: May potentiate actions of neuromuscular blockers, oral anticoagulants, ciclosporin,theophylline. Terfenadine, astemizole, ci sapride toxicity increased.

Food Interaction

Increased absorption when taken with meals.

Lab Interference

False-positive urinary catecholamines. Falsely elevated serum-aspartate aminotransferase values.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Intravenous: Store at 15-25°C. Oral susp: Refrigerate at 2-8°C. Topical/Cutaneous: Store at 15-25°C. Oral susp: Refrigerate at 2-8°C.

Mechanism of Action

Erythromycin inhibits protein synthesis by irreversibly binding to the 50S ribosomal subunit thus blocking the transpeptidation or translocation reactions of susceptible organisms resulting in stunted cell growth.

Absorption: Variable and unreliable due to instability in GI environment; may be reduced in the presence of food (as the stearate or base). Peak plasma concentrations after 1-4 hr.

Distribution: Widely distributed into body tissues and fluids, liver and spleen (high concentrations), polymorphonuclear lymphocytes and macrophages; crosses the placenta (5-20% foetal plasma concentrations) and enters the breast milk. Protein-binding: 70-75% (as the base), 95% (as the propionate ester).

Metabolism: Hepatic (demethylation).

Excretion: Via the urine (2-5% of the oral dose, 12-15% of the IV dose); 1.5-2.5 hr (elimination half-life).

CIMS Class

Macrolides / Eye Anti-infectives & Antiseptics / Acne Treatment Preparations

ATC Classification

D10AF02 - erythromycin; Belongs to the class of topical antiinfective preparations used in the treatment of acne.
J01FA01 - erythromycin; Belongs to the class of macrolides. Used in the treatment of systemic infections.
S01AA17 - erythromycin; Belongs to the class of antibiotics. Used in the treatment of eye infections.

*erythromycin information:
Note that there are some more drugs interacting with erythromycin
erythromycin further details are available in official CIMS India
erythromycin
erythromycin brands available in India
Always prescribe with Generic Name : erythromycin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : ACNEBENZ gel ACNEDERM lotion ACNEDERM oint ACNELAK-Z lotion ACNET cream ACRUB LOTION lotion ALTHROCIN chewable tab ALTHROCIN dispertab ALTHROCIN drops ALTHROCIN KID-tab ALTHROCIN liqd ALTHROCIN tab ARITOMYCIN tab CALTHROX OINT oint CALTHROX susp CALTHROX tab CITAMYCIN P-tab CITAMYCIN tab E.E.S. 400 tab ELTOCIN P-tab ELTOCIN syr ELTOCIN tab ELTOCIN-BR tab ELUCIN CRM cream ELUCIN susp ELUCIN tab E-MYCIN tab ERASE tab EROATE syr EROATE tab ERO-B syr EROCYN JR-tab EROCYN liqd EROCYN tab EROLCID tab EROMA tab EROMED gel EROMED lotion EROMED TAB susp EROMED TAB tab ERY tab ERYACNE gel ERYCIN dispertab ERYCIN tab ERYCIP FC-tab ERYPAL susp ERYPAL tab ERYSIA oint ERYSPANS cap ERYSTER tab ERYTHROCIN drops ERYTHROCIN granules ERYTHROCIN susp ERYTHROCIN syr ERYTHROCIN-FT tab ERYTHROKEM syr ERYTHROKEM tab ERYTHROLAR tab ERYTOP cream ERYTOP lotion ETOMIN P-tab ETOMIN susp ETOMIN tab FLORAMYCIN tab GERY oint INDERYTH tab OKAMYCIN CRM cream RELITHROCIN tab RESTOMYCIN FC-tab THROMYCIN syr THROMYCIN tab TPACT oint

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([all drugs])

erythropoietin

CIMS Class : (Haematopoietic Agents)

erythropoietin

P - Caution when used during pregnancy

L - Caution when used during lactation

related erythropoietin information

Indication & Dosage

Parenteral

Anaemia of chronic renal failure

Adult: As epoetin alfa: Initially, 50 U/kg SC/IV 3 times wkly for predialysis and haemodialysis patients and 50 U/kg twice wkly for peritoneal dialysis patients, may increase according to response in steps of 25 U/kg 3 times wkly at 4 wkly intervals.

Child: As epoetin alfa: Initially, 50 U/kg 3 times wkly. May increase dose at 4 wkly intervals in increments of 25 U/kg 3 times wkly until a target haemoglobin concentration of 9.5-11 g/100 mL is reached. Usual maintenance dose: <10 kg: 225-450 U/kg/wk; 10-30 kg: 180-450 U/kg/wk and >30 kg: 90-300 U/kg/wk.

Parenteral

Anaemia in zidovudine-treated HIV-infected patients

Adult: As epoetin alfa: Initially, 100 U/kg SC/IV thrice wkly for 8 wk; increase every 4-8 wk by 50-100 U/kg according to response. Max: 300 U/kg thrice wkly.

Subcutaneous

Anaemia related to non-myeloid malignant disease chemotherapy

Adult: As epoetin alfa or zeta: Initially, 150 U/kg 3 times wkly. Dose may be increased at 4-8 wk intervals to 300 U/kg 3 times wkly. Stop treatment if response is still inadequate after 4 wk of treatment using this higher dose.

Intravenous

Increase yield of autologous blood

Adult: As epoetin alfa or zeta: 600 U/kg over 2 minutes twice wkly for 3 wk before surgery; in conjunction with iron, folate and B12 supplementation.

Contraindications

Uncontrolled hypertension, hypersensitivity to mammalian cell products and human albumin.

Special Precautions

Chronic renal failure, ischaemic heart diseases, hypertension, pregnancy, seizures, liver dysfunction, lactation.

Adverse Drug Reactions

Hypertension, myalgia, arthralgia, flu-like syndrome, rashes and urticaria.
Potentially Fatal: Hypertensive crisis with encephalopathy-like symptoms e.g. headache, confusion, generalised seizures. Thrombosis.

Drug Interactions

Haematinics enhance efficiency. Increased dose of heparin in patients undergoing dialysis.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.
Storage

Intravenous: Refrigerate at 2-8°C. Do not freeze. Parenteral: Refrigerate at 2-8°C. Do not freeze.Subcutaneous: Refrigerate at 2-8°C. Do not freeze.

Mechanism of Action

Erythropoietin regulates erythropoiesis by stimulating the differentiation and proliferation of erythroid precursors, stimulating the release of reticulocytes into the circulation, and synthesis of cellular haemoglobin. Recombinant human erythropoietin is available as epoetin alfa and epoetin beta which are used in the management of anaemias associated with CRF, cancer chemotherapy and anti-AIDS drug zidovudine.

CIMS Class

Haematopoietic Agents

ATC Classification

B03XA01 - erythropoietin; Belongs to the class of other preparations used in the treatment of anemia.

*erythropoietin information:

erythropoietin

erythropoietin brands available in India

Always prescribe with Generic Name : erythropoietin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CERITON vial EPOFER inj EPONIS 2K PF-syringe EPOSIS vial EPOTIN inj EPOTOP PF-syringe EPOX vial EPREX PF-syringe ERYPRO SAFE PF-syringe ERYPRO vial ESPOGEN PF-syringe ESPOGEN vial HEMAX inj LG ESPOGEN inj SHANPOIETIN vial VINTOR vial WEPOX PF-syringe ZYROP PF-syringe

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([all drugs])

escitalopram

CIMS Class : (Antidepressants)

escitalopram

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related escitalopram information

Indication & Dosage

Oral

Depression

Adult: 10 mg once daily, increased if necessary. Max: 20 mg daily.

Elderly: Half the adult dose.

Hepatic impairment: Dosage adjustments may be required.

Oral

Obsessive compulsive disorder

Adult: 10 mg once daily, increased if necessary. Max: 20 mg daily.

Elderly: Half the adult dose.

Hepatic impairment: Dosage adjustments may be required.

Oral

Anxiety

Adult: 10 mg once daily, increased if necessary. Max: 20 mg daily.

Elderly: Half the adult dose.

Hepatic impairment: Dosage adjustments may be required.

Oral

Panic disorder

Adult: Initially, 5 mg daily, increased to 10 mg daily after 7 days. Max: 20 mg daily.

Elderly: Half the adult dose.

Hepatic impairment: Dosage adjustments may be required.

Administration

May be taken with or without food.

Overdosage

Symptoms include convulsions, coma, dizziness, hypotension, insomnia, nausea, vomiting, sinus tachycardia, somnolence, ECG changes (including QT prolongation and rarely, torsade de pointes). Treatment includes establishing and maintaining an airway to ensure adequate ventilation and oxygenation. Gastric lavage and activated charcoal may be used. Monitor cardiac and vital signs, along with general symptomatic and supportive care. Forced diuresis, dialysis, haemoperfusion, and exchange transfusion may not be useful.

Contraindications

Concomitant use with or within 2 wk of MAOI withdrawal.

Special Precautions

History of mania or seizure disorders; work requiring mental alertness; renal and hepatic impairment; pregnancy, lactation; withdraw gradually. Children and adolescents <18 yr

Adverse Drug Reactions

Nausea, diarrhoea, increased sweating, insomnia, impotence, ejaculation disorder, fatigue, somnolence; postural hypotension, sinusitis, taste disturbances. Increased appetite and wt gain.

Drug Interactions

Increased risk of bleeding when used with aspirin, NSAIDs or drugs that affect coagulation. Serum levels may be reduced by CYP2C19 inducers (e.g. carbamazepine, rifampin, phenytoin) or CYP3A4 inducers (e.g. nafcillin, nevirapine). Serum levels may also be increased by CYP2C19 inhibitors (e.g. fluconazole, fluvoxamine, omeprazole) or CYP3A4 inhibitors (e.g. azole antifungals, clarithromycin). May increase serum levels of desipramine or metoprolol. Increased risk of serotonin syndrome when used with linezolid orsibutramine. Escitalopram may enhance the sedative effects of alcohol.

Potentially Fatal: Concomitant administration with MAOIs may lead to serious or fatal reactions; should not be started until at least 2 wk after stopping escitalopram or vice versa. Moclobemide may increase the risk of serotonin syndrome.

Food Interaction

Increased CNS depression with valerian, St John's wort, kava kava and gotu kola.

Storage

Oral: Store at 25°C.

Mechanism of Action

Escitalopram selectively inhibits CNS neuronal re-uptake of serotonin (5-HT) and potentiates serotonergic activity. It has minimal effects on norepinephrine and dopamine neuronal re-uptake.
Onset: 1-2 wk.
Absorption: Readily absorbed from the GI tract (oral).
Distribution: Protein-binding: 56%.

Metabolism: Hepatic; converted to metabolites.
Excretion: Urine (as unchanged drug); 27-32 hr (elimination half-life).

CIMS Class

Antidepressants

ATC Classification

N06AB10 - escitalopram; Belongs to the class of selective serotonin reuptake inhibitors. Used in the management of depression.

*escitalopram information:
Note that there are some more drugs interacting with escitalopram escitalopram
escitalopram brands available in India
Always prescribe with Generic Name : escitalopram, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ALIVATE-E tab ALWEL tab AMBULAX-AD tab ARTICALM film-coated tab CILENTRA film-coated

tab CIPRALEX tab CITALOP-S tab CITA-S FORTE tab CITA-S PLUS tab CITA-S tab CITEL filcotab CITOFAST tab C-PRAM-S film-coated tab C-PRAM-S PLUS tab DEPLAM-S tab DEPTUNE tab ECITALOP tab ECITALOP-C tab ELCIT tab EMDES tab ESCIN PLUS tab ESCIN tab ESCITA PLUS tab ESCITA tab ESCITAPAX tab ESCITRAC tab ESCITRAC-CZ tab ESDEP tab ESFANCY tab ESFANY tab ESFANY-CZ tab ESITOR film-coated tab ESITOR FORTE film-coated tab ESJOY PLUS tab ESJOY tab ESPAM tab ESPAR tab ESPAR-CL tab ESTOMINE tab ESTOMINE ZEE film-coated tab ESTOMINE-SF tab EXCITA tab FELIZ-S PLUS tab FELIZ-S tab FIRSITO tab JOLIVEL tab JOPRAM tab MONOPRAM tab NESTILO tab NEXITO FORTE tab NEXITO tab NEXITO-PLUS tab POCITAL-S tab PRACIDEP PLUS tab PRACIDEP-S tab PRASILEX film-coated tab PRASILEX PLUS film-coated tab RECITA FORTE tab RECITA tab REXIPRA tab S CITADEP tab S ZETALO tab S-CELEPRA film-coated tab SC-TALO tab STALOPAM PLUS tab STALOPAM tab SZETALO PLUS tab SZETALO tab TALO tab TOPDEP-S tab VELPRAM-CL tab

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([all drugs])

esmolol

CIMS Class : (Beta-Blockers)

esmolol

P - Contraindicated in pregnancy

L - Caution when used during lactation

related esmolol information

Indication & Dosage

Intravenous

Rapid temporary control of ventricular rate in supraventricular arrhythmias

Adult: As HCl: Loading dose: 500 mcg/kg over 1 minute followed by a maintenance infusion of 50 mcg/kg/minute for 4 minutes. If response is satisfactory, continue maintenance infusion. If satisfactory response is not achieved within 5 minutes, a 2nd loading dose of 500 mcg/kg may be given over 1 minute followed by maintenance infusion at 100 mcg/kg/minute for 4 minutes. May repeat procedure once or twice more if needed; maintenance infusion can be further increased each time by 50 mcg/kg/minute to a max of 200 mcg/kg/min. Once response is satisfactory, maintain infusion for up to 48 hr, if necessary.

Intravenous

Perioperative hypertension and/or tachycardia

Adult: As HCl: During anaesthesia: loading dose of 80 mg over 15-30 sec, followed by an infusion of 150 mcg/kg/minute, may increase to 300 mcg/kg/minute if necessary. After anaesthesia: 500 mcg/kg/minute infused for 4 minutes followed by another infusion of 300 mcg/kg/minute as needed. Postoperatively: Loading dose: 500 mcg/kg; Maintenance: 50 mcg/kg/minute for 4 minutes. If response is satisfactory, continue maintenance infusion. If response is unsatisfactory w/in the 1st 5 mins, give 2nd loading dose of 500 mcg/kg, then infuse at 100 mcg/kg/min for 4 mins. May repeat procedure another 1-2 times, if needed. Maintenance infusion can be increased by 50 mcg/kg/min each time up to a max of 300 mcg/kg/min. Once response is satisfactory, maintain infusion for up to 48 hr if needed.

Overdosage

Overdoses can cause cardiac arrest. May also lead to bradycardia, hypotension, electromechanical dissociation and loss of consciousness. Treatment is supportive and symptomatic.

Contraindications

Sinus bradycardia, 2nd and 3rd degree AV block, cardiogenic shock, CHF, concomitant IV calcium channel blockers. Pregnancy (2nd and 3rd trimester).

Special Precautions

Hypotension, tachycardia, PVD, uncompensated heart failure, haemodynamically compromised patients, depressed cardiac contractility, DM, bronchospastic disease, renal impairment. Lactation. Children.

Adverse Drug Reactions

Hypotension, bradycardia, heart failure, local irritation, diaphoresis, peripheral ischaemia, dizziness, somnolence, confusion, fatigue, paraesthesia, peripheral neuropathy, headache, weakness, irritability, dyspnoea, nausea, vomiting, blurred vision, urinary retention, fever, rigor, muscular pain.
Potentially Fatal: Profound bradycardia, AV block, cardiogenic shock, asystole, bronchospasm.

Drug Interactions

Esmolol HCl may increase blood digoxin levels; it may prolong neuromuscular blockade of succinylcholine. Morphine and warfarin may increase steady-state blood esmolol levels. Bradycardia may occur when used concurrently with MAOIs. Esmolol may reduce elimination of theophylline.

Potentially Fatal: Increased risk of bradycardia, AV block, hypotension and CHF with IV calcium channel blockers. Increased hypertensive risk with inotropes, adrenaline or noradrenaline. Hypotension or marked bradycardia with catecholamine depletors.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intravenous: Store at 25°C.

Mechanism of Action

Esmolol HCl is a cardioselective agent, which competitively blocks ß1 adrenergic receptor. At higher doses, it inhibits ß2 receptors located chiefly in the bronchial and vascular musculature.

Onset: 2-10 minutes (IV).

Duration: 10-30 minutes (IV).

Distribution: Protein-binding: 55%.

Metabolism: RBC: Metabolised by esterases.

Excretion: Via urine (as de-esterified metabolite); 9 minutes (elimination half-life).

CIMS Class

Beta-Blockers

*esmolol information:

Note that there are some more drugs interacting with esmolol

esmolol

esmolol brands available in India

Always prescribe with Generic Name : esmolol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CARDESMO vial ESMOCARD inj ESOCARD vial MINIBLOCK inj NEOTACH vial

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([all drugs])

esomeprazole

CIMS Class : (Antacids, Antireflux Agents & Antiulcerants)

esomeprazole

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related esomeprazole information

Indication & Dosage

Oral

Erosive oesophagitis

Adult: 40 mg once daily for 4 wk, extended for another 4 wk if necessary. Maintenance: 20 mg once daily.

Child: <20 kg: 10 mg once daily for 8 wk; =20 kg: 10-20 mg once daily for 8 wk.

Hepatic impairment: Severe impairment (Child-Pugh class C): Not more than 20 mg daily.

Oral

Peptic ulcer

Adult: 20 mg bid for 7 days or 40 mg once daily for 10 days given as a triple therapy with amoxicillin and clarithromycin.

Hepatic impairment: Severe impairment (Child-Pugh class C): Not more than 20 mg daily.

Oral

NSAID-associated ulceration

Adult: 20 mg once daily for 4-8 wk.

Hepatic impairment: Severe impairment (Child-Pugh class C): Not more than 20 mg daily.

Oral

Zollinger-Ellison syndrome

Adult: Initially, 40 mg twice daily. Usual range: 80-160 mg daily. Doses >80 mg should be given in 2 divided doses.

Hepatic impairment: Severe impairment (Child-Pugh class C): Not more than 20 mg daily.

Oral

Gastro-oesophageal reflux disease

Adult: For patients without erosive oesophagitis: 20 mg once daily for 4 wk. Additional 4 wk may be considered in patients whose symptoms have not fully resolved after the 1st course.

Child: 10 mg once daily for up to 8 wk.

Hepatic impairment: Severe impairment (Child-Pugh class C): Not more than 20 mg daily.

Intravenous

Gastro-oesophageal reflux disease

Adult: For short term treatment only. 20 or 40 mg once daily for =10 days. Convert to oral therapy as soon as possible. May be administered by inj over at least 3 minutes, intermittent infusion (10-30 minutes) or continuous infusion (over up to 72 hr).

Hepatic impairment: Severe impairment (Child-Pugh class C): Not more than 20 mg daily.

Reconstitution: Each single-use vial contains 20 or 40 mg of esomeprazole. For IV inj: Reconstitute each vial with 5 ml of normal saline. For IV infusion: Reconstitute each vial with 5 ml of normal saline, lactated Ringer's inj or dextrose 5% inj, then further dilute the resultant solution to a final volume of 50 ml.

Administration

Tab: May be taken with or without food.

Delayed-release cap: Should be taken on an empty stomach. (Take on an empty stomach 1 hr before meals.)

Contraindications

Hypersensitivity.

Special Precautions

Paediatric; pregnancy, lactation. Malignancy and hepatic impairment. Increased risk of developing certain infections such as community-acquired pneumonia.

Adverse Drug Reactions

Headache, diarrhoea, abdominal pain, nausea, flatulence, dry mouth, constipation, hyponatraemia, photosensitivity, angioedema, anaphylaxis.

Drug Interactions

May interfere with the elimination of drugs metabolised by CYP2C19. Changes in gastric pH can affect the bioavailability of ketoconazole and Fe salts. Clarithromycin and amoxicillin may increase plasma level. May cause changes to prothrombin time when used with warfarin. Avoid concurrent use with clopidogrel.

Food Interaction

Absorption delayed with food.

Lab Interference

Increased creatinine, uric acid, bilirubin, alkaline phosphatase, ALT, AST. Altered thyroid function tests.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Intravenous: Pwd for inj: Store at 25°C (77°F). Protect from light. Reconstituted solution for inj should be stored at room temperature up to 30°C and administered within 12 hr after preparation. Reconstituted solution for infusion should be stored at

room temperature up to 30°C and administered within 12 hr (if normal saline or lactated Ringer's inj is used as the diluent) or 6 hr (if dextrose 5% inj is used as the diluent). Oral: Store at 25°C.

Mechanism of Action

Esomeprazole is a PPI that suppresses gastric acid secretion by specific inhibition of the H+/K+ ATPase in the gastric parietal cell.
Absorption: Rapid (oral). Peak plasma levels after 1-2 hrs; food delays and decreases absorption.
Distribution: Protein-binding: 97%
Metabolism: Extensively hepatic; converted to hydroxy and desmethyl metabolites.
Excretion: Urine (as metabolites); 1.3 hrs (elimination half-life).

CIMS Class

Antacids, Antireflux Agents & Antiulcerants

ATC Classification

A02BC05 - esomeprazole; Belongs to the class of proton pump inhibitors. Used in the treatment of peptic ulcer and gastro-oesophageal reflux disease (GERD).

*esomeprazole information:

Note that there are some more drugs interacting with esomeprazole

esomeprazole further details are available in official CIMS India

esomeprazole

esomeprazole brands available in India

Always prescribe with Generic Name : esomeprazole, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CESO enteric-coated tab CUCID-ES tab ES-CARE tab ESOCOOL tab ES-OD tab ESOFAG tab ESOFAG-D cap ESOFLO tab ESOMAC tab ESOREST tab ESORIV tab ESOTRAX tab ESOZ inj ESOZ tab ESOZ-D cap ESPRA tab ESTAB tab IGNIS cap IZRA tab IZRA vial IZRA-D cap NEKSIUM TAB tab NEKSIUM vial NEUTRAFLUX film-coated tab NEXPRO FAST tab NEXPRO tab NEXPRO vial NEXPRO-RD 40 cap NEXPRO-RD cap NULOC tab OMIPURE film-coated tab RACIPER SF tab RACIPER tab RACIPER-D cap RACIPER-IV

40 vial SOMPRAZ tab SOMPRAZ vial SOMPRAZ-D cap SOMPRAZ-IT cap ZOSEC-S tab

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([all drugs])

estradiol

CIMS Class : (Oestrogens & Progesterones & Related Synthetic Drugs)

estradiol

P - Contraindicated in pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related estradiol information

Indication & Dosage

Oral

Prostate cancer

Adult: For androgen-dependent, inoperable and progressing cancer: 10 mg tid for at least 3 mth.

Oral

Moderate to severe vasomotor symptoms associated with menopause

Adult: 1-2 mg/day adjusted as necessary; admin can be cyclical (3 wk on, 1 wk off) or continuous. In conjunction with a progestogen in women with uterus.

Oral

Prophylaxis of osteoporosis in postmenopausal women

Adult: 0.5 mg/day in cyclic regimen (23 days on and 5 days off).

Oral

Hypogonadism

Adult: 1-2 mg/day in a cyclic regimen for 3 wk on drug, followed by 1 wk drug-free.

Intramuscular

Prostate cancer

Adult: As valerate: =30 mg every 1-2 wk.

Intramuscular

Moderate to severe vasomotor symptoms associated with menopause

Adult: As cypionate: 1-5 mg every 3-4 wk; as valerate: 10-20 mg every 4 wk. In conjunction with a progestogen in women with uterus.

Transdermal

Moderate to severe vasomotor symptoms associated with menopause

Adult: Each patch delivers 0.025 mg/day: Initially, apply once wkly, adjust dose as necessary to control symptoms. Attempt to taper or discontinue treatment at 3-6 mth intervals. In conjunction with a progestogen in women with uterus.

Transdermal

Prophylaxis of osteoporosis in postmenopausal women

Adult: Each patch delivers 14 mcg/day. Apply patch once or twice wkly. Adjust dose by monitoring biochemical markers and bone mineral density. A 14-day course of progestogen is required in women with an intact uterus once every 6-12 mth.

Intramuscular

Hypogonadism

Adult: As valerate: 10-20 mg every 4 wk. As cypionate: 1.5-2 mg mthly.

Vaginal

Vulvular and vaginal atrophy

Adult: Insert 2-4 g/day of vag cream intravaginally for 2 wk, then reduce gradually to half the initial dose for 2 wk followed by a maintenance dose of 1 g 1-3 times/wk.

Vaginal

Postmenopausal vaginal atrophy

Adult: Insert a vag ring containing 2 mg of estradiol and keep in place for 90 days.

Vaginal

Urogenital symptoms

Adult: Insert a vag ring containing 2 mg of estradiol and keep in place for 90 days.

Vaginal

Atrophic vaginitis

Adult: Initial: Insert 1 tab (20 mcg) once daily for 2 wk. Maintenance: Insert 1 tab twice wkly. Attempt to discontinue or taper medication at 3-6 mthly intervals.

Contraindications

Hypersensitivity; undiagnosed vag bleeding; thrombophloebitis or thromboembolic disorders; breast carcinoma except in selected patients being treated for metastatic disease; oestrogen-dependent tumor; porphyria; pregnancy.

Special Precautions

Conditions exacerbated by fluid retention; hypercalcaemia, cerebrovascular diorders, coronary artery disease, gall bladder diseases; lipid effects; familial defects of lipoprotein metabolism. May increase BP, risk of venous thromboembolism, breast cancer,

benign hepatic adenoma, endometrial cancer and size of preexisting uterine leiomyomata. Dosage should be reduced in hepatic impairment. Lactation. Child.

Adverse Drug Reactions

GI disturbances, genitourinary changes, haematologic disorders, CV and CNS effects, endocrine and metabolic disorders, cholestatic jaundice, local skin reactions, chorea, contact lens intolerance, steeping of corneal curvature, pulmonary thromboembolism, carbohydrate intolerance.

Drug Interactions

CYP1A2 and CYP3A4 inducers e.g. aminoglutethimide, carbamazepine, phenobarbital, and rifampin may decrease the effects of estradiol. May enhance the effects of hydrocortisone and prednisolone when used together.

Food Interaction

Folic acid absorption may be reduced. Ethanol increases the risk of osteoporosis; routine use of ethanol may also increase estrogen

level and thus risk of breast cancer. Black cohosh, dong quai, red clover, saw palmetto, ginseng, St John's wort.

Lab Interference

Reduced serum folate concentration and response to metyrapone test. May interfere with thyroid function and glucose tolerance tests.

Pregnancy Category (US FDA)

Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.

Storage

Intramuscular: Store at room temperature. Oral: Store at room temperature. Transdermal: Store at room temperature. Vaginal: Store at room temperature.

Mechanism of Action

Estradiol is a naturally occurring oestrogen. Oestrogens are responsible for the development and maintenance of the female reproductive system and secondary sexual characteristics. They modulate the pituitary secretion of gonadotrophins, LH and FSH through a negative feedback system.

Absorption: Readily absorbed from the GI tract and through the skin or mucous membranes.

Distribution: Largely bound to plasma proteins.

Metabolism: Partly metabolised hepatically to less active oestrogens such as estriol and estrone.

CIMS Class

Oestrogens & Progesterones & Related Synthetic Drugs

ATC Classification

G03CA03 - estradiol; Belongs to the class of natural and semisynthetic estrogens used in estrogenic hormone preparations.

*estradiol information:

Note that there are some more drugs interacting with estradiol

estradiol

estradiol brands available in India

Always prescribe with Generic Name : estradiol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : DIVIGEL gel E 2 VAGINAL TAB tab E2 GEL gel ESTRADERM MX patch ESTROFEM tab ETS PATCH patch EVALON CRM cream EVALON tab OESTROGEL gel PROGYNON DEPOT inj PROGYNOVA tab SANDRENA gel

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([all drugs])

estrogens

CIMS Class : (Oestrogens & Progesterones & Related Synthetic Drugs)

estrogens

P - Contraindicated in pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related estrogens information

Indication & Dosage

Oral

Moderate to severe vasomotor symptoms associated with menopause

Adult: 0.45 mg/day; may increase up to 1.25 mg/day; attempt to discontinue medication at 3-6-mth intervals.

Oral

Vulvular and vaginal atrophy

Adult: 0.3 mg/day.

Oral

Female hypogonadism

Adult: 0.3-0.625 mg/day given cyclically, may titrate dose in 6-12-mth intervals; add progestin treatment to maintain bone mineral density once skeletal maturity is achieved.

Oral

Female castration or primary ovarian failure

Adult: 1.25 mg/day given cyclically; adjust according to patient response. For maintenance, adjust to the lowest effective dose.

Oral

Palliative treatment of prostatic carcinoma

Adult: 1.25-2.5 mg 3 times/day.

Oral

Prophylaxis of osteoporosis in postmenopausal women

Adult: Initial: 0.3 mg/day, cyclically or daily, depending on patient's condition. Adjust dose based on bone mineral density and clinical response. Lowest effective dose should be used.

Parenteral

Abnormal uterine bleeding

Adult: 25 mg via IV/IM admin, may repeat in 6-12 hr if needed. Treatment should be followed by a low-dose oral contraceptive.

Contraindications

Severe liver impairment; breast carcinoma; thromboembolic disorders; CV disease; undiagnosed vag bleeding; estrogen-dependent neoplasms; hypersensitivity; pregnancy.

Special Precautions

Asthma, epilepsy, migraine; heart or kidney dysfunction; CV disease; cerebrovascular disorders; diabetes, hypercalcaemia; gall bladder disease; porphyria. Childn. Lactation.

Adverse Drug Reactions

Abnormal bleeding; vomiting, nausea; tender breasts, wt gain, fluid retention; headache, depression. Males: Gynaecomastia, impotence. Potentially Fatal: Unopposed replacement therapy in postmenopausal women associated with increased risk of endometrial and breast cancer.

Drug Interactions

Rifampicin, barbiturates increase rate of metabolism.
Potentially Fatal: May reduce the efficacy of anticoagulants.

Lab Interference

Interfere with tests for thyroid function and glucose tolerance.

Storage

Oral: Store at 25°C. Parenteral: Store at 2-8°C. To be used immediately after reconstitution.

Mechanism of Action

Estrogens modulate pituitary secretion of gonadotropins, leutinising hormones and follicle-stimulating hormones through -ve feedback mechanism, thus reducing elevated levels of hormones in postmenopausal women during oestrogen replacement therapy

Absorption: Absorbed from the intestines after removal of the sulfate group (oral).

Metabolism: Hepatic; undergoes enterohepatic recycling.

Excretion: Via the urine and faeces.

CIMS Class

Oestrogens & Progesterones & Related Synthetic Drugs

ATC Classification

G03C - ESTROGENS; Used as estrogenic hormone preparations.

L02AA - Estrogens; Used in endocrine therapy.

*estrogens information:

Note that there are some more drugs interacting with estrogens

estrogens

estrogens brands available in India

Always prescribe with Generic Name : estrogens, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CONJUGASE sugar-coated tab ESPAUZ tab PREMARIN inj PREMARIN tab PREMARIN vag cream PREMELLE CYCLE tab

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([all drugs])

etamsylate

CIMS Class : (Haemostatics)

etamsylate

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related etamsylate information

Indication & Dosage

Oral

Menorrhagia

Adult: 500 mg 4 times daily during menstruation.

Oral

Control of haemorrhage after surgery

Adult: 250-500 mg every 4-6 hr as needed. May also be given via IV/IM inj.

Parenteral

Treatment and prophylaxis of periventricular haemorrhage in low birth-weight neonates

Child: Low birth-weight neonate: 12.5 mg/kg IM/IV Inj every 4-6 hr.

Administration

May be taken with or without food. (May be taken w/ meals to minimise GI upset.)

Contraindications

Hypersensitivity. Porphyria. Pregnancy and lactation.

Adverse Drug Reactions

Headache, skin rash, nausea. IV: Transient hypotension.

Storage

Oral: Store below 25°C. Parenteral: Store below 25°C.

Mechanism of Action

Ethamsylate stops haemorrhage from small blood vessels by stabilising the capillary wall and correcting abnormal platelet adhesion.
Absorption: Absorbed from the GI tract (oral).
Distribution: Enters breast milk.
Excretion: Via urine (as unchanged).

CIMS Class

Haemostatics

*etamsylate information:
etamsylate
etamsylate brands available in India
Always prescribe with Generic Name : etamsylate, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : 2-PIN tab ALSTAT tab ALSYET inj AMILATE tab BLOC tab BOTROSTAT tab CAPIHEM tab CAPILYTE tab CLOTAWIN inj CLOTAWIN tab CLOTEM PLUS tab COAG tab COSKLOT inj COSKLOT tab COTHAM tab C-SYLATE PLUS tab C-SYLATE tab CULOC tab DICYNENE inj DICYNENE tab DISYLATE tab EITH-500 tab EKLOT inj EKLOT tab EKLOT-MF tab ELYTE tab EMSULATE tab ENSULATE INJ inj ENSULATE tab ESELIN inj ESELIN tab ETAM amp ETEX-T TAB tab ETHACID inj ETHACID tab ETHAFY inj ETHAFY tab ETHAKLOT amp ETHAKLOT tab ETHAMCIP tab ETHAMS tab ETHAMSTAT inj ETHAMSTAT tab ETHARIV tab ETHASYL inj ETHASYL tab ETHOLATE tab ETHVER-500 tab ETHYLATE tab EUSTAL inj EUSTAL tab FLOBAN tab HAMODAM tab HAMODAM-T tab HEMKLOT tab HEMOCLOT tab HEMOCRAT tab HEMOLATE tab HEMOSTAT inj HEMOSTAT tab HEMSYL amp HEMSYL tab HIMOLAN amp HIMOLAN tab H-STAT tab KELATE inj KLOTINEX tab KLOTY tab LATE tab MASYLA inj MAZO inj MEDISTAT amp MEDISTAT tab NOFLO tab RADISTAT amp RADISTAT tab REVICI-E tab REVISTAT inj REVISTAT tab SAYOLATE tab SEROSTAT inj SEROSTAT tab STATZY tab STERSYL amp STERSYL tab STRENCH tab SYL inj SYL tab SYLATE inj SYLATE tab SYLATE-M tab SYLATE-T 500 tab SYLATE-T tab SYLRON inj SYLRON tab TARLATE

inj TEMSYL-E inj THEMISYLATE inj THEMISYLATE tab YES tab ZYLATE tab

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([all drugs])

ethacridine lactate

CIMS Class : (Drugs Acting on the Uterus)

ethacridine lactate

P - Contraindicated in pregnancy

related ethacridine lactate information

Indication & Dosage

Extra-amniotic

Medical termination of pregnancy after 1st 3 months

Adult: 10 ml/gestational wk of 0.1% solution (max: 200 ml), to be slowly instilled extra-amniotically using a Foley catheter. Catheter is then clamped at its lower end and left in place for 24 hr unless expelled earlier.

Contraindications

Hypersensitivity, pregnancy.

Adverse Drug Reactions

Hypersensitivity, prolonged use delays wound healing.

Drug Interactions

Activity enhanced by alkaline solutions.

Mechanism of Action

Induces abortion after extra-amniotic instillation.

CIMS Class

Note that there are some more drugs Acting on the Uterus

ATC Classification

B05CA08 - ethacridine lactate; Belongs to the class of antiinfectives used as irrigating solutions.
D08AA01 - ethacridine lactate; Belongs to the class of acridine derivative antiseptics and disinfectants. Used in the treatment of dermatological diseases.

*ethacridine lactate information:

ethacridine lactate

ethacridine lactate brands available in India

Always prescribe with Generic Name : ethacridine lactate, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ABORCIN inj ABORTIL inj VECREDIL inj

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([all drugs])

ethambutol

CIMS Class : (Anti-TB Agents)

ethambutol

L - Contraindicated in lactation

related ethambutol information

Indication & Dosage

Oral

Primary treatment of pulmonary and extrapulmonary tuberculosis

Adult: As hydrochloride: Initial 8 wk: 15 mg/kg/day or 30 mg/kg thrice wkly given with isoniazid, rifampicin and pyrazinamide. For

patients with history of antimycobacterial therapy: Initial doses: 25 mg/kg/day for 60 days, thereafter reduce to 15 mg/kg/day.
Child: For treatment of drug-resistant tuberculosis: 15-25 mg/kg daily or 50 mg/kg twice wkly. For congenitally acquired tuberculosis: Neonates: 15 mg/kg once daily and =1 mth: 15 mg/kg once daily or 30 mg/kg 3 times wkly for 2 mth initial treatment phase.
Elderly:
Renal impairment: Dose reduction may be required.

Administration

Should be taken with food.

Contraindications

Hypersensitivity; optic neuritis. Lactation.

Special Precautions

Impaired pre-treatment visual acuity, elderly, children. Perform liver, kidney and visual acuity tests regularly. Caution when assessing visual acuity in patients with cataracts, DM, recurrent eye

inflammation to make sure that changes are not due to the underlying causes.

Adverse Drug Reactions

Retrobulbar neuritis with a reduction in visual acuity, constriction of visual field, central or peripheral scotoma and green-red colour blindness. Retinal haemorrhage (rare); reduced renal clearance of urates (acute gout); GI disturbances eg, nausea, vomiting, abdominal pain, anorexia; rash, headache, dizziness, confusion, hallucinations, malaise, jaundice; thrombocytopenia; pulmonary infiltrates.

Drug Interactions

Absorption delayed or reduced by aluminum hydroxide. Synergistic effect with other antitubercular agents.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not

confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store at 15-25°C.

Mechanism of Action

Ethambutol interferes with RNA synthesis, causing suppression of Mycobacteria multiplication. It also has bacteriostatic action against M tuberculosis by acting on rapidly growing pathogens in cavity walls and is also effective in slow-growing pathogens. Has some action against atypical opportunistic Mycobacteria e.g. M kansasii, M avium complex (MAC).

Absorption: 80% is absorbed from the GI tract (oral).

Distribution: Lungs, kidneys, erythrocytes, CSF (in meningitis); crosses the placenta and enters breast milk.

Metabolism: Hepatic: Converted to the aldehyde and dicarboxylic acid derivatives (inactive).

Excretion: Via urine (as unchanged, 8-15% as metabolites), via faeces (20% as unchanged); 3-4 hr (elimination half-life).

CIMS Class

Anti-TB Agents

ATC Classification

J04AK02 - ethambutol; Belongs to the class of other drugs used in the treatment of tuberculosis.

*ethambutol information:
Note that there are some more drugs interacting with ethambutol
ethambutol further details are available in official CIMS India
ethambutol
ethambutol brands available in India
Always prescribe with Generic Name : ethambutol, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ALBUTOL tab ANBUTOL-800 tab COLBUTOL tab COMBUTOL tab EBUTOL tab ECOX tab EMTB tab ETIBI tab ISOTOL tab KOXI tab MYAMBUTOL tab MYCOBACK tab MYCOBUTOL cap MYCOBUTOL tab MYCOSTAT tab PDR-825 TAB film-coated tab RADIBUTOL tab TAURCOX tab THEMIBUTOL tab TIBITOL tab TOLBIN tab ZYTHAM tab

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([all drugs])

ethinylestradiol

CIMS Class : (Oestrogens & Progesterones & Related Synthetic Drugs)

ethinylestradiol

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related ethinylestradiol information

Indication & Dosage

Oral

Menopausal hormone replacement therapy

Adult: In menopausal women: 10-20 mcg daily in conjunction with a progestogen in women with uterus.

Oral

Female hypogonadism

Adult: 10-50 mcg daily in a cyclical regimen.

Oral

Palliative treatment of breast carcinoma

Adult: In postmenopausal women: 0.1-1 mg tid.

Oral

Palliative treatment of prostatic carcinoma

Adult: 0.15-3 mg daily.

Oral

As part of combined oral contraceptive

Adult: As the oestrogenic component of combined oral contraceptive: 20-40 mcg/day.

Contraindications

Uterine, liver and mammary carcinoma, thromboembolic disorders. Pregnancy, lactation, untreated endometriosis, jaundice, undiagnosed vag bleeding.

Special Precautions

Asthma; epilepsy; migraine; DM; cardiac or renal dysfunction; hepatic disease; familial defects of lipoprotein metabolism. Increased risk of endometrial cancer in unopposed oestrogen therapy. Increased risk of gallbladder disease in women on postmenopausal oestrogens. Large doses may increase CV risk, BP, risk of thrombophlebitis and pulmonary embolism.

Adverse Drug Reactions

Oedema, hypertension; dizziness; headache; thromboembolism; cholestatic jaundice; nausea, vomiting; disturbance of menstrual cycle; fluid retention, discomfort in breast, wt gain/loss; increased appetite, increased tendency for vag candidiasis; mental depression; alteration in libido; rashes; alopoecia, hirsutism; gynaecomastia and impotence.
Potentially Fatal: Endometrial cancer (prolonged use).

Drug Interactions

CYP1A2 and CYP3A4 inducers such as aminoglutethimide, carbamazepine, phenobarbital, and rifampin may decrease the effects of estradiol. May enhance the effects of hydrocortisone and prednisolone when used together. Altered anticoagulant effect when used with dicoumarol.
Potentially Fatal: Antibiotics (ampicillin, tetracycline, sulphonamides and chloramphenicol) can cause intermenstrual bleeding or failure of contraception. Reduced efficacy of antihypertensives or hypoglycaemic drugs.

Food Interaction

Folic acid absorption may be decreased. Black cohosh, dong quai, red clover, saw palmetto, ginseng, St John's wort.

Lab Interference

Reduced response to metyrapone test.

Pregnancy Category (US FDA)

Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.

Mechanism of Action

Oestradiol is the major oestrogen in pre-menopausal women. Ethinylestradiol has similar actions as oestradiol. It is responsible for the development and maintenance of female reproductive system and secondary sexual characteristics. It also inhibits

anterior pituitary by negative feedback effect and causes capillary dilation, fluid retention and protein anabolism.

Absorption: Rapidly and well absorbed from the GI tract. Systemic bioavailability: About 40%.

Distribution: Highly protein bound.

Metabolism: Hepatically metabolised.

Excretion: Urine and faeces.

CIMS Class

Oestrogens & Progesterones & Related Synthetic Drugs

*ethinylestradiol information:

Note that there are some more drugs interacting with ethinylestradiol

ethinylestradiol

ethinylestradiol brands available in India

Always prescribe with Generic Name : ethinylestradiol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CRISANTA tab DEAR-21 tab DINAC 35 tab ETHINORM-E tab FEMILON tab FRAULINE tab GINETTE-35 kit LYNORAL

tab MIXOGEN inj MIXOGEN tab NOVELON tab PROGYNON-C tab VALEST tab

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([all drugs])

ethionamide

CIMS Class : (Anti-TB Agents) , (Antileprotics)

ethionamide

P - Caution when used during pregnancy

L - Caution when used during lactation

related ethionamide information

Indication & Dosage

Oral

Tuberculosis, Leprosy

Adult: 15-20 mg/kg/day. Max: 1 g/day.

Child: Tuberculosis: 15-20 mg/kg/day, given in 2-3 divided doses. Max: 1 g/day.

Elderly:

Administration

Should be taken with food. (Take at mealtimes.)

Contraindications

Hypersensitivity, severe liver disease, porphyria.

Special Precautions

Difficulty in managing DM. Monitor blood glucose, thyroid and visual function. Perform LFT before and during treatment. Caution in patients with psychiatric illness or depression. Pregnancy, lactation.

Adverse Drug Reactions

Anorexia, excessive salivation, metallic taste, nausea, vomiting, abdominal pain, diarrhoea. Peripheral and/or optic neuritis, psychiatric disturbances eg, depression, anxiety, psychosis, postural hypotension. Jaundice, hepatitis. Thrombocytopenia, skin rashes, stomatitis, gynaecomastia.

Drug Interactions

May increase serum levels of isoniazid and potentiate the adverse effects of other antituberculous drugs when used concurrently. May cause psychotic reaction when taken with excessive ethanol.
Potentially Fatal: Increased incidence of hepatotoxicity with rifampicin. Increase CNS toxicity withcycloserine.

Storage

Oral: Store at 25°C.

Mechanism of Action

Ethionamide inhibits peptide synthesis. It is active against mycobacteria species. Bacteriostatic againstM.tuberculosis. Also active against atypical mycobacteria eg, M. kansasii, and some strains of M. aviumcomplex, and M. leprae.
Absorption: Readily absorbed from the GIT (oral).
Distribution: Body tissues and fluids (wide), CSF (concentrations equiv to serum), crosses the placenta. Protein-binding: 30%
Metabolism: Extensive hepatic metabolism; converted to the active sulfide and some inactive metabolites.
Excretion: Via urine (<1% as unchanged); 2-3 hrs (elimination half-life).

CIMS Class

Anti-TB Agents / Antileprotics

ATC Classification

J04AD03 - ethionamide; Belongs to the class of thiocarbamide derivative antimycobacterials. Used in the treatment of tuberculosis.

*ethionamide information:
Note that there are some more drugs interacting with ethionamide
ethionamide
ethionamide brands available in India
Always prescribe with Generic Name : ethionamide, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ENAMIDE tab ETHIDE tab ETHIMAX film-coated tab E-THIO film-coated tab ETHIOBIN FC-tab ETHIOCID tab ETHIOKOX film-coated tab ETHIONAM tab ETHOMID

tab ETOMIDE tab ETUMIDE tab MDTHIDE film-coated tab MYCOTUF tab MYOBID enteric-coated tab TUMID tab

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([all drugs])

etidronate

CIMS Class : (Agents Affecting Bone Metabolism)

etidronate

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related etidronate information

Indication & Dosage

Oral

Paget's disease of bone

Adult: Initial dose: 5 mg/kg/day up to 6 mth. For severe disease, may use up to 10 mg/kg/day for not >3 mth. Further treatment should only be given after a drug-free interval of at least 3 mth and after evidence of relapse. Subsequent treatment period should not exceed initial treatment period. Max dose: 20 mg/kg/day.

Oral

Treatment and prophylaxis of ectopic ossification complicating hip replacement

Adult: 20 mg/kg/day for 1 mth before and 3 mth after the operation. For ectopic ossification due to spinal cord injury: 20 mg/kg daily for 2 wk followed by 10 mg/kg daily for 10 wk.

Oral

Osteoporosis in postmenopausal women

Adult: Given on a cyclic basis: 400 mg/day for 14 days followed by the equivalent of 500 mg of elemental calcium for 76 days. Treatment may be continued for up to 3 yr.

Intravenous

Hypercalcaemia of malignancy

Adult: 7.5 mg/kg/day via slow infusion for 3 consecutive days, up to 7 days if necessary. Dose to be diluted in 250 mL of NaCl 0.9% and infused over at least 2 hr. Ensure at least 7-day interval between treatment courses. Maintenance therapy (via oral route): 20 mg/kg/day for 30-90 days, to be started on the day after the last IV dose.

Contraindications

Osteoporosis with hypercalcaemia/hypercalciuria; osteomalacia.

Special Precautions

In paget's disease, ensure 90 day drug-free interval between treatment courses; renal disease, children, malnutrition, patients with fractures (especially of long bones). May exacerbate asthma in asthmatics. Pregnancy, lactation.

Adverse Drug Reactions

GI symptoms like abdominal pain, constipation, diarrhoea and nausea, hypersensitivity reactions including angioedema, urticaria, rash and pruritus, increase or recurrent bone pain at pagetic sites or the onset of pain at previously asymptomatic sites, metallic, altered or loss of taste during or shortly after the treatment. Headache, paraesthesia, leucopenia, agranulocytosis.

Drug Interactions

Calcium, iron and antacids reduce absorption. May increase prothrombin time when used with warfarin. May increase GI and/or renal side effects when used with NSAIDs.

Food Interaction

Food, milk and dairy products interfere with its absorption.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intravenous: Store below 40°C. Oral: Store below 40°C.

Mechanism of Action

Etidronate is a bisphosphonate which inhibits the growth and dissolution of hydroxyapatite crystals in bone and may also directly

impair osteoclast activity. It diminishes bone resorption and thus reduces bone turnover.

Absorption: Variable absorption and may be dose dependent.

Metabolism: Rapidly cleared from the blood.

Excretion: Plasma half-life: 1-6 hr. About 50% is excreted in the urine within 24 hr.

CIMS Class

Agents Affecting Bone Metabolism

ATC Classification

M05BA01 - etidronic acid; Belongs to the class of bisphosphonates. Used in the treatment of bone diseases.

*etidronate information:

etidronate

etidronate brands available in India

Always prescribe with Generic Name : etidronate, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : DISONATE tab ETIFEM tab

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([all drugs])

etodolac

CIMS Class : (Nonsteroidal Anti-inflammatory Drugs (NSAIDs))

etodolac

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related etodolac information

Indication & Dosage

Oral

Osteoarthritis

Adult: 600-1000 mg/day in divided doses adjusted according to response.

Max Dosage: 1200 mg daily.

Oral

Rheumatoid arthritis

Adult: 600-1000 mg/day in divided doses adjusted according to response.

Max Dosage: 1200 mg daily.

Oral

Acute pain

Adult: 200-400 mg every 6-8 hr. Max: 1 g/day.

Administration

Should be taken with food. (Take w/ or immediately after meals.)

Contraindications

Peptic ulcer, hypersensitivity to etodolac/NSAIDs. Childn; pregnancy (3rd trimester) and lactation.

Special Precautions

CHF, dehydration, impaired renal, hepatic function, history of GI disease. Elderly, patients receiving anticoagulant.

Adverse Drug Reactions

GI disturbances; CNS effects; hypersensitivity reactions. Rash, pruritus; neuromuscular and skeletal weaknesses; blurred vision.

Potentially Fatal: Acute renal failure; blood disorder; nephrotoxicity; angioedema, arrhythmia, bone marrow suppression, CHF, dyspnoea, erythema multiforme, exfoliative dermatitis, hepatitis, hypertension, peripheral neuropathy, Stevens-Johnson syndrome, syncope, tachycardia, toxic amblyopia, toxic epidermal necrolysis, urticaria.

Drug Interactions

Increased effect of warfarin, lithium, methotrexate, digoxin, cyclosporin, aspirin. Effect may be reduced with aspirin. Reduced effect of some diuretics and ß-blockers. Alcohol enhances gastric mucosal irritation.

Food Interaction

Peak serum levels and GI distress decreased when taken with food. Cat's claw, dong quai, evening primrose, feverfew, ginkgo, red clover, horse chestnut, green tea and ginseng enhance the antiplatelet effect.

Lab Interference

False-positive for urinary bilirubin and ketones. Increased bleeding time.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

in 3rd trimester or near delivery.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Mechanism of Action

Etodolac is an NSAID derived from pyrano-indoleacetic acid, inhibits cyclooxygenase 2 (COX-2) resulting in decreased prostaglandin precursor formation.

Onset: Analgesic: 2-4 hrs.

CIMS Class

Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

ATC Classification

M01AB08 - etodolac; Belongs to the class of acetic acid derivatives and related substances of non-steroidal antiinflammatory and antirheumatic products. Used in the treatment of inflammation and rheumatism.

*etodolac information:
Note that there are some more drugs interacting with etodolac
etodolac
etodolac brands available in India
Always prescribe with Generic Name : etodolac, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ETOLEX-P tab ETOLOR tab ETOLOR-P tab ETOVA tab ETOVA-ER tab ETOVA-P tab TOLDIN ER-tab TOLDIN tab

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([all drugs])

etoposide

CIMS Class : (Cytotoxic Chemotherapy)

etoposide

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related etoposide information

Indication & Dosage

Intravenous

Testicular cancer

Adult: For combination therapy: 50-100 mg/m2 BSA/day from days 1-5, or 100 mg/m2 on days 1, 3 and 5. May repeat course at 3-4 wkly intervals after recovery from any toxicity. Inj must be diluted with 5% dextrose or normal saline to give a final concentration of 0.2-0.4 mg/ml and injected over 30-60 minutes.

CrCl (ml/min)

Dosage Recommendation

15-50

75% of the recommended dose.

Intravenous

Small cell lung cancer

Adult: 35 mg/m2 BSA/day for 4 days to 50 mg/m2 BSA/day for 5 days. May repeat course at 3-4 wkly intervals after recovery from any toxicity. Inj must be diluted with 5% dextrose or normal saline to give a final concentration of 0.2-0.4 mg/ml and injected over 30-60 minutes. When given via oral capsules: the recommended dose is twice the IV dose rounded to the nearest 50 mg.

Administration

Should be taken on an empty stomach. (Take on an empty stomach.)

Contraindications

Hypersensitivity, pregnancy, lactation.

Special Precautions

Skin reactions may occur with accidental exposure; renal or hepatic disease. Periodic CBCs should be done before, during and after therapy. Increased risk of etoposide-toxicity in patients with low

serum albumin. Acrylic material has been shown to crack and leak when used with undiluted etoposide inj.

Adverse Drug Reactions

Nausea, vomiting, anorexia, diarrhoea, stomatitis; reversible alopoecia; rarely, disturbances of liver dysfunction, peripheral neuropathy, CNS effects, anaphylactoid reactions; hypotension with IV injection. Local irritation and thrombophloebitis at the site of inj. Potentially Fatal: Severe myelosuppression, characterised by leucopaenia and thrombocytopaenia. Cardiotoxicity. Anaphylaxis.

Drug Interactions

Synergism with other cytotoxic drugs. Caution when admin with drugs that inhibit phosphatase activity.Cyclosporin A may reduce the clearance of etoposide.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or

for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Refrigerate at 2-8°C. Do not freeze. Conc for inj: Store at 15-30°C.

Mechanism of Action

Etoposide is a derivative of podophyllotoxin that inhibits DNA synthesis resulting in the arrest of the cell cycle. At low doses, it inhibits cells from entering cell cycle and at high doses, cells entering mitosis are lysed.

Absorption: Oral admin: 50% absorbed from the GI tract; plasma concentrations peak after 1 hr.

Distribution: Rapid distribution but poor penetration of the blood-brain barrier. Protein-binding: 94%.

Metabolism: Metabolised by CYP3A4.

Excretion: Terminal half-life: 4-11 hr. Excreted in urine and faeces.

CIMS Class

Cytotoxic Chemotherapy

ATC Classification

L01CB01 - etoposide; Belongs to the class of plant alkaloids and other natural products, podophyllotoxin derivatives. Used in the treatment of cancer.

*etoposide information:
Note that there are some more drugs interacting with etoposide
etoposide
etoposide brands available in India
Always prescribe with Generic Name : etoposide, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ACTITOP cap ACTITOP vial BEPOSID vial BIOPOSIDE vial ESIDE cap ESIDE INJ vial ETHOPUL vial ETOSID inj ETOSID soft-gelatin caps FYTOP vial FYTOSID infusion LASTET amp LASTET cap ONCOSID cap ONCOSID vial PELTASOL inj PLACID inj POSID cap POSID inj TEVASIDE vial TOPOK inj TOPOSIDE cap TOPOSIDE vial
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([all drugs])

etoricoxib

CIMS Class : (Nonsteroidal Anti-inflammatory Drugs (NSAIDs))

etoricoxib

P - Caution when used during pregnancy

L - Contraindicated in lactation

related etoricoxib information

Indication & Dosage

Oral

Osteoarthritis

Adult: 60 mg once daily.

Hepatic impairment: Mild impairment (Child-Pugh score of 5 or 6): 60 mg once daily; moderate impairment (Child-Pugh 7-9): 60 mg every other day. Avoid in severe hepatic impairment (Child-Pugh =10).

Oral

Rheumatoid arthritis

Adult: 90 mg once daily.

Hepatic impairment: Mild impairment (Child-Pugh score of 5 or 6): 60 mg once daily; moderate impairment (Child-Pugh 7-9): 60 mg every other day. Avoid in severe hepatic impairment (Child-Pugh =10).

Oral

Acute gout

Adult: 120 mg once daily. Max duration: 8 days.

Hepatic impairment: Mild impairment (Child-Pugh score of 5 or 6): 60 mg once daily; moderate impairment (Child-Pugh 7-9): 60 mg every other day. Avoid in severe hepatic impairment (Child-Pugh =10).

Administration

May be taken with or without food.

Contraindications

Inflammatory bowel disease, severe congestive heart failure, active peptic ulceration, cerebrovascular disease, CrCL <30 ml/min; lactation. Children and adolescent < 16 yr.

Special Precautions

Allergic disorders, coagulation defects; history of cardiac failure, left ventricular dysfunction, hypertension, or in patients with oedema due to other reasons; elderly, renal, cardiac or hepatic

impairment. Withdraw treatment if GI lesions develop; caution when admin to dehydrated patients. Regular BP monitoring is advisable. May mask fever and other signs of infection. Pregnancy.

Adverse Drug Reactions

GI disorders; ischemic cardiac events; hypersensitivity reactions, headache, dizziness, nervousness, depression, drowsiness, insomnia, vertigo, tinnitus, photosensitivity; blood disorders, fluid retention, hypertension; dry mouth, taste disturbance, mouth ulcers; appetite and wt changes; chest pain, fatigue, paraesthesia, influenza-like syndrome, myalgia. Renal toxicity.

Drug Interactions

CYP3A4 inhibitors or inducers; rifampicin, ethinyloestradiol; oral salbutamol and minoxidil. Antidepressant SSRIs and venlafaxine may increase risk of bleeding. Risk of side effects increased with concomitant use ofaspirin, ciclosporin, ketorolac or other NSAIDs. Lithium and methotrexate, coumarins, phenindione, phenytoin and sulphonylureas.

Mechanism of Action

Etoricoxib selectively inhibits cyclooxygenase 2 (COX-2).

CIMS Class

Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

ATC Classification

M01AH05 - etoricoxib; Belongs to the class of non-steroidal antiinflammatory and antirheumatic products, coxibs. Used in the treatment of inflammation and rheumatism.

*etoricoxib information:
Note that there are some more drugs interacting with etoricoxib
etoricoxib further details are available in official CIMS India
etoricoxib
etoricoxib brands available in India
Always prescribe with Generic Name : etoricoxib, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : ALCOXIB tab BIOCOZ tab COXET tab COXIFACT tab DORICOX tab EBOV tab ELETON tab EROFICA tab ETERON tab ETICOX tab ETOBUS tab ETOCOS tab ETODY tab ETOFAN film-coated tab ETOLEX tab ETOM tab ETORI tab ETORICA film-coated tab ETOSAID 120 film-coated tab ETOSHINE tab ETOSYM tab ETOXIB tab ETOZOX tab ETRIK tab ETRO tab ETROBAX film-coated tab EZACT tab HICOX tab HIRETO tab IFYDROX tab INTACOXIA gel INTACOXIA tab IXIDOL tab KINGCOX tab KRETOS tab L-KON tab M-KON tab NUCOXIA gel NUCOXIA tab NUCOXIA vial NUCOXIA-P tab NUCOXIA-SP tab O-COX tab RETOZ film-coated tab STARCOXIA tab TORCOXIA BCD tab TORCOXIA tab TRICOXIA tab TRICOXIA-P tab WITORIL tab XIBRA tab

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([all drugs])

exemestane

CIMS Class : (Cytotoxic Chemotherapy)

exemestane

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related exemestane information

Indication & Dosage

Oral

Advanced or locally advanced breast cancer

Adult: In women who are no longer responsive to anti-oestrogen therapy: 25 mg once daily.

Administration

Should be taken with food. (Take after a meal.)

Contraindications

Hypersensitivity. Premenopausal women. Pregnancy and lactation.

Special Precautions

Hepatic and renal impairment. Monitor bone mineral density at regular intervals especially in patients at risk of osteoporosis.

Adverse Drug Reactions

Hot flushes; nausea; fatigue; increased sweating; dizziness; headache; insomnia; skin rash; abdominal pain; anorexia, vomiting

(less frequently), dyspepsia, depression, alopoecia, peripheral oedema, constipation, dyspepsia. Rarely thrombocytopaenia, leucopaenia.

Drug Interactions

May result in reduced plasma levels of exemestane when used with CYP3A4 enzyme inducers. Oestrogen-containing drugs; St. John's wort, black cohosh, dong quai.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Mechanism of Action

Exemestane is an irreversible selective aromatase inhibitor which acts as a false substrate for the aromatase enzyme, forming an intermediate that binds irreversibly to the active site causing its inactivation. It also lowers circulating oestrogens in estrogen-dependent breast carcinoma.

Absorption: Rapidly absorbed.

Distribution: Widely distributed and extensively bound to plasma proteins.

Metabolism: Metabolised via oxidation by CYP3A4, and via reduction by aldoketoreductase

Excretion: Metabolites are excreted in urine and faeces, less than 1% excreted unchanged in the urine.

CIMS Class

Cytotoxic Chemotherapy

ATC Classification

L02BG06 - exemestane; Belongs to the class of enzyme inhibitors. Used in endocrine therapy.

*exemestane information:

Note that there are some more drugs interacting with exemestane

exemestane

exemestane brands available in India

Always prescribe with Generic Name : exemestane, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AROMASIN tab X'CEL film-coated tab XTANE tab

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([all drugs])

ezetimibe

CIMS Class : (Dyslipidaemic Agents)

ezetimibe

L - Contraindicated in lactation

related ezetimibe information

Indication & Dosage

Oral

Hyperlipidaemias, Homozygous familial sitosterolaemia

Adult: 10 mg once daily.

Administration

May be taken with or without food.

Contraindications

Hypersensitivity; moderate to severe liver disease or unexplained serum transaminase elevation. Children <10 yr, lactation.

Special Precautions

Renal or mild hepatic impairment. Monitor LFTs. Immediately discontinue ezetimibe and any HMG-CoA reductase inhibitor or fibrate if myopathy is diagnosed or suspected. Exclude or treat secondary causes of dyslipidaemia prior to initiating therapy.

Adverse Drug Reactions

Abdominal discomfort, headache, dizziness, sinusitis, pharyngitis; diarrhoea, chest pain, arthralgia, myalgia, resp infection and fatigue.

Drug Interactions

Concomitant admin of ezetimibe with cholestyramine may decrease serum levels of ezetimibe resulting in lower efficacy. Concurrent use of ezetimibe and cyclosporine may lead to increased exposure to both drugs, thus caution should be exercised.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 25°C.

Mechanism of Action

Ezetimibe localises at the brush border of the small intestine where it inhibits the absorption of cholesterol, thus decreasing its delivery to the liver. This results in decrease in cholesterol stores within the liver and an increase in cholesterol clearance from the blood.

Absorption: Peak plasma concentrations after 4-12 hr.

Distribution: Protein-binding: >90%.

Metabolism: Undergoes conjugation in small intestines and liver.

Excretion: Faeces (69% unchanged drug); urine (9% metabolite); 22 hr (elimination half-life).

CIMS Class

Dyslipidaemic Agents

ATC Classification

C10AX09 - ezetimibe; Belongs to the class of other cholesterol and triglyceride reducers. Used in the treatment of hyperlipidemia.

*ezetimibe information:
Note that there are some more drugs interacting with ezetimibe
ezetimibe further details are available in official CIMS India
ezetimibe
ezetimibe brands available in India
Always prescribe with Generic Name : ezetimibe, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : EZEDOC tab EZENTIA tab EZEREM tab EZIBLOC tab EZTA tab EZZICAD tab LIPEZET tab MIBE tab ZETEZE tab ZETICA tab
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([all drugs])

famciclovir

CIMS Class : (Antivirals)

famciclovir

P - Caution when used during pregnancy

L - Contraindicated in lactation

related famciclovir information

Indication & Dosage

Oral

Herpes zoster (shingles)

Adult: 250 mg tid or 750 mg once daily for 7 days. In immunocompromised patients, 500 mg tid for 10 days.

Renal impairment: For immunocompromised patients: CrCl >40 ml/min: 500 mg tid; 30-39 ml/min: 250 mg tid; 10-29 ml/min: 125 mg tid.

CrCl (ml/min)

Dosage Recommendation

30-59

For immunocompetent patients: 250 mg bid.

10-29

For immunocompetent patients: 250 mg once daily.

Oral

Acute treatment of recurrent episodes of genital herpes

Adult: 125 mg bid for 5 days. In immunocompromised patients, 500 mg bid for 7 days. Initiate treatment in the prodromal period as soon as the first signs or symptoms appear.

CrCl (ml/min)

Dosage Recommendation

10-29

For immunocompetent patients: 125 mg once daily.

Oral

Suppression of recurrent episodes of genital herpes

Adult: 250 mg bid. For HIV patients, 500 mg bid. Interrupt treatment at every 6-12 mth intervals to observe for possible changes in the natural history of the disease.

CrCl (ml/min)

Dosage Recommendation

>30

For immunocompetent patients: 250 mg bid.

10-29

For immunocompetent patients: 125 mg bid

Oral

Acute treatment of recurrent mucocutaneous herpes in HIV-infected patients

Adult: 500 mg bid for 7 days.

Renal impairment: Dose reduction may be needed.

Oral

Genital herpes

Adult: For first episodes: 250 mg tid for 5 days. In immunocompromised patients, 500 mg bid for 7 days.

CrCl (ml/min)

Dosage Recommendation

30-59

For immunocompetent patients: 250 mg bid.

10-29

For immunocompetent patients: 250 mg once daily.

Oral

Recurrent herpes labialis

Adult: 1.5 g as a single dose, initiate at 1st sign or symptom such as burning or tingling.

Administration

May be taken with or without food.

Contraindications

Hypersensitivity. Lactation.

Special Precautions

Renal impairment. Pregnancy.

Adverse Drug Reactions

Dizziness, headache, diarrhoea, constipation, nausea, vomiting, hallucinations, confusion, pruritus, abdominal pain, fever.

Drug Interactions

Increase effect/toxicity of cimetidine, probenecid, theophylline.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not

confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Famciclovir rapidly undergoes biotransformation to penciclovir, which has inhibitory activity against HSV types 1 (HSV-1) and 2 (HSV-2) varicella-zoster virus (VZV). Thymidine kinase then phosphorylates penciclovir to a monophosphate form, which is then converted to penciclovir triphosphate. This inhibits HSV-2 DNA polymerase by competing with deoxyguanosine triphosphate, thus inhibiting herpes viral DNA synthesis and replication.

Absorption: Rapidly absorbed from the GI tract (oral); peak plasma concentrations after 1 hr. Delayed by the presence of food.

Metabolism: Converted to penciclovir.

Excretion: Via urine (as metabolite and 6-deoxypercrosor); reduced in patients with renal impairment.

CIMS Class

Antivirals

ATC Classification

J05AB09 - famciclovir; Belongs to the class of nucleosides and nucleotides excluding reverse transcriptase inhibitors. Used in the systemic treatment of viral infections.
S01AD07 - famciclovir; Belongs to the class of antiinfectives, antivirals. Used in the treatment of eye infections.

*famciclovir information:
Note that there are some more drugs interacting with famciclovir
famciclovir further details are available in official CIMS India
famciclovir
famciclovir brands available in India
Always prescribe with Generic Name : famciclovir, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : FAMIRAX tab FAMTREX film-coated tab MICROVIR tab PENVIR film-coated tab VIROVIR film-coated tab
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([all drugs])

famotidine

CIMS Class : (Antacids, Antireflux Agents & Antiulcerants)

famotidine

P - Caution when used during pregnancy

L - Contraindicated in lactation

related famotidine information

Indication & Dosage

Oral

Benign gastric and duodenal ulceration

Adult: 40 mg daily at bedtime for 4-8 wk or 20 mg bid. To prevent recurrence of duodenal ulceration: 20 mg at bedtime may be taken.

CrCl (ml/min)

Dosage Recommendation

<50

Halve the dose or increase dosing interval to 36-48 hr.

Oral

Gastro-oesophageal reflux disease

Adult: 20 mg bid for 6-12 wk or up to 40 mg bid if there is oesophageal ulceration. Maintenance dose: 20 mg bid may be given to prevent recurrence.

Child: 1-16 yr: 1-2 mg/kg/day divided bid up to 40 mg bid.

CrCl (ml/min)

Dosage Recommendation

<50

Halve the dose or increase dosing interval to 36-48 hr.

Oral

Zollinger-Ellison syndrome

Adult: Initially, 20 mg every 6 hr, up to 800 mg daily if necessary.

Child: 1-16 yr: 0.5-1 mg/kg/day up to 40 mg/day, given once at bedtime or taken bid.

CrCl (ml/min)

Dosage Recommendation

<50

Halve the dose or increase dosing interval to 36-48 hr.

Oral

Non-ulcer dyspepsia

Adult: 10 mg bid.

CrCl (ml/min)

Dosage Recommendation

<50

Halve the dose or increase dosing interval to 36-48 hr.

Oral

Heartburn

Adult: 10 mg bid.

CrCl (ml/min)

Dosage Recommendation

<50

Halve the dose or increase dosing interval to 36-48 hr.

Intravenous

Benign gastric and duodenal ulceration

Adult: 20 mg every 12 hr, as an inj over at least 2 minutes or as an infusion over 15-30 minutes.

CrCl (ml/min)

Dosage Recommendation

<50

Halve the dose or increase dosing interval to 36-48 hr.

Administration

May be taken with or without food.

Contraindications

Hypersensitivity; lactation.

Special Precautions

Impaired renal function, liver cirrhosis; pregnancy. Possibility of malignancy should be considered prior to initiating treatment as drug may mask symptoms and delay diagnosis. No safety and efficacy data is available for children <1 yr.

Adverse Drug Reactions

Headache, dizziness, constipation, diarrhoea, nausea, rash, GI discomfort, fatigue, gynaecomastia, impotence.

Drug Interactions

Reduced absorption of famotidine with antacids hence admin should be separated by 2 hr. Reduced absorption of ketoconazole and itraconazole. Avoid ethanol (may cause gastric mucosal irritation).

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Intravenous: Refrigerate at 2-8°C. Do not freeze. Oral: Store below 25°C.

Mechanism of Action

Famotidine competitively blocks histamine H2-receptors thus reducing basal, nocturnal and stimulated gastric acid secretion. Pepsin secretion is reduced resulting in decreased peptic activity. It effectively heals duodenal and gastric ulcers and prevents recurrence.

Absorption: Readily but incompletely absorbed from the GI tract; peak plasma concentrations after 1-3 hr (oral).

Distribution: Enters the breast milk. Protein-binding: 15-20%.

Metabolism: Hepatic (small proportion); converted to famotidine S-oxide.

Excretion: Urine (as unchanged) within 24 hr; 2.5-3.5 hr (elimination half-life).

CIMS Class

Antacids, Antireflux Agents & Antiulcerants

ATC Classification

A02BA03 - famotidine; Belongs to the class of H2-receptor antagonists. Used in the treatment of peptic ulcer and gastro-oesophageal reflux disease (GERD).

*famotidine information:
Note that there are some more drugs interacting with famotidine
famotidine further details are available in official CIMS India
famotidine
famotidine brands available in India
Always prescribe with Generic Name : famotidine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : ACILO tab ACIPEP tab ACREDIN tab AUTIDINE tab BLOCACID tab FACID inj FACID tab FADINE tab FALTIDIN tab FAMOCID tab FAMODIN tab FAMONEXT tab FAMONITE tab FAMOPRIL tab FAMOTIN tab FAMOWAL tab FAMTAC tab FAMTIN tab FEBCID tab FEMIDIN inj FEMIDIN tab FEMOACT tab FONTAIN FORTE tab FUDONE tab NEUTRACAINE film-coated tab NOCTIN tab PEPDIN film-coated tab RECID tab TOBUR tab TOPCID CT chewtab TOPCID tab ULCIMAX film-coated tab ULCINIL-F tab ZACTANE tab ZORBIN F-tab ZORBIN tab

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([all drugs])

felodipine

CIMS Class : (Calcium Antagonists) , (Anti-Anginal Drugs)

felodipine

P - Contraindicated in pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related felodipine information

Indication & Dosage

Oral

Hypertension

Adult: As modified-release preparation: Initially, 5 mg once daily in the morning, adjust dose according to patient's response. Maintenance: 2.5-10 mg daily. Up to 20 mg daily may be used if needed.

Renal impairment: Dose reduction may be required.

Oral

Angina pectoris

Adult: Initially, 5 mg daily, increased to 10 mg daily if necessary.

Renal impairment: Dose reduction may be required.

Administration

May be taken with or without food. (Take without food or w/ a light meal.)

Overdosage

Overdosage may cause excessive peripheral vasodilation with marked hypotension and bradycardia. Treatment is symptomatic. Patient should be placed supine with the legs elevated. IV fluids may be given to treat hypotension due to overdosage with calcium

antagonists. IV atropine (0.5-1 mg) should be given if there is bradycardia.

Contraindications

Hypersensitivity. Pregnancy.

Special Precautions

Impaired renal or hepatic function, CHF, sick-sinus syndrome, severe left ventricular dysfunction, hypertrophic cardiomyopathy. May cause hypotension with reflex tachycardia resulting in MI in susceptible patients; severe liver disease. Elderly, children. Lactation.

Adverse Drug Reactions

Flushing, headache, peripheral oedema, tachycardia, palpitation, dizziness, fatigue. Ankle swelling may occur. Hyperplasia, rash, pruritus. Gingival enlargement, angina, angioedema, decreased libido, insomnia, irritability in patients with pronounced gingivitis or periodontitis.

Drug Interactions

Increased absorption with ethanol. Plasma levels increased by enzyme inhibitors e.g. cimetidine. Plasma levels reduced by enzyme inducers e.g. phenytoin, carbamazepine and barbiturates.
Potentially Fatal: Additive hypotensive effect with sildenafil and vardenafil. Increased conc with ciclosporin. Increases plasma digoxin concentrations by approximately 40%.

Food Interaction

Grapefruit juice significantly increase bioavailability. High fat and carbohydrate meals.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store below 30°C.

Mechanism of Action

Felodipine relaxes coronary vascular smooth muscles by inhibiting calcium ions from entering the 'slow channels' or voltage-sensitive areas of vascular smooth muscles and myocardium during depolarisation. It also increases myocardial O2 delivery in patients with vasospastic angina.

Absorption: Almost completely absorbed from the GI tract (oral).

Distribution: Protein-binding: 99%.

Metabolism: Gut and liver (extensive 1st pass effect).

Excretion: Via urine (70% as metabolites), via faeces (remaining dose); 11-16 hr (elimination half-life).

CIMS Class

Calcium Antagonists / Anti-Anginal Drugs

ATC Classification

C08CA02 - felodipine; Belongs to the class of selective dihydropyridine derivative calcium-channel blockers with mainly vascular effects. Used in the treatment of cardiovascular diseases.

*felodipine information:

Note that there are some more drugs interacting with felodipine

felodipine further details are available in official CIMS India

felodipine

felodipine brands available in India

Always prescribe with Generic Name : felodipine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : FELOGARD ER film-coated tab PLENDIL tab RENEDIL tab

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([all drugs])

fenofibrate

CIMS Class : (Dyslipidaemic Agents)

fenofibrate

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related fenofibrate information

Indication & Dosage

Oral

Hyperlipidaemias

Adult: Dose depends on the formulation used. For standard micronised formulations: Initially, 67 mg tid or 200 mg once daily, may reduce to 67 mg bid or increase to 67 mg 4 times daily. For non-micronised formulations: Initially, 200-300 mg daily in divided doses. Usual range: 200-400 mg daily. For formulations with improved bioavailability, doses between 40-160 mg daily may be used.

Child: 5 mg/kg daily.

Renal impairment: Dose reduction is necessary.

Administration

Should be taken with food.

Contraindications

Hypersensitivity; severe hepatic and renal impairment. Unexplained persistent liver function abnormality and primary

biliary cirrhosis; preexisting gall bladder disease. Pregnancy, lactation.

Special Precautions

Renal or hepatic impairment. Monitor LFTs and blood counts regularly. Increased risk of cholelithiasis, pancreatitis, skeletal muscle effects. Withdraw treatment if no adequate response after 2 mth of treatment at max recommended dose.

Adverse Drug Reactions

Headache, dizziness, asthaenia, fatigue, arrhythmia, photosensitivity, eczema, dizziness, vaginitis, paraesthesia, rhinitis, cough, sinusitis, allergic pulmonary alveolitis, polyuria, myopathy, myositis, arthralgia, myalgia, myasthenia.
Potentially Fatal: Hepatitis, cholecystitis.

Drug Interactions

Resins impede the absorption of fenofibrate. May increase ciclosporin concentration and associated nephrotoxicity when used together.

Potentially Fatal: Statins increase the risk of rhabdomyolysis and myopathy with renal failure. May increase the effects of oral anticoagulants.

Food Interaction

Food increases the bioavailability of fenofibrate.

Lab Interference

Increased creatinine and gamma glutamyl transpeptidase.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 25°C.

Mechanism of Action

Fenofibrate lowers plasma TG by activating lipoprotein lipase thus increasing catabolism of very low-density lipoprotein with consequent increase in high-density lipoprotein levels.
Absorption: Readily absorbed from the GI tract (oral); reduced if taken after an overnight fast.
Distribution: >99% bound to plasma albumin.
Metabolism: Rapidly via hydrolysis; converted to fenofibric acid.
Excretion: Urine (60% metabolite, glucuronide conjugate); faeces (25%); 20 hr (elimination half-life).

CIMS Class

Dyslipidaemic Agents

ATC Classification

C10AB05 - fenofibrate; Belongs to the class of fibrates. Used in the treatment of hyperlipidemia.

*fenofibrate information:
Note that there are some more drugs interacting with fenofibrate
fenofibrate further details are available in official CIMS India

fenofibrate

fenofibrate brands available in India

Always prescribe with Generic Name : fenofibrate, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : FENACOR cap FENACOR film-coated tab FENOCOR cap FENOLIP film-coated tab FIBRAL cap FIBRATE cap FINATE cap LIPICARD cap LIPICARD film-coated tab LOTGL tab STANLIP 145 film-coated tab STANLIP tab TG CHECK tab THROMBIFLO inj TRICHECK cap TRILIP tab

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([all drugs])

fenoverine

CIMS Class : (Antispasmodics)

fenoverine

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related fenoverine information

Indication & Dosage

Oral

Antispasmodic

Adult: 100 mg tid or 200 mg bid for not >6 wk.

Elderly: Max: 100 mg tid.

Administration

Should be taken with food.

Contraindications

Hypersensitivity, chronic liver disease, history of hyperthermia during or after anaesthesia or after physical effort, renal insufficiency, mitochondrial myopathy, pregnancy, lactation.

Special Precautions

In patients with renal or hepatic insufficiency and in patients >60 yr or with multiple drug therapy, in case of unexplained muscular pain or if myopathy is diagnosed.

Adverse Drug Reactions

Myalgias, reversible rhabdomyolysis, gastric upset.

Storage

Oral: Store below 25°C.

Mechanism of Action

Fenoverine is a non-anticholinergic synchronizer of smooth muscle motility. It modulates calcium gradient across the muscular cell membrane by regulating the influx of the extracellular calcium and/or release of the intracellular pool. Therefore, fenoverine effectively inhibits the asynchronous spasmodic contractions without appreciable interferences with the physiological synchronous motility of the intestine.
Absorption: Oral: Well absorbed.

CIMS Class

Antispasmodics

ATC Classification

A03AX05 - fenoverine; Belongs to the class of other drugs used for functional bowel disorders.

*fenoverine information:
fenoverine
fenoverine brands available in India
Always prescribe with Generic Name : fenoverine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : SPASMOPRIV cap SYNCROSPAS cap
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([all drugs])
fentanyl
CIMS Class : (Analgesics (Opioid))
fentanyl
P - Caution when used during pregnancy
L - Caution when used during lactation
Food ¤ - Food interaction
related fentanyl information
Indication & Dosage

Oral

Breakthrough cancer pain

Adult: For patients who are already receiving and tolerant to opioid treatment: As a loz: Initially, 200 mcg over 15 minutes for an episode of breakthrough pain; may repeat once after 15 minutes if needed. Titrate subsequent doses based on response up to 1.6 mg per dose. Once the effective dose has been identified, no more than 4 unit doses should be taken daily.

Elderly: and debilitated patients: Dose reduction may be needed.

Intravenous

Adjunct to general anaesthesia

Adult: For patients with spontaneous respiration: Initially, 50-200 mcg followed by supplements of 50 mcg. To be injected over 3-5 minutes. Possible increased risk of resp depression following doses >200 mcg. For patients with assisted ventilation: Initially, 300-3,500 mcg (up to 50 mcg/kg) followed by supplements of 100-200 mcg depending on the patient's response. To be injected over 3-5 minutes.

Child: For patients with spontaneous respiration: >2 yr: 3-5 mcg/kg IV, supplements of 1 mcg/kg may be given. For patients with assisted ventilation: >2 yr: Initially, 15 mcg/kg with supplements of 1-3 mcg/kg.

Elderly: and debilitated patients: Dose reduction may be needed.

Transdermal

Intractable chronic pain

Adult: Patches deliver fentanyl in doses that range from 12-100 mcg/hr. Doses should be individually titrated based on previous use of opioids. For opioid-naive patients: Initiate with patches that deliver not more than 25 mcg/hr of fentanyl. Recommended for opioid-naive patients to start with low doses of short-acting opioids before starting on fentanyl patches. For patients who have been receiving a strong opioid, the initial dose should be based on the previous 24-hr opioid requirement. During transfer to fentanyl patches, previous opioid treatment should be phased out gradually. If patient requires doses >100 mcg/hr, >1 patch may be used; consider alternative or additional therapy if doses >300 mcg/hr are required. Replace patch every 72 hr and apply the new patch to a different site; avoid using the same area of skin for a few days.

Elderly: and debilitated patients: Dose reduction may be needed.

Intramuscular

Premedication before anaesthesia

Adult: 50-100 mcg, to be given 30-60 minutes before induction of anaesthesia.

Elderly: and debilitated patients: Dose reduction may be needed.

Incompatibility: Thiopental sodium and methohexital sodium.

Contraindications

Hypersensitivity.

Special Precautions

Myasthaenia gravis. Head injury; increased intracranial pressure; intracranial lesions; renal or hepatic impairment; neonates; opioid-nontolerant patients. Increased risk of respiratory depression in elderly, debilitated patients, patient with hypoxia or hypercapnia. Hypothyroidism, prostatic hyperplasia, inflammatory bowel disorders, bradycardia or bradyarrhythmias. Rapid IV infusion may cause skeletal muscle and chest wall rigidity, impaired ventilation or respiratory distress/arrest. Prolonged use may cause tolerance, psychological and physical dependence. Abrupt withdrawal after prolonged admin may lead to withdrawal symptoms. Lactation. Pregnancy (avoid high doses or prolonged usage).

Adverse Drug Reactions

Nausea, vomiting; bradycardia, oedema, CNS depression, confusion, dizziness,drowsiness, headache, sedation, transient hypotension,

peripheral vasodilation; increased intracranial pressure. High IV dose may cause chest wall rigidity. Transdermal: Rash, erythema and itching.

Potentially Fatal: Respiratory depression, trunk rigidity, laryngospasm, bronchoconstriction.

Drug Interactions

Depressant effects may be enhanced by other CNS depressants e.g. alcohol, anaesthetics, anxiolytics, hypnotics, TCAs and antipsychotics. Ammonium chloride may increase excretion of fentanyl. Phenothiazines may increase hypotensive effect of opioid analgesics. Serum levels may be increased by CYP3A4 inhibitors (e.g. azole antifungals, clarithromycin, diclofenac, doxycycline, erythromycin, imatinib, isoniazid, nefazodone,nicardipine, propofol, protease inhibitors, quinidine, telithromycin and verapamil). May reduce the efficacy of pegvisomant. Serum levels may be reduced by rifamycin derivatives. May increase serotonergic effect of SSRIs and sibutramine.

Food Interaction

Avoid valerian, kava-kava and gotu kola. Serum levels may be reduced by St John's wort.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

if used for prolonged periods or in high doses at term.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intramuscular: Store between 20-25°C. Intravenous: Store between 20-25°C. Oral: Store between 20-25°C. Transdermal: Store between 20-25°C.

Mechanism of Action

Fentanyl is a potent opioid analgesic that increases pain threshold, alters pain reception and inhibits ascending pain pathways by binding to stereospecific receptors within the CNS.

Onset: Rapid.

Duration: Short.

Distribution: Rapidly into tissues; appears in the CSF, crosses the placenta and small amounts enter the breast milk. Protein-binding: 80%

Metabolism: Hepatic via N-dealkylation and hydroxylation.

Excretion: Urine (as metabolites and unchanged drug); 4 hrs (elimination half-life).

CIMS Class

Analgesics (Opioid)

ATC Classification

N01AH01 - fentanyl; Belongs to the class of opioid anesthetics. Used as general anesthetics.

N02AB03 - fentanyl; Belongs to the class of phenylpiperidine derivative opioids. Used to relieve pain.

*fentanyl information:

Note that there are some more drugs interacting with fentanyl

fentanyl

fentanyl brands available in India

Always prescribe with Generic Name : fentanyl, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : DUROGESIC transdermal patch FENDROP amp FENILATE inj FENSTUD amp FENT inj TROFENTYL inj

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([all drugs])

ferrous fumarate

CIMS Class : (Vitamins & Minerals (Pre & Post Natal) / Antianemics)

ferrous fumarate

P - Caution when used during pregnancy

related ferrous fumarate information

Indication & Dosage

Oral

Iron-deficiency anaemia

Adult: Usual dose range: Up to 600 mg daily. May increase up to 1.2 g daily if necessary.

Child: As syrup containing 140 mg(45 mg iron)/5ml. Preterm neonate: 0.6?2.4 ml/kg daily; up to 6 yr: 2.5?5 ml bid.

Administration

Should be taken on an empty stomach. (Best taken on an empty stomach. May be taken w/ meals to reduce GI discomfort.)

Overdosage

Symptoms: Nausea, vomiting, abdominal pain, diarrhoea, haematemesis and rectal bleeding. Hypotension, coma and hepatocellular necrosis may occur later. Treatment: Empty stomach contents by gastric lavage within 1 hr of ingestion. In severe toxicity, IV desferrioxamine may be given. Whole bowel irrigation may also be considered in severe poisoning.

Special Precautions

Patients with intestinal strictures and diverticular disease. May worsen diarrhoea in patients with inflammatory bowel disease. May cause constipation and faecal impaction in elderly. Avoid prolonged admin (>6 mth) except in patients with continued bleeding, menorrhagia or repeated pregnancies. Not for routine use in treatment of haemolytic anaemia unless an iron-deficient state exists. Parenteral iron should not be used concurrently with oral iron treatment. Avoid use in patients receiving repeated blood tranfusions. Pregnancy.

Adverse Drug Reactions

GI disturbance including constipation, diarrhoea, dark stools. Nausea and epi-gastric pain.

Drug Interactions

Oral absorption of iron may be increased when taken with ascorbic acid. May reduce the absorption of quinolones and tetracyclines when taken concurrently via the oral route. Concurrent admin with antacids may reduce the absorption of ferrous fumarate from the GI tract. May reduce the absorption of penicillamine in the gut when taken concurrently.

Mechanism of Action

Ferrous fumarate is an iron preparation that is used in the prevention and treatment of iron deficiency. The amount of elemental iron is 330 mg/g of ferrous fumarate.

Absorption: GI iron absorption depends on the amount of stored iron in the body; absorption is higher when stored iron is low.

Distribution: Ferrous iron passes through the GI mucosal cells, bind to transferrin and is then transported to the bone marrow and incorporated into haemoglobin.

Excretion: Mainly through the faeces and desquamation of cells e.g. skin, hair or GI mucosa.

CIMS Class

Vitamins & Minerals (Pre & Post Natal) / Antianemics

ATC Classification

B03AA02 - ferrous fumarate; Belongs to the class of oral iron bivalent preparations. Used in the treatment of anemia.

B03AD02 - ferrous fumarate; Belongs to the class of iron in combination with folic acid. Used in the treatment of anemia.

*ferrous fumarate information:

Note that there are some more drugs interacting with ferrous fumarate

ferrous fumarate

ferrous fumarate brands available in India

Always prescribe with Generic Name : ferrous fumarate, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : FERROUS FUMARATE tab

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([all drugs])

ferrous fumarate + folic acid

CIMS Class : (Vitamins & Minerals (Pre & Post Natal) / Antianemics)

ferrous fumarate + folic acid

P - Caution when used during pregnancy

related ferrous fumarate + folic acid information

Indication & Dosage

Oral

Prophylaxis of iron deficiency in pregnancy

Adult: Each tablet containing ferrous fumarate 322 mg and folic acid 0.35 mg. For pregnant women from 13th wk of gestation onwards: 1 tablet daily.

Overdosage

Acute poisoning in young children is especially dangerous. Symptoms: Abdominal pain, vomiting and diarrhoea. CV collapse with coma may follow. In severe cases, deterioration may occur involving diffuse vascular congestion, pulmonary oedema, convulsions, anuria, hypothermia, severe shock and metabolic acidosis. Treatment includes inducing vomiting and gastric lavage. In severe cases, parenteral desferrioxamine may be used.

Contraindications

Paroxysmal nocturnal haemoglobinuria, haemosiderosis, haemochromatosis.

Special Precautions

Avoid use in patients with active peptic ulcer, repeated blood transfusion, regional enteritis and ulcerative colitis. Caution when used in patients with folate-dependent tumours. Not recommended for use during 1st trimester of pregnancy.

Adverse Drug Reactions

GI discomfort, anorexia, nausea, vomiting, constipation, diarrhoea. Stool darkening may occur.

Drug Interactions

Concurrent admin may reduce the efficacy of fluoroquinolones, levodopa, carbidopa, thyroxine and bisphosphonates. Iron may reduce the absorption of penicillamine by forming complexes. Concurrent admin with tetracycline may lead to reduced absorption of tetracycline and iron. Antacids may reduce the absorption of iron. Serum levels of anticonvulsants may be reduced by folic acid.

Storage

Oral: Store <25°C.

Mechanism of Action

Ferrous fumarate is an iron compound that is used in the prevention and treatment of iron-deficient anaemia. Folic acid is a vitamin B that is used in the prevention and treatment of folate-deficient state. They are used together in pregnant women (2nd and 3rd trimesters) for the prevention of iron deficiency and megaloblastic anaemia of pregnancy.

Absorption: Ferrous fumarate: Absorption takes place mainly in the duodenum and jejunum; aided by gastric acid secretion. Folic acid: Absorption takes place mainly in the proximal part of the small intestine.

Distribution: Ferrous fumarate: Ferrous iron passes through the GI mucosal cells, bind to transferrin and is then transported to the bone marrow and incorporated into haemoglobin. Folic acid: Extensively bound to plasma proteins.

Metabolism: Folic acid: Largely metabolised in the liver.

Excretion: Ferrous fumarate: Mainly through the faeces and desquamation of cells e.g. skin, hair or GI mucosa. Folic acid: Mainly excreted in the urine.

CIMS Class

Vitamins & Minerals (Pre & Post Natal) / Antianemics

ATC Classification

B03AA02 - ferrous fumarate; Belongs to the class of oral iron bivalent preparations. Used in the treatment of anemia.
B03AD02 - ferrous fumarate; Belongs to the class of iron in combination with folic acid. Used in the treatment of anemia.
B03BB01 - folic acid; Belongs to the class of folic acid and derivatives. Used in the treatment of anemia.

*ferrous fumarate + folic acid information:
Note that there are some more drugs interacting with ferrous fumarate + folic acid
ferrous fumarate + folic acid
ferrous fumarate + folic acid brands available in India
Always prescribe with Generic Name : ferrous fumarate + folic acid, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : ADFE cap ADFE-C cap ADIFER-Z tab AFROZ captab AUTRIN cap BLOSYN tab CAPSOVIT cap ELFERRI-Z cap FEBEX cap FERITOL cap FERRITOP cap FERROGEN tab FERROGEN-Z tab FEZOCAPS cap FLEEFER cap HB PLUS cap HB-ACT tab HB-NORM CAP cap HEMBRAN PLUS cap HEMFAST cap HEMFORTE tab HEMOFER-Z cap HEMRAL cap HEMSYNERAL-TD cap HEPASULES-F cap IREX-12 cap IRONEED-SR cap LITON-Z cap LIVOGEN FC-captab LIVOGEN-Z FC-captab MEFOL CAP cap NUTRIHAR CAP cap PRODIN cap SOFTERON cap SOFTERON-Z cap TERROS-Z cap VARTONE-Z cap VINFER cap VITCOFOL SYR syr ZIFERRIN-TR cap

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([all drugs])

fexofenadine

CIMS Class : (Antihistamines & Antiallergics)

fexofenadine

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related fexofenadine information

Indication & Dosage

Oral

Seasonal allergic rhinitis

Adult: 120 mg once daily.

Child: 6-11 yr: 30 mg bid.

Renal impairment: Adult: Initially, 60 mg once daily. Child: 6 mth-<2 yr: 15 mg once daily and 2-11 yr: 30 mg once daily.

Oral

Chronic idiopathic urticaria

Adult: 180 mg once daily.

Child: 6 mth-<2 yr: 15 mg bid; =2 yr: 30 mg bid.

Renal impairment: Adult: Initially, 60 mg once daily. Child: 6 mth-<2 yr: 15 mg once daily and 2-11 yr: 30 mg once daily.

Administration

May be taken with or without food.

Contraindications

Hypersensitivity.

Special Precautions

Renal impairment. Pregnancy, lactation; children <6 yr.

Adverse Drug Reactions

Viral infection (cold/flu); headache, dizziness, drowsiness, fatigue; nausea, dyspepsia, dysmenorrhoea.

Drug Interactions

Co-admin with ketoconazole or erythromycin may increase plasma levels of fexofenadine. May increase adverse effects of other anticholinergics and CNS depressants. May increase arrhythmogenic effect of antipsychotic agents (phenothiazines); avoid concurrent usage. May reduce the efficacy of betahistine. Pramlintide may increase the anticholinergic effect of fexofenadine. Bioavailability may be increased byverapamil. Efficacy may be reduced by rifampin.

Food Interaction

Decreased levels with St John's wort. Fruit juice (apple, grapefruit, orange) may reduce bioavailability of fexofenadine by about 36%. Possible increased risk of sedation with ethanol.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 20-25°C.

Mechanism of Action

Fexofenadine, an active metabolite of terfenadine, is a competitive peripheral histamine H1-receptor antagonist on effector cells in the GI tract, blood vessels and respiratory tract.

Absorption: Absorbed rapidly from the GI tract (oral); peak plasma concentrations after 2-3 hr.

Distribution: Enters breast milk. 60-70% bound to plasma proteins.

Metabolism: Intestinal mucosa (5% of total dose); hepatic (0.5-1.5% of dose).
Excretion: Mainly via faeces, via urine (10% of dose); 14 hr (elimination half-life; may be prolonged in renal impairment).

CIMS Class

Antihistamines & Antiallergics

ATC Classification

R06AX26 - fexofenadine; Belongs to the class of other agents used as systemic antihistamines.

*fexofenadine information:
Note that there are some more drugs interacting with fexofenadine
fexofenadine further details are available in official CIMS India
fexofenadine
fexofenadine brands available in India
Always prescribe with Generic Name : fexofenadine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : AFEXDINE tab ALERNEX tab ALERT tab ALFEXO film-coated tab ALLEFAST tab ALLEGIX tab ALLEGRA syr ALLEGRA tab ALLERGO film-coated tab ALLOFEX tab ALTIVA tab FEGRA tab FENADIN tab FEXAMED tab FEXIDINE dispertab FEXIDINE film-coated tab FEXIDINE susp FEXIGRA film-coated tab FEXO tab FEXODEX syr FEXODIN tab FEXOFAST tab FEXOFEN tab FEXONA tab FEXOQUIT tab FEXOT tab FEXOTROL tab FEXOVA tab HISTAGRA tab HISTALOC tab ODIFEX tab OREGRA tab ULTIGRA syr ULTIGRA tab X-DINE tab ZEGRA tab

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([all drugs])

filgrastim

CIMS Class : (Haematopoietic Agents)

filgrastim

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related filgrastim information

Indication & Dosage

Parenteral

Adjunct to antineoplastic therapy

Adult: 5 mcg/kg daily as a single daily SC inj, as a continuous IV or SC infusion, or as a daily IV infusion over 15-30 minutes, starting not <24 hr after the last dose of antineoplastic. Continue treatment until neutrophil count has stabilised within the normal range which may take up to 14 days or more.

Parenteral

Bone marrow transplantation

Adult: 10 mcg/kg daily by IV infusion over 30 min or 4 hr or continuous IV or SC infusion over 24 hr. Adjust according to response.

Subcutaneous

Mobilisation of peripheral blood progenitor cells for autologous peripheral blood stem cell transplantation

Adult: 10 mcg/kg daily, as a single inj or by continuous infusion, for 4-7 days until the last leucapheresis procedure. If it is given after myelosuppressive chemotherapy: 5 mcg/kg daily by inj; given from the 1st day after chemotherapy completion until expected neutrophil nadir is passed and neutrophil count has returned to normal range, so that leucapheresis can be performed.

Subcutaneous

Congenital neutropenia

Adult: 12 mcg/kg daily in single or divided doses. Adjust according to response. In patients with cyclic or idiopathic neutropenia: 5 mcg/kg daily in single or divided doses. Adjust according to response.

Subcutaneous

HIV infection and persistent neutropenia

Adult: Initially, 1 mcg/kg daily. Dose may be increased to 4 mcg/kg daily until normal neutrophil count is achieved. Maintenance: 300 mcg daily. Max: 4 mcg/kg daily.

Contraindications

Myeloid malignancies. Not to be used within 24 hr of cytotoxic chemotherapy admin due to the sensitivity of rapidly dividing myeloid cells. Severe congenital neutropaenia (Kostman's syndrome) with abnormal cytogenetics.

Special Precautions

Premalignant or malignant myeloid condition; sickle-cell disease; osteoporotic bone disease; withdraw treatment if there are signs of pulmonary infiltrates. Fluid retention or heart failure. Monitor CBC and platelet count during therapy. Monitor bone density in patients

with osteoporosis (long-term treatment). Regular morphological and cytogenic bone-marrow examinations in severe congenital neutropenia. Pregnancy and lactation.

Adverse Drug Reactions

Musculoskeletal pain, bone pain, hypersensitivity reactions, splenic enlargement, hepatomegaly, thrombocytopaenia, anaemia, epistaxis, headache, nausea, vomiting, diarrhoea, urinary abnormalities (dysuria, proteinuria, haematuria), osteoporosis, exacerbation of rheumatoid arthritis, transient decrease in blood glucose, raised uric acid, cutaneous vasculitis, transient hypotension.
Potentially Fatal: Pulmonary infiltrates leading to resp failure or acute resp distress syndrome.

Drug Interactions

Myelosuppressive antineoplastic agents. Drugs which may potentiate the release of neutrophils e.g. lithium.

Lab Interference

May lead to transient positive bone imaging changes.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Parenteral: Refrigerate at 2-8°C. Do not freeze. Subcutaneous: Refrigerate at 2-8°C. Do not freeze.

Mechanism of Action

Filgrastim is a granulocyte-colony stimulating factor which binds to cell surface receptors on haemetopoietic cells thus stimulating the development of granulocytes to increase their migration and cytotoxicity.

Onset: Approximately 24 hr.

Absorption: Serum concentrations peak about 8 hr after SC admin.

Excretion: Elimination half-life: About 3.5 hr. Mainly eliminated by neutrophil-mediated clearance.

CIMS Class

Haematopoietic Agents

ATC Classification

L03AA02 - filgrastim; Belongs to the class of colony stimulating factors. Used as immunostimulants.

*filgrastim information:
Note that there are some more drugs interacting with filgrastim
filgrastim
filgrastim brands available in India
Always prescribe with Generic Name : filgrastim, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : FILGEN syringe GRAFEEL PFS PF-syringe GRAFEEL vial GRASTIM amp NEUKINE PF-syringe NEUMAX PF-syringe NEUPOGEN PF-syringe NEUPOGEN vial NUFIL-SAFE PF-syringe RELIGRAST PF-syringe XPHIL-NU PF-syringe

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([all drugs])

finasteride

CIMS Class : (Drugs for Bladder & Prostate Disorders) , (Other Dermatologicals)

finasteride

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related finasteride information

Indication & Dosage

Oral

Benign prostatic hyperplasia

Adult: 5 mg once daily for =6 mth, if necessary.

Oral

Male pattern baldness

Adult: 1 mg once daily.

Administration

May be taken with or without food.

Contraindications

Children, exposure of pregnant women to finasteride either via direct contact with crushed tab or through semen of male sexual partners who are taking finasteride; pregnancy, lactation.

Special Precautions

Undiagnosed prostate cancer, liver dysfunction, obstructive uropathy.

Adverse Drug Reactions

Gynaecomastia, decreased libido, impotence, reduction in the volume of ejaculate, testicular pain. Hypersensitivity reactions e.g. swelling of lips and face, urticaria, rashes.

Food Interaction

Food may delay the rate and reduce the extent of oral absorption

Lab Interference

May mask serum markers (PSA) for prostate cancer.

Pregnancy Category (US FDA)

Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Finasteride is a competitive inhibitor of the enzyme 5-a reductase which converts testosterone to dihydrotestosterone (DHT), thus resulting in decreased serum levels of DHT.

Absorption: Absorbed from the GI tract (oral); peak plasma concentrations after 1-2 hr.

Distribution: Protein-binding: 90%.

Metabolism: Hepatic.
Excretion: Urine and faeces (as metabolites); <60 yr: 6 hr; >70 yr: 8 hr (elimination half-life).

CIMS Class

Drugs for Bladder & Prostate Disorders / Other Dermatologicals

ATC Classification

D11AX10 - finasteride; Belongs to the class of other dermatologicals. Used in the treatment of dermatological diseases.
G04CB01 - finasteride; Belongs to the class of testosterone-5-alpha reductase inhibitors. Used in the treatment of benign prostatic hypertrophy.

*finasteride information:
Note that there are some more drugs interacting with finasteride
finasteride further details are available in official CIMS India
finasteride
finasteride brands available in India
Always prescribe with Generic Name : finasteride, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : FINABOLD tab FINALO tab FINARA tab FINARIDE tab FINAST tab FINASTAT tab FINAX tab FINCAR film-coated tab FINPECIA film-coated tab FINSTER tab FINTRIDE tab FISTIDE tab MONAST tab

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([all drugs])

finasteride + tamsulosin

CIMS Class : (Drugs for Bladder & Prostate Disorders)

finasteride + tamsulosin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related finasteride + tamsulosin information

Indication & Dosage

Oral

Benign prostatic hyperplasia

Adult: Each capsule contains finasteride 5 mg and tamsulosin 0.4 mg: 1 capsule once daily.

Contraindications

Hypersensitivity, pregnancy, lactation. Women and children.

Special Precautions

Avoid exposure of pregnant women to finasteride, either via direct contact with crushed tab or through semen of male sexual partners who are on this drug. Undiagnosed prostate cancer, liver diseases. Prostate carcinoma should be ruled out before starting the therapy. Hepatic impairment.

Adverse Drug Reactions

Gynaecomastia, decreased libido, impotence, reduction in the vol of ejaculate, genital abnormalities in the male foetus of pregnant women exposed to finasteride. Hypersensitivity reactions such as swelling of lips and rashes, postural hypotension, dizziness and vertigo; headache, infection, asthenia, back pain, chest pain, dizziness, somnolence, insomnia, decreased libido, rhinitis, pharyngitis, cough, sinusitis, diarrhoea, nausea, tooth disorder, amblyopia.

Drug Interactions

Caution when used with cimetidine or warfarin. Not to be used with other alpha-adrenergic blocking agents.

Food Interaction

Food may delay the rate and reduce the extent of oral absorption, delaying in the time to reach max concentration.

Lab Interference

Finasteride may mask or reduce serum markers (PSA) for prostate cancer.

Mechanism of Action

Finasteride is a competitive inhibitor of the 5-alpha reductase, an enzyme which converts testosterone to dihydrotestosterone (DHT). Conversion of testosterone to DHT by 5-alpha reductase is essential for prostatic hyperplasia. Tamsulosin is a selective alpha-1 adrenoceptor blocker, which blocks the adrenoceptors leading to

the relaxation of smooth muscles in the bladder neck and prostate to relax, resulting in an improvement in urine flow rate and a reduction in symptoms of BPH.

Absorption: Finasteride: Mean bioavailability: 63%. Tamsulosin: >90% absorbed after oral admin.

Distribution: Finasteride: About 90% bound to plasma proteins; crosses blood brain barrier. Tamsulosin: 94-99% bound to plasma proteins, mainly alpha-1 acid glycoprotein.

Metabolism: Finasteride: Largely via hepatic metabolism, mainly via CYP3A4 enzyme subfamily. Tamsulosin: Mainly by hepatic CYP450 enzymes.

Excretion: Finasteride: Excreted in urine (about 39%) and faeces (57%); mean elimination half-life in plasma: 6 hr. Tamsulosin: Mainly removed in the urine (76%), some in faeces (21%).

CIMS Class

Drugs for Bladder & Prostate Disorders

ATC Classification

D11AX10 - finasteride; Belongs to the class of other dermatologicals. Used in the treatment of dermatological diseases.

G04CA02 - tamsulosin; Belongs to the class of alpha-adrenoreceptor antagonists. Used in the treatment of benign prostatic hypertrophy.
G04CB01 - finasteride; Belongs to the class of testosterone-5-alpha reductase inhibitors. Used in the treatment of benign prostatic hypertrophy.

*finasteride + tamsulosin information:
Note that there are some more drugs interacting with finasteride + tamsulosin
finasteride + tamsulosin
finasteride + tamsulosin brands available in India
Always prescribe with Generic Name : finasteride + tamsulosin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : FINAST T tab FLOKIND-F film-coated tab GERIFLO cap URIFINE-T tab URIFIX-F tab URIMAX-F cap VELTAM-F tab
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([all drugs])
flavoxate

CIMS Class : (Drugs for Bladder & Prostate Disorders)

flavoxate

P - Caution when used during pregnancy

L - Caution when used during lactation

related flavoxate information

Indication & Dosage

Oral

Urinary incontinence, urgency and frequency, Bladder spasms due to catheterisation, Dysuria

Adult: Usual dose: 200 mg tid.

Administration

Should be taken on an empty stomach. (May be taken w/ meals to reduce GI discomfort.)

Contraindications

Pyloric or duodenal obstruction; obstructive intestinal lesions or ileus; achalasia; GI haemorhrage or obstructive uropathies of the lower urinary tract; myasthenia gravis; severe ulcerative colitis; toxic megacolon; glaucoma; children <12.

Special Precautions

May affect ability to drive or operate machinery. May worsen hyperthyroidism, coronary artery disease, congestive heart failure, prostatic hypertrophy, arrhythmias, tachycardia. Pregnancy; lactation; elderly; autonomic neuropathy; hiatus hernia with reflux esophagitis, hepatic and renal impairment.

Adverse Drug Reactions

Increased intraocular pressure; difficulty in ocular accommodation; blurred vision; dry mouth and throat; GI disturbances; nervousness; vertigo; headache; fatigue; confusion; hypersensitivity reactions; dysuria; tachycardia; palpitation; hyperpyrexia; eosinophilia; leukopenia, abdominal pain, constipation and difficulty in concentrating.

Drug Interactions

Amantadine, some antihistamines, phenothiazine antipsychotics, tricyclic antidepressants, MAOIs; parasympathomimetics. May decrease gastric motility thus decreasing absorption of certain

drugs. May antagonise the GI effects of cisapride, domperidone, metoclopramide.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Flavoxate is a tertiary amine that acts as a smooth muscle relaxant; it also has antimuscarinic effects. It exhibits local anaesthetic, analgesic and spasmolytic effects.

Onset: 55 minutes.

Absorption: Readily absorbed from the GI tract after oral admin.

Metabolism: Rapidly metabolised.

Excretion: About 50-60% of a dose is excreted in the urine as methyl flavone carboxylic acid.

CIMS Class

Drugs for Bladder & Prostate Disorders

ATC Classification

G04BD02 - flavoxate; Belongs to the class of urinary antispasmodics. Used in the treatment of urological problems.

*flavoxate information:
Note that there are some more drugs interacting with flavoxate
flavoxate
flavoxate brands available in India
Always prescribe with Generic Name : flavoxate, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : FLAVATE film-coated tab FLAVORIDE film-coated tab FLAVOSPAS sugar-coated tab SPEROXATE film-coated

tab URIKIND tab URIPIL film-coated tab URISOL tab URISPAS tab VERIN-UTI tab

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([all drugs])

fluconazole

CIMS Class : (Antifungals)

fluconazole

P - Caution when used during pregnancy

L - Caution when used during lactation

related fluconazole information

Indication & Dosage

Oral

Superficial mucosal candidiasis

Adult: (Except genital candidiasis) Usual dose: 50 mg daily, may increase to 100 mg daily if needed. Recommended treatment duration: 7-14 days (oropharyngeal candidiasis, except in severely immunocompromised patients), 14 days (atrophic oral candidiasis associated with dentures), 14-30 days (other mucosal candidiasis including oesophagitis).

Child: >4 wk: Loading dose: 6 mg/kg followed by 3 mg/kg daily.

Renal impairment: Normal initial doses; adjust subsequent doses based on CrCl. Patients on dialysis: Single recommended dose after each session.

CrCl (ml/min)

Dosage Recommendation

<50 and not receiving dialysis

Maintenance dose: 50% of the recommended doses.

Oral

Vaginal candidiasis

Adult: 150 mg as a single dose.

Oral

Candidal balanitis

Adult: 150 mg as a single dose.

Oral

Dermatophytosis

Adult: 50 mg daily for up to 6 wk.

Renal impairment: Normal initial doses; adjust subsequent doses based on CrCl. Patients on dialysis: Single recommended dose after each session.

CrCl (ml/min)

Dosage Recommendation

<50 and not receiving dialysis

Maintenance dose: 50% of the recommended doses.

Oral

Cutaneous candidiasis

Adult: 50 mg daily for up to 6 wk.

Renal impairment: Normal initial doses; adjust subsequent doses based on CrCl. Patients on dialysis: Single recommended dose after each session.

CrCl (ml/min)

Dosage Recommendation

<50 and not receiving dialysis

Maintenance dose: 50% of the recommended doses.

Oral

Pityriasis versicolor

Adult: 50 mg daily for up to 6 wk.

Renal impairment: Normal initial doses; adjust subsequent doses based on CrCl. Patients on dialysis: Single recommended dose after each session.

CrCl (ml/min)

Dosage Recommendation

<50 and not receiving dialysis

Maintenance dose: 50% of the recommended doses.

Oral

Systemic candidiasis

Adult: Initially, 400 mg followed by 200-400 mg daily. Max: 800 mg daily in severe infections. Treatment duration is based on clinical and mycological response but is usually at least 6-8 wk in cryptococcal meningitis. May also be given via IV infusion. To prevent relapse after a primary course of treatment for acute cryptococcal meningitis in AIDS patients: 100-200 mg daily, may also be given via IV admin.

Child: >4 wk: 6-12 mg/kg daily; same doses may given every 72 hr in neonates up to 2 wk and every 48 hr in neonates 2-4 wk. Max: 400 mg daily.

Renal impairment: Normal initial doses; adjust subsequent doses based on CrCl. Patients on dialysis: Single recommended dose after each session.

CrCl (ml/min)

Dosage Recommendation

<50 and not receiving dialysis

Maintenance dose: 50% of the recommended doses.

Oral

Cryptococcal infections

Adult: Initially, 400 mg followed by 200-400 mg daily. Max: 800 mg daily in severe infections. Treatment duration is based on clinical and mycological response but is usually at least 6-8 wk in cryptococcal meningitis. May also be given via IV infusion. To prevent relapse after a primary course of treatment for acute cryptococcal meningitis in AIDS patients: 100-200 mg daily, may also be given via IV admin.

Child: >4 wk: 6-12 mg/kg daily; same doses may given every 72 hr in neonates up to 2 wk and every 48 hr in neonates 2-4 wk. Max: 400 mg daily.

Renal impairment: Normal initial doses; adjust subsequent doses based on CrCl. Patients on dialysis: Single recommended dose after each session.

CrCl (ml/min)

Dosage Recommendation

<50 and not receiving dialysis

Maintenance dose: 50% of the recommended doses.

Oral

Prophylaxis of fungal infections in immunocompromised patients

Adult: 50-400 mg daily. May also be given via IV infusion.

Child: 3-12 mg/kg daily; may also be given via IV infusion. For infants <2 wk, doses should be given every 72 hr; 2-4 wk, doses

should be given every 48 hr. Max: 400 mg daily, or 12 mg/kg at recommended intervals in infants.

Renal impairment: Normal initial doses; adjust subsequent doses based on CrCl. Patients on dialysis: Single recommended dose after each session.

CrCl (ml/min)

Dosage Recommendation

<50 and not receiving dialysis

Maintenance dose: 50% of the recommended doses.

Administration

May be taken with or without food.

Overdosage

Treatment is symptomatic and supportive, gastric lavage may be used if needed.

Contraindications

Hypersensitivity.

Special Precautions

Renal or hepatic impairment. May prolong QT interval. Pregnancy, lactation.

Adverse Drug Reactions

Nausea, abdominal pain, vomiting, diarrhoea, flatulence; elevated liver function values; headache; rash, exfoliative dermatitis. Rarely, angioedema, anaphylactic reactions and thrombocytopenia.
Potentially Fatal: Hepatotoxicity; rarely anaphylaxis; Stevens-Johnson syndrome.

Drug Interactions

Rifampicin reduces fluconazole levels. Reduces theophylline clearance. Affects efficacy of oral contraceptives. May increase serum levels of alprazolam, triazolam, midazolam, diazepam. May raise serum concentrations and efficacy of oral sulphonylureas, phenytoin, ciclosporin, calcium channel blockers, tacrolimus, HMG-CoA reductase inhibitors (except pravastain and fluvastatin), warfarin and other anticoagulants. May

reduce metabolism of caffeine. Avoid concurrent use with clopidogrel.

Potentially Fatal: Increased risk of cardiac arrhythmias with astemizole, cisapiride or terfenadine.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store below 30°C.

Mechanism of Action

Fluconazole decreases ergosterol synthesis by interfering with cytochrome P450 activity, thus inhibiting cell membrane formation of susceptible fungi including B dermatitidis, Candida spp, C immitis, C neoformans,Epidermophyton spp, H capsulatum, Mycosporum spp, Trichophyton spp, thus leading to cell death.

Absorption: Well absorbed after oral admin; peak plasma concentrations after 1-2 hr (oral), may be increased with multiple dosing.
Distribution: Widely distributed. Protein-binding: 12%.
Excretion: Via urine (80% as unchanged, 11% as metabolites); 30 hr (elimination half-life); increased in renal impairment. Removed by dialysis.

CIMS Class

Antifungals

ATC Classification

D01AC15 - fluconazole; Belongs to the class of imidazole and triazole derivatives for topical use. Used in the treatment of fungal infection.
J02AC01 - fluconazole; Belongs to the class of systemic triazole derivative antimycotics. Used in the treatment of mycotic infections.

*fluconazole information:
Note that there are some more drugs interacting with fluconazole

fluconazole further details are available in official CIMS India

fluconazole

fluconazole brands available in India

Always prescribe with Generic Name : fluconazole, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ADCON tab ADECON tab AF dispertab AF tab AGLOCON tab ALFA TAB tab ALFUCON tab ALFUCOZ cap ALICON DPS eye drops ALICON tab ALSFLU tab ANTICAN-O cap AVIFLU tab CANCAP cap CANDICON tab CINFLU tab CLOZOLE GEL gel CLOZOLE tab CONCIZE tab CONFLU cap CONFLU EYE DPS eye drops CYFLU tab E-FLU tab ENDIDA cap EXCAN tab FABIZOL powd FABIZOL tab FANTIZOLE cap FANTIZOLE tab FASICON tab FCN cap FCN tab F-CON tab FISCON tab FIXIT cap FLECON tab FLOZOL-150 tab FLUACT tab FLUBIT-150 tab FLUC cap FLUCALUP tab FLUCAN cap FLUCAN DPS eye drops FLUCAN KID-tab FLUCARE tab FLUCOAT tab FLUCOLAB tab FLUCOMET eye drops FLUCORIC tab FLUCOS EYE DROPS eye drops FLUCOS powd FLUCOS tab FLUCOSIDE tab FLUCOVAR tab FLUCOZED tab FLUDIA tab FLUFUNG tab FLUKA infusion FLUKA tab FLUMED tab FLUMICON tab FLUNAZ tab FLUNEC

tab FLUNIF tab FLUNOVA dispertab FLUNOVA DPS eye drops FLUNOVA tab FLUOL tab FLUSTA tab FLUSTATE tab FLUSYST tab FLUTAUR cap FLUTAUR DPS. drops FLUTEL tab FLUTROX cap FLUZART cap FLUZEET cap FLUZIDE cap FLUZIDE dispertab FLUZOLE tab FLUZON tab FOFLU tab FORCAN cap FORCAN dispertab FORCAN infusion FORCAN tab FUL tab FUMAC tab FUMYCIN cap FUNCAN tab FUNESTA tab FUNGAL-F tab FUNGARD cap FUNGARD tab FUNGAZOL tab FUNGDOR tab FUNGIBAN cap FUNGIBAN dispertab FUNGIBAN tab FUNGICON cap FUNGID tab FUNGID-OR kit FUNGINA cap FUNGISAN-F tab FUNGO tab FUNSPOR tab FUSYS dispertab FUSYS tab FUTIZA tab F-ZOLE tab GFLU tab GLENFLU tab GOCAN tab GUSNIL tab HIF tab INDCON tab KAIRFLU tab KIT tab KON tab KONI tab KOZOLE tab LEECON tab LIDO tab LOGICAN tab LOZIC tab LUCOZ cap M-FLUK tab MYCONORM-F tab MYCOREST cap MYCOSURE tab MYZOLE tab NBOZOLE tab NEOCON tab NIPCAN cap NUFORCE dispertab NUFORCE tab ODICON tab ONE CAN tab OPTICAN eye/ear drops ORFLAZ KIT kit OZUS tab RYCAN tab SAKUZI tab SANOCAN tab SHEKIT-F tab SKICAN tab SOZICAN tab STOFUN infusion STOFUN tab SURFAZ-O tab SYMCON cap SYSCAN cap SYSCAN EYE DPS eye drops SYSCAN infusion SYSTOZOLE cap TRIBEN-F tab U-ZOLE

tab VENZOL tab VINFEM tab WYCON tab ZECON cap ZOCON dispertab ZOCON DUSTING POWD powd ZOCON EYE DPS eye drops ZOCON LOTION lotion ZOCON tab ZOCON TRANSGEL gel
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([all drugs])
fludarabine phosphate
CIMS Class : (Cytotoxic Chemotherapy)
fludarabine phosphate
P - Contraindicated in pregnancy
L - Contraindicated in lactation
related fludarabine phosphate information
Indication & Dosage

Oral
Chronic lymphocytic leukaemia
Adult: 40 mg/m2 BSA daily for 5 consecutive days. Courses may be repeated every 28 days, usually for up to 6 cycles.
Renal impairment: Avoid in severe impairment.

CrCl (ml/min)
Dosage Recommendation
30-70

May reduce doses by up to 50%.

Intravenous

Chronic lymphocytic leukaemia

Adult: 25 mg/m2 BSA daily given by bolus inj or by IV infusion over 30 minutes for 5 consecutive days. Courses may be repeated every 28 days, usually for up to 6 cycles.

Renal impairment: Avoid in severe impairment.

CrCl (ml/min)

Dosage Recommendation

30-70

May reduce doses by up to 50%.

Administration

May be taken with or without food. (Swallow whole, do not break/chew/crush.)

Contraindications

Renal impairment (CrCl <30 mL/min); decompensated haemolytic anaemia. Pregnancy and lactation. Concomitant use of live vaccines.

Special Precautions

Routine monitoring of blood counts and Hb conc. Monitor for signs of autoimmune haemolytic anaemia; elderly. Avoid contact with skin and eyes; avoid inhalation. Myelosuppression may be cumulative and severe increasing risk of opportunistic infections. Increased risk of tumour lysis syndrome in patients with high tumour burden.

Adverse Drug Reactions

Fever, chills, cough, dyspnoea, pneumonia; GI disturbances, stomatitis; oedema; tumour lysis syndrome; skin rashes; haemolytic anaemia, haemorrhagic cystitis; neurological disturbances including peripheral neuropathy, agitation, confusion, visual disturbances and coma. Progressive encephalopathy and blindness (high doses).
Potentially Fatal: Myelosuppression. Fatal autoimmune haemolytic anemia.

Drug Interactions

Co-administration with pentostatin may lead to pulmonary toxicity. Reduced metabolic activation of fludarabine with cytarabine.

Reduced therapeutic efficacy with dipyridamole and other adenosine uptake inhibitors.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Refrigerate at 2-8°C. Oral: Refrigerate at 2-8°C.

Mechanism of Action

Fludarabine is rapidly dephosphorylated to 2-fluoro-ara-A and then phosphorylated intracellularly by deoxycytidine kinase to the active triphosphate, 2-fluoro-ara-ATP which inhibits DNA polymerase and ribonucleotide reductase resulting in inhibition of DNA synthesis leading to cell death.

Metabolism: IV: Fludarabine phosphate is rapidly dephosphorylated in the serum to fludarabine which enters the

tumor cells to be rephosphorylated to the active triphosphate derivative.

Excretion: Mostly in the urine, about 60% of dose is excreted within 24 hr.

CIMS Class

Cytotoxic Chemotherapy

*fludarabine phosphate information:

Note that there are some more drugs interacting with fludarabine phosphate

fludarabine phosphate

fludarabine phosphate brands available in India

Always prescribe with Generic Name : fludarabine phosphate, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : FLUDABINE tab FLUDARA vial FLUDARIN vial

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([all drugs])

fludrocortisone

CIMS Class : (Corticosteroid Hormones)

fludrocortisone

P - Caution when used during pregnancy

L - Caution when used during lactation

related fludrocortisone information

Indication & Dosage

Oral

Primary adrenocortical insufficiency

Adult: 50-300 mcg daily, may range from 100 mcg 3 times/wk to 200 mcg/day. In Addison's disease, initiate with 100 mcg daily, may reduce dose to 50 mcg daily if hypertension occurs; to be used in combination with cortisone or hydrocortisone.

Child: 50-100 mcg daily.

Oral

Salt-losing adrenogenital hyperplasia

Adult: Up to 200 mcg daily.

Administration

Should be taken with food.

Contraindications

Hypersensitivity. Hyperalbuminaemia; hypertension, systemic fungal infections.

Special Precautions

Addison's disease, fluid retention and hypokalaemia. Pregnancy, lactation, children and elderly.

Adverse Drug Reactions

Hypertension, sodium and water retention, potassium loss, dizziness, itching, skin rash, headache, convulsions, CHF, muscle weakness, hyperglycaemia, HPA and growth suppression, peptic ulcer, cataracts, raised intraocular pressure and reduced visual acuity.

Drug Interactions

May decrease salicylate levels. Anticholinesterase effects are antagonised. Decreased effects with rifampin, barbiturates, hydantoins and phenytoin. Oral contraceptives or ritonavir may increase the plasma concentrations of fludrocortisone. Increased

potassium loss with potassium-depleting drugs e.g. thiazides,furosemide or amphotericin B. Increased risk of GI bleeding or ulceration with NSAIDs. May alter efficacy of anticoagulants when used concurrently.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 2-8°C.

Mechanism of Action

Fludrocortisone promotes reabsorption of sodium and urinary excretion of potassium and hydrogen ions from renal distal tubules.

Absorption: Rapid and complete (oral). Peak plasma concentrations after 1.7 hr.

Distribution: Protein-binding: 42%.

Metabolism: Hepatic.

Excretion: Elimination half-life: >3.5 hr (plasma); 18-36 hr (biological).

CIMS Class

Corticosteroid Hormones

ATC Classification

H02AA02 - fludrocortisone; Belongs to the class of mineralocorticoids. Used in systemic corticosteroid preparations.

*fludrocortisone information:
Note that there are some more drugs interacting with fludrocortisone
fludrocortisone further details are available in official CIMS India fludrocortisone
fludrocortisone brands available in India
Always prescribe with Generic Name : fludrocortisone, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : FLORICOT tab

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([all drugs])

flunarizine

CIMS Class : (Antimigraine Preparations)

flunarizine

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related flunarizine information

Indication & Dosage

Oral

Prophylaxis of migraine, Prophylaxis of vertigo and vestibular disorders, Prophylaxis of peripheral and cerebrovascular disorders

Adult: 5-10 mg daily at bedtime.

Administration

May be taken with or without food.

Contraindications

Pregnancy, lactation, GI or urinary tract obstruction, acute porphyrias.

Special Precautions

Driving or operating machinery, epilepsy, elderly, CVS disease, glaucoma.

Adverse Drug Reactions

Drowsiness. Rarely wt gain, headache, depression, gastric pain, dry mouth, insomnia, extrapyramidal reactions, galactorrhoea.

Drug Interactions

Plasma levels reduced by phenytoin, carbamazepine, valproic acid.

Storage

Oral: Store below 25°C.

Mechanism of Action

Flunarizine has H1-receptor blocking action and calcium-channel blocking effect. It has also been used as an adjunct epileptic therapy for patients refractory to standard treatment regimens.
Absorption: Absorbed well from the GI tract (oral).
Distribution: Highly lipophilic. Protein-binding: >90%.
Metabolism: Extensive.
Excretion: Via bile (as metabolites); 18 days (elimination half-life).

CIMS Class

Antimigraine Preparations

ATC Classification

N07CA03 - flunarizine; Belongs to the class of preparations used in the treatment of vertigo.

*flunarizine information:
Note that there are some more drugs interacting with flunarizine
flunarizine
flunarizine brands available in India
Always prescribe with Generic Name : flunarizine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CINZIN tab EFIGRAINE tab EGRIN tab FINE TAB tab FLUBERY tab FLUGRAINE tab FLUNARIN tab FLUNARIS tab FLUNATRAC tab FLUNER tab FLURIZ tab FZIN tab GRATON tab GRENATE tab GRENIL-F tab MGR tab MIGARID tab MIGAZIN tab MIGON tab MIGRECURE tab MIGRID tab MYGRAN tab NARIZ tab NARZINE tab NOMIGRAIN cap NUBELIUM tab PROFIGRAN tab SIBELIUM tab VERTOMIN tab ZYNAR tab

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([all drugs])

fluocinolone

CIMS Class : (Topical Corticosteroids)

fluocinolone

P - Caution when used during pregnancy

L - Caution when used during lactation

related fluocinolone information

Indication & Dosage

Topical/Cutaneous

Corticosteroid-responsive dermatoses

Adult: As 0.0025-0.025% cream/gel/lotion/ointment/scalp lotion: Apply onto affected area(s) 3-4 times daily.

Contraindications

Primary infectious (bacterial, viral, fungal) ulcers, hypersensitivity, acne vulgaris. Neonates.

Special Precautions

Children, elderly, hepatic failure. Prolonged use on the face; contact with eyes. Pregnancy, lactation.

Adverse Drug Reactions

Prolonged admin causes epidermal thinning, telangiectasia and striae (especially face and flexures). Application on eyelid and surrounding skin can cause raised intraocular pressure, cataracts, glaucoma, corneal ulcers and raised intracranial pressure. Systemic absorption with adrenal suppression may be seen when applied over large areas, when skin is broken or under occlusive dressing. Contact dermatitis, perioral dermatitis, papular disorder, mild depigmentation.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Topical/Cutaneous: Store at 15-25°C.

Mechanism of Action

Fluocinolone has local anti-inflammatory action, immunosuppressant and antimitotic actions. <1% of the applied steroid is absorbed. The rest is stored in the dermis which acts as a reservoir.

CIMS Class

Topical Corticosteroids

*fluocinolone information:

Note that there are some more drugs interacting with fluocinolone fluocinolone further details are available in official CIMS India fluocinolone

fluocinolone brands available in India

Always prescribe with Generic Name : fluocinolone, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CIPROBIOTIC-FC cream ECZO-WOKADINE oint EMDERM cream FLUCIN cream FLUCOCIN oint FLUCOCIN-N oint FLUCOCIP cream FLUCORT CRM cream FLUCORT GEL gel FLUCORT-C cream FLUCORT-H cream FLUCORT-MZ cream FLUCREME-NM cream LUCI cream LUCI-N cream NEOCIP-FC cream OLAMIN-F cream QUINTEGA-CF cream SALIC-F oint SEBOWASH shampoo SYLONE oint

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([all drugs])

fluorometholone

CIMS Class : (Eye Corticosteroids)

fluorometholone

P - Caution when used during pregnancy

L - Caution when used during lactation

related fluorometholone information

Indication & Dosage

Ophthalmic

Allergic and inflammatory conditions of the eye

Adult: As 0.1% ointment: Apply 1/2 inch ribbon to the conjunctival sac 1-3 times daily. As 0.1% solution: Instil 1-2 drops into the conjunctival sac 2-4 times daily. Dosage may be increased to every 4 hr in severe cases during the initial 24-48 hr. Re-evaluate if no signs of improvement after 48 hr of treatment.

Child: >2 yr: As 0.1% ointment: Apply 1/2 inch ribbon to the conjunctival sac 1-3 times daily. As 0.1% solution: Instil 1-2 drops into the conjunctival sac 2-4 times daily. Dosage may be increased to every 4 hr in severe cases during the initial 24-48 hr. Re-evaluate if no signs of improvement after 48 hr of treatment.

Contraindications

Viral diseases of the cornea and conjunctiva, including epithelial herpes simplex keratitis (dendritic keratitis), Vaccinia and Varicella, mycobacterial eye infection, ocular fungal infections, untreated eye infections; hypersensitivity.

Special Precautions

Glaucoma (check intraocular pressure periodically), history of herpes simplex fungal or bacterial infections. Not to be used in mustard gas keratitis and Sjogren's keratoconjunctivitis. May cause corneal and scleral thinning which may lead to perforation in serious cases. Use of steroids after cataract surgery may prolong healing time and increase bleb formation. Pregnancy, lactation; children <2 yr.

Adverse Drug Reactions

Elevated intraocular pressure, optic nerve damage, postsubcapsular cataract formation, delayed wound healing, uveitis, perforation of the globe, keratitis, conjunctivitis, corneal ulcers, loss of accommodation, secondary ocular infections, rarely systemic hypercorticoidism.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals

are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Ophthalmic: Store below 25°C.

Mechanism of Action

Fluorometholone suppresses the migration of polymorphonuclear leukocytes and reversal of increased capillary permeability thus decreasing inflammation.

Absorption: Into aqueous humor; slight systemic absorption.

CIMS Class

Eye Corticosteroids

ATC Classification

C05AA06 - fluorometholone; Belongs to the class of products containing corticosteroids for topical use. Used in the treatment of hemorrhoids.

D07AB06 - fluorometholone; Belongs to the class of moderately potent (group II) corticosteroids. Used in the treatment of dermatological diseases.

D07XB04 - fluorometholone; Belongs to the class of moderately potent (group II) corticosteroids in other combinations. Used in the treatment of dermatological diseases.

D10AA01 - fluorometholone; Belongs to the class of topical corticosteroids used in the treatment of acne.

S01BA07 - fluorometholone; Belongs to the class of corticosteroids. Used in the treatment of inflammation of the eye.

S01CB05 - fluorometholone; Belongs to the class of corticosteroids/antiinfectives/mydriatics combinations. Used in the treatment of eye diseases.

*fluorometholone information:

fluorometholone

fluorometholone brands available in India

Always prescribe with Generic Name : fluorometholone, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : F.M.L EYE DROPS eye drops FLAREX eye drops FLOMEX eye drops FLOMEX-N eye drops FLOMON eye drops F-LONE eye

drops FLOSEF eye lotion FLURISONE eye drops FML eye drops FML FORTE eye drops FML NEO eye drops FML-T eye drops OBRA-F eye drops TOZEN-F eye drops

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([all drugs])

fluorouracil

CIMS Class : (Cytotoxic Chemotherapy)

fluorouracil

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related fluorouracil information

Indication & Dosage

Oral

Palliative treatment of carcinoma of the colon, rectum, breast, stomach or pancreas

Adult: 15 mg/kg (max: 1 g/day), may be given once wkly for maintenance.

Max Dosage: 1 g/wk.

Renal impairment: Dose reduction may be required.

Hepatic impairment: Dose reduction may be required.

Intravenous

Palliative treatment of carcinoma of the colon, rectum, breast, stomach or pancreas

Adult: 12 mg/kg/day (max 0.8-1g/day) for 3-4 days, if no toxicity occurs, may follow after 1 day with 6 mg/kg on alternate days for another 3-4 doses. Course may be repeated after 4-6 wk or maintenance doses of 5-15 mg/kg/wk (max 1g/wk) may be given. As an infusion, 15 mg/kg/day (max: 1 g daily) in 500 ml normal saline or 5% glucose over 4 hr, repeated on successive days until toxicity occurs or a total of 12-15 g is given. May repeat course after 4-6 wk.

Renal impairment: Dose reduction may be required.

Hepatic impairment: Dose reduction may be required.

Intra-arterial

Palliative treatment of carcinoma of the colon, rectum, breast, stomach or pancreas

Adult: 5-7.5 mg/kg daily as continuous infusion (regional perfusion).

Renal impairment: Dose reduction may be required.

Hepatic impairment: Dose reduction may be required.

Topical/Cutaneous

Actinic keratoses

Adult: As 0.5-5% cream or 1-5% solution in propylene glycol: Apply once or twice daily for 2-4 wk. Hgher strengths may be used for at least 3-6 wk in superficial basal cell carcinoma.

Topical/Cutaneous

Superficial basal cell carcinoma

Adult: As 0.5-5% cream or 1-5% solution in propylene glycol: Apply once or twice daily for 2-4 wk. Hgher strengths may be used for at least 3-6 wk in superficial basal cell carcinoma.

Special Populations: Dose should be halved in patients with poor nutritional status, impaired bone marrow, and within 30 days of major surgery.

Contraindications

Topical application on mucous membranes, exposure to sunlight, hypersensitivity. Depressed bone marrow function, poor nutritional status, potentially serious infections. Pregnancy and lactation.

Special Precautions

Regular monitoring of blood counts. History of heart disease, hepatic or renal insufficiency, weak or malnourished patients, patients who with history of high-dose pelvic radiation or use of alkylating agents. Patients with widespread metastases to the bone marrow.

Adverse Drug Reactions

Leucopenia, thrombocytopaenia, stomatitis, GI ulceration, bleeding and diarrhoea, haemorrhage from any site (stop treatment). Nausea, vomiting, rashes, hyperpigmentation, alopecia. Topical: Local inflammatory and photosensitivity reactions. Dermatitis and erythema multiforme (rare).
Potentially Fatal: Central neurotoxicity, myocardial ischaemia.

Drug Interactions

May increase warfarin effects. May reduce response to vaccines; possibility of generalized infection with live vaccines. Action may be modified by allopurinol. Leucovorin calcium may enhance the toxicity of fluorouracil.

Pregnancy Category (US FDA)

Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.

Storage

Intra-arterial: Store at 25°C. Intravenous: Store at 25°C. Oral: Store at 25°C.

Mechanism of Action

Fluorouracil interferes with DNA synthesis by blocking the conversion of deoxyuridylic acid to thymidylic acid. It also interferes with RNA synthesis. This results in an unbalanced growth of the cells. Fluorouracil exerts greater effect on rapidly growing cells as they take up the drug at a faster rate.

Absorption: Unpredictable (oral); small amounts (topical).

Distribution: Body tissues and fluids, including blood-brain barrier.

Metabolism: Hepatic; catabolysed via dihydropyrimidine dehydrogenase.

Excretion: Urine (as unchanged drug); lungs (large amounts as carbon dioxide).

CIMS Class

Cytotoxic Chemotherapy

ATC Classification

L01BC02 - fluorouracil; Belongs to the class of antimetabolites, pyrimidine analogues. Used in the treatment of cancer.

*fluorouracil information:
Note that there are some more drugs interacting with fluorouracil
fluorouracil further details are available in official CIMS India
fluorouracil
fluorouracil brands available in India
Always prescribe with Generic Name : fluorouracil, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : 5FU-CBC amp 5-FU-KOREA inj FIVOCIL amp FIVOFLU vial FLOCIL amp FLONIDA cream FLORAC inj FLUCIL

inj FLUDIN INJ vial FLUONCO inj FLURACIL amp FLURACIL cap FLUTAS amp KUCIL-50 amp ONCOFLUOR amp ONCOURCIL inj TEVAFLUORO vial ZYPURIN tab

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([all drugs])

fluoxetine

CIMS Class : (Antidepressants)

fluoxetine

P - Caution when used during pregnancy

L - Contraindicated in lactation

related fluoxetine information

Indication & Dosage

Oral

Depression

Adult: 20-40 mg daily. Max: 80 mg daily.

Child: 8-18 yr: 10-20 mg daily; initiate at 10 mg daily for lower-wt children, may increase to 20 mg/day after 1 wk if necessary.

Elderly: Initially, 10 mg daily, may increase by 10-20 mg every few wk as tolerated.

Max Dosage:

Hepatic impairment: Dose adjustments may be needed.

Oral

Bulimia nervosa

Adult: 60 mg daily.

Hepatic impairment: Dose adjustments may be needed.

Oral

Obsessive compulsive disorder

Adult: Initially, 20 mg daily increased up to 60 mg daily after several wk if unresponsive. Max: 80 mg daily.

Child: 7-18 yr: Initially, 10 mg daily; may increase to 20 mg daily after 2 wk in adolescents and higher-wt children. Usual range: 10-60 mg daily.

Hepatic impairment: Dose adjustments may be needed.

Oral

Premenstrual dysmorphic disorder

Adult: 20 mg daily continuously. Alternatively, 20 mg daily, to be started 14 days before onset of menstruationand continue until 1st day of menses. May repeat with each cycle, if needed.

Hepatic impairment: Dose adjustments may be needed.

Oral

Panic disorder

Adult: Initial dose: 10 mg daily, may increase to 20 mg daily after a wk. May increase to 60 mg daily after a few wk, if needed.

Hepatic impairment: Dose adjustments may be needed.

Administration

May be taken with or without food.

Overdosage

Symptoms include abnormal accommodation, abnormal gait, confusion, unresponsiveness, nervousness, pulmonary dysfunction, vertigo, tremor, increased BP, impotence, movement disorder and hypomania. Treatment is supportive, activated charcoal may be used to remove unabsorbed drug.

Contraindications

Severe renal or hepatic failure; hypersensitivity; lactation; concomitant MAOIs or within 2 wk of MAOI withdrawal.

Special Precautions

Unstable epilepsy, liver and renal impairment, cardiac disease, diabetes, electroconvulsive therapy, bleeding disorders, closed-angle glaucoma; pregnancy. May impair performace of skilled tasks;

withdraw gradually. Close monitoring of clinical worsening and behavioural changes during the 1st few mth of treatment or when there are dose changes.

Adverse Drug Reactions

Nervousness, insomnia, anxiety, headache, tremor, drowsiness, dry mouth, nausea, vomiting, sweating, diarrhoea. Seizures, mania, hypomania or mixed manic states reported. Hyponatraemia; elevation of hepatic enzymes.
Potentially Fatal: Rarely, systemic events possibly related to vasculitis have been reported in patients with rash but may be serious involving lungs, kidney and liver.

Drug Interactions

May cause transient shift in plasma conc of tightly protein bound drugs e.g. warfarin and digoxin, resulting in adverse effects. T1/2 of diazepam is prolonged. Avoid concurrent use with clopidogrel.
Potentially Fatal: Serious reactions when combined with MAOIs; at least 14 days should elapse after MAOIs withdrawal before starting fluoxetine treatment or at least 5 wk should elapse after fluoxetine

treatment before starting MAOIs therapy. Two-fold increase in plasma levels of other antidepressants when combined with fluoxetine. Monitor lithium levels when combined.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Fluoxetine is a potent and highly selective inhibitor of serotonin (5-HT) re-uptake. No affinity for adrenoceptors or histamine, GABA-B, or muscarinic receptors.

Absorption: Oral admin: Readily absorbed from the GI tract; peak plasma concentrations after 6-8 hr.

Distribution: Widely distributed; enters breast milk. Protein-binding: 95%.

Metabolism: Extensively hepatic by demethylation to norfluoxetine. Excretion: Urine. Elimination half-life: 1-3 days (fluoxetine), 4-16 days (norfluoxetine).

CIMS Class

Antidepressants

ATC Classification

N06AB03 - fluoxetine; Belongs to the class of selective serotonin reuptake inhibitors. Used in the management of depression.

*fluoxetine information:
Note that there are some more drugs interacting with fluoxetine
fluoxetine
fluoxetine brands available in India
Always prescribe with Generic Name : fluoxetine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : AFZOT tab ALIVATE tab ALTIN tab BAROZAC cap CURIX-20 tab DAWNEX cap DEPTEN-20 tab DEPTEN-AZ

tab DEPTEN-OZ-10 tab DEPTEN-OZ-5 tab DEPWELL tab DEPZAC cap EXITEN PLUS tab FAA cap FAA PLUS tab FADEP cap FAXTIN cap FAXTIN-A tab FIDEN-AZ tab FLOXIKAIR cap FLUCHEM cap FLUDAC cap FLUDAC susp FLUDAWN tab FLUDEP cap FLUDEP-AZ tab FLUGEN cap FLUMUSA FORTE tab FLUMUSA-20 tab FLUNAT tab FLUNIL cap FLURIV cap FLURON cap FLUTIN cap FLUTINE cap FLUTINE syr FLUTINOL cap FLUTOP-DR tab FLUTOP-LA tab FLUTRAC cap FLUTRIC cap FLUWEL tab FLUX cap FLUXAL cap FLUXIN cap FLUXIN-AL cap FLUZE cap FULX cap GRILOC cap HT-20 cap LOFTIL cap L-PEEZ F tab MOLUX cap NEDEP cap NOC cap NUZAC cap PERSONA cap PLATIN cap PRODAC cap PRODEP cap PRODEP susp PRONIL cap PRONIL PLUS tab RELAX-F tab SALIDEP cap SYINE tab ZOTIN cap ZOTIN PLUS tab ZYDEP cap

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([all drugs])

flupentixol

CIMS Class : (Antipsychotics)

flupentixol

P - Caution when used during pregnancy

L - Contraindicated in lactation

related flupentixol information

Indication & Dosage

Oral

Psychoses

Adult: Initially, 3-9 mg bid, adjusted according to response. Max: 18 mg daily.

Elderly: Initial dose: ¼ or ½ of the usual initial dose.

Oral

Depression with or without anxiety

Adult: Initially, 1 mg daily increased after 1 wk to 2 mg daily and then to a max of 3 mg daily, last dose should be given not later than 4 p.m. Doses >2 mg should be given in 2 divided doses. Discontinue treatment if there is no improvement within 1 wk of using the max dose.

Elderly: Initially, 0.5 mg daily increased after 1 wk to 1 mg daily with the last dose given not later than 4 p.m. Max: 2 mg daily in 2 divided doses.

Max Dosage:

Intramuscular

Psychoses

Adult: As decanoate: Initially, 20 mg (1 ml of a 2% oily solution) is given as test dose. After at least 7 days and depending on the

response, subsequent doses of 20-40 mg may be given at intervals of 2-4 wk. Usual maintenance dose: 50 mg every 4 wk to 300 mg every 2 wk. Up to 400 mg wkly may be used in severe or resistant cases.
Elderly: Initial dose: ¼ or ½ of the usual initial dose.

Contraindications

Hypersensitivity. Extremely excitable and overactive patients; mania; porphyria; coma; preexisting CNS depression; bone-marrow supression; phaeochromocytoma. Lactation.

Special Precautions

Patients with convulsive disorders; advanced hepatic, renal, CV or resp disease; tasks requiring mental alertness; elderly (especially with dementia), and debilitated patients; neuroleptics with sedative effect must be withdrawn gradually; history of angle-closure glaucoma; urinary retention; prostatic hyperplasia; breast cancer, prolactin dependent tumours; parkinsonism; myasthenia gravis; pregnancy; Avoid direct sunlight.

Adverse Drug Reactions

Rigidity, tremors, restlessness, tardive dyskinesia, insomnia, dryness of mouth, wt gain, sexual dysfunction, galactorrhoea and menstrual disturbances.

Potentially Fatal: Neuroleptic malignant syndrome (hyperthermia, hypertonicity of skeletal muscles, unconsciousness and autonomic nervous system instability).

Drug Interactions

May potentiate the adverse effects of drugs with antimuscarinic effects e.g. TCAs. Reduced efficacy of levodopa. Increases adverse extrapyramidal symptoms with dopamine antagonists (metoclopramide and prochlorperazine).

Potentially Fatal: Potentiates CNS effects of alcohol, general anaesthetics, hypnotics, anxiolytics and opioids. Blocks antihypertensive effect of guanethidine.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals

are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intramuscular: Store below 25°C. Oral: Store below 25°C.

Mechanism of Action

Flupentixol is a thioxanthene antipsychotic that inhibits dopamine-mediated effects by blocking postsynaptic dopamine receptors in the CNS.

Onset: 24-72 hr (IM).

Duration: 2-4 wk (IM).

Absorption: Readily absorbed from the GI tract, peak plasma concentrations after 3-8 hr (oral); slowly absorbed from the inj site, peak plasma concentrations after 4-7 days (IM).

Distribution: Crosses the blood-brain barrier and placenta; enters breast milk. >95% bound to plasma proteins.

Metabolism: Extensively hepatic via sulfoxidation, side-chain N-dealkylation and glucuronic acid conjugation.

Excretion: Urine and faeces (as metabolites).

CIMS Class

Antipsychotics

*flupentixol information:
Note that there are some more drugs interacting with flupentixol
flupentixol
flupentixol brands available in India
Always prescribe with Generic Name : flupentixol, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : FLUANXOL DEPOT amp FLUANXOL tab PNXOL tab
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([all drugs])
flupentixol + melitracen
CIMS Class : (Antidepressants)
flupentixol + melitracen
related flupentixol + melitracen information
Indication & Dosage

Oral
Depression

Adult: Per tablet contains flupentixol 0.5 mg and melitracen 10 mg: 1 tablet in the morning and at midday. May double morning dose in severe cases. Not to exceed 4 tablets daily.
Elderly: Per tablet contains flupentixol 0.5 mg and melitracen 10 mg: 1 tablet in the morning. For severe cases: 1 tablet in the morning and at midday.

Contraindications

Circulatory collapse, depressed level of consciousness due to any cause, coma. Severe depressing requiring hospitalisation or electroconvulsive therapy. Not recommended for use in states of excitement or overactivity.

Special Precautions

Unsafe in porphyria. Caution when used in patients with epilepsy; Parkinson's disease; narrow angle glaucoma; prostatic hypertrophy; hypothyroidism; hyperthyroidism; liver disease; cardiac disease or arrhythmias; severe respiratory disease; renal failure; myasthenia gravis; phaeochromocytoma. Patients with hypersensitivity to thioxanthenes or other antipsychotics. Close monitoring for changes in behaviour, suicidal thoughts or clinical

worsening during the initial part of the treatment is recommended. May impair control of diabetes; monitor blood glucose in diabetics. Withdrawal should be gradual.

Adverse Drug Reactions

Drowsiness, dry mouth, constipation, vomiting, dyspepsia, diarrhoea, abdominal pain, nausea, flatulence. Extrapyramidal effects, especially in the initial phase of the treatment. Tachycardia, palpitations, prolonged QT interval, hypotension. Thrombocytopenia, neutropenia, leukopenia, agranulocytosis. Dyspnoea, myalgia, muscle rigidity, micturition disorder, urinary retention. Increased appetite and wt. Abnormal glucose tolerance and LFTs. Insomnia, depression, nervousness, agitation, libido decreased.

Drug Interactions

Increased risk of adverse effects when used with alcohol. May potentiate the effects of general anaesthetics and anticoagulants, and prolong the action of neuromuscular blockers. May increase anticholinergic effects ofatropine and drugs with anticholinergic activity. May increase risk of neurotoxicity when used with

sibutramine or lithium. Avoid concurrent usage with drugs that cause QT prolongation or cardiac arrhythmias. May inhibit metabolism of TCAs. May antagonise effects of adrenaline and sympathomimetics, and reverse antihypertensive effects of guanethidine.

Mechanism of Action

Flupentixol inhibits dopamine-mediated effects by blocking postsynaptic dopamine receptors in the CNS. Melitracen is a TCA with anxiolytic properties. At low doses, it has activating properties. It is also a bipolar thymoleptic.
Absorption: Flupentixol: Readily absorbed in the GI tract.
Distribution: Flupeentixol: >95% bound to plasma proteins; widely distributed in the body and crosses the blood brain barrier.
Metabolism: Flupentixol: Extensively hepatic metabolism.
Excretion: Flupentixol: Excreted in urine and faeces in the form of many metabolites.

CIMS Class

Antidepressants

ATC Classification

N06AA14 - melitracen; Belongs to the class of non-selective monoamine reuptake inhibitors. Used in the management of depression.

*flupentixol + melitracen information:
Note that there are some more drugs interacting with flupentixol + melitracen
flupentixol + melitracen
flupentixol + melitracen brands available in India
Always prescribe with Generic Name : flupentixol + melitracen, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : AMBULAX-FM tab DEANXIT tab DELEWAL tab DENXOL tab FORCALM tab FRANXIT tab FYCIDA-M tab MELICEN-FP film-coated tab MELIYOS tab MELTHIX sugar-coated tab NOVOXIT tab PLACIDA film-coated tab REPLACE tab VERSIDEP film-coated tab
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([all drugs])

fluphenazine

CIMS Class : (Antipsychotics)

fluphenazine

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related fluphenazine information

Indication & Dosage

Oral

Psychoses

Adult: Initially, 2.5-10 mg daily in 2-3 divided doses, increased according to reponse. Maintenance: 1-5 mg daily.

Max Dosage: Adult: 20 mg/day. Elderly: 10 mg/day.

Oral

Mania

Adult: Initially, 2.5-10 mg daily in 2-3 divided doses, increased according to reponse. Maintenance: 1-5 mg daily.

Max Dosage: Adult: 20 mg/day. Elderly: 10 mg/day.

Oral

Schizophrenia

Adult: Initially, 2.5-10 mg daily in 2-3 divided doses, increased according to reponse. Maintenance: 1-5 mg daily.

Max Dosage: Adult: 20 mg/day. Elderly: 10 mg/day.

Oral

Short-term adjunct in severe anxiety or behavioral disturbances

Adult: 1 mg bid increased to 2 mg bid if necessary.

Intramuscular

Psychoses

Adult: As decanoate: Initially, 12.5 mg adjusted according to response. Maintenance: 12.5-100 mg at intervals of 2-6 wk. For doses >50 mg, increments should be made slowly in steps of 12.5 mg. The enantate ester can be given in similar doses at intervals of 1-3 wk.

Elderly: 6.25 mg adjusted according to response.

Intramuscular

Mania

Adult: As decanoate: Initially, 12.5 mg adjusted according to response. Maintenance: 12.5-100 mg at intervals of 2-6 wk. For doses >50 mg, increments should be made slowly in steps of 12.5 mg. The enantate ester can be given in similar doses at intervals of 1-3 wk.

Elderly: 6.25 mg adjusted according to response.

Intramuscular

Schizophrenia

Adult: As decanoate: Initially, 12.5 mg adjusted according to response. Maintenance: 12.5-100 mg at intervals of 2-6 wk. For

doses >50 mg, increments should be made slowly in steps of 12.5 mg. The enantate ester can be given in similar doses at intervals of 1-3 wk.
Elderly: 6.25 mg adjusted according to response.

Administration

May be taken with or without food.

Contraindications

Hypersensitivity; comatose or severely depressed states; blood dyscrasias; liver disease; bone marrow depression; phaeochromocytoma; suspected or established subcortical brain damage with or without hypothalamic damage; pregnancy (3rd trimester), lactation.

Special Precautions

Presence of convulsive disorders; hepatic, renal, cerebrovascular, resp and CV diseases; elderly or debilitated patients. May elevate prolactin levels which may persist after chronic admin. May exacerbate depression. Closed-angle glaucoma. History of jaundice,

parkinsonism, DM, hypothyroidism, myasthenia gravis, paralytic ileus, prostatic hyperplasia or urinary retention. Regular eye examinations in patients receiving long term therapy. Avoid direct sunlight exposure.

Adverse Drug Reactions

Tardive dyskinesia, sedation, mental confusion; hypotension; hyperprolactinaemia leading to galactorrhoea and amenorrhoea in women; loss of libido, impotence and sterility in males. Allergic reactions, cholestatic jaundice, corneal and lens deposits, skin pigmentation.
Potentially Fatal: Agranulocytosis; neuroleptic malignant syndrome.

Drug Interactions

Reduces antihypertensive effects of guanethidine, methyldopa and clonidine. Lithium toxicity.
Reduced bioavailability with antacids. Increased risk of arrhythmia when used with drugs that prolong QT interval. May cause electrolyte disturbance when used with diuretics.

Potentially Fatal: Additive CNS depressant effects with alcohol, barbiturates, hypnotics, sedatives, opiates and antihistamines.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intramuscular: Store at 15-30°C. Oral: Store at 15-30°C.

Mechanism of Action

Fluphenazine blocks postsynaptic dopamine D1 and D2 receptors in the mesolimbic system and decreases the release of hypothalamic and hypophyseal hormones. It reduces aggressiveness with disappearance of hallucinations and delusions.

Onset: 1-3 days.

Duration: 2-4 days.

Absorption: Absorbed as HCl from the GI tract (oral); slowly absorbed as decanoate and enantate (SC/IM).

Distribution: Crosses the placenta; enters breast milk. Protein-binding: 91-99%.
Metabolism: Hepatic.
Excretion: Urine (as metabolites); 14.7 hr (elimination half-life).

CIMS Class

Antipsychotics

ATC Classification

N05AB02 - fluphenazine; Belongs to the class of phenothiazine antipsychotics with piperazine structure. Used in the management of psychosis.

*fluphenazine information:
Note that there are some more drugs interacting with fluphenazine
fluphenazine
fluphenazine brands available in India
Always prescribe with Generic Name : fluphenazine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : ANATENSOL DECANOATE inj FLUDECAN inj FPZ inj F-TENSIL vial PROLINATE inj

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([all drugs])

flurazepam

CIMS Class : (Hypnotics & Sedatives)

flurazepam

P - Contraindicated in pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related flurazepam information

Indication & Dosage

Oral

Short-term management of insomnia

Adult: 15-30 mg once at night.

Child: =15 yr: 15 mg at bedtime.

Elderly: Max initial dose: 15 mg at night.

Administration

May be taken with or without food.

Overdosage

Overdosage may lead to somnolence, confusion and coma. Treatment is supportive. Monitor respiration, pulse and BP. Gastric lavage may be used. Administer IV fluids and maintain an adequate airway. Flumazenil may be used as an adjunct to the proper management of benzodiazepine overdose.

Contraindications

Hypersensitivity; porphyria. Pregnancy (3rd trimester); neonates.

Special Precautions

Chronic pulmonary insufficiency; elderly or debilitated patients; muscle weakness, impaired liver or kidney function; drowsiness may affect skilled tasks; monitor cardio-respiratory function when used for deep sedation; personality disorders or organic brain changes; history of alcohol or drug addiction. Respiratory depression and hypotension with parenteral admin. Dependence; lactation. Safety and efficacy are not proven in children <15 yr.

Adverse Drug Reactions

Drowsiness and lightheadedness, sedation, muscle weakness and ataxia; less frequently vertigo, headache, confusion, depression, slurred speech, changes in libido, tremor, visual disturbances, urinary retention, GI disturbances, changes in salivation and amnesia.

Drug Interactions

Antidepressants, antihistamines, antipsychotics, general anesthetics, other hypnotics or sedatives, opioid analgesics and cisapride. Increased toxicity by amprenavir, cimetidine, ciprofloxacin, clarithromycin, clozapine, CNS depressants, diltiazem, disulfiram, digoxin, erythromycin, ethanol, levodopa, loxapine, metoprolol, metronidazole, miconazole, nefazodone, nelfinavir, omeprazole, phenytoin, rifabutin, rifampicin, ritonavir, troleandromycin, valproic acid and verapamil. Effect is decreased by carbamazepine, rifampicin and rifabutin.Alcohol.

Food Interaction

Serum levels increased by grapefruit juice. Herbs such as valerian, St John's wort, kava kava, gotu kola may increase CNS depression.

Pregnancy Category (US FDA)

Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Flurazepam is a long-acting benzodiazepine. It binds to stereospecific benzodiazepine receptors on the postsynaptic GABA neuron within the CNS, including the limbic system, reticular formation. It enhances the inhibitory effect of GABA on neuronal excitability by increasing neuronal membrane permeability to chloride ions, thus resulting in hyperpolarisation and stabilisation.

Onset: Hypnotic: 15-20 minutes.

Duration: 7-8 hr.

Absorption: Readily absorbed from the GI tract.

Metabolism: Metabolised in the liver to N-desalkylflurazepam (active) and N-hydroxyethylflurazepam.

Excretion: Elimination half-life: 2.3 hr (parent drug). Urine, mainly as conjugated metabolites.

CIMS Class

Hypnotics & Sedatives

ATC Classification

N05CD01 - flurazepam; Belongs to the class of benzodiazepine derivatives used as hypnotics and sedatives.

*flurazepam information:

Note that there are some more drugs interacting with flurazepam

flurazepam further details are available in official CIMS India

flurazepam

flurazepam brands available in India

Always prescribe with Generic Name : flurazepam, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : FLURACAP cap FLURAZ cap NINDRAL cap

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([all drugs])

flurbiprofen

CIMS Class : (Other Eye Preparations) , (Mouth/Throat Preparations) , (Nonsteroidal Anti-inflammatory Drugs (NSAIDs))

flurbiprofen

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related flurbiprofen information

Indication & Dosage

Oral

Pain and inflammation associated with musculoskeletal and joint disorders

Adult: 150-200 mg daily in divided doses, increased to 300 mg daily in acute or severe conditions if necessary.

Oral

Dysmenorrhoea

Adult: Initially, 100 mg followed by 50-100 mg every 4-6 hr. Max: 300 mg/day.

Oral

Sore throat

Adult: 1 lozenge (8.75 mg) every 3-6 hr. Max: 5 lozenges/day. Max treatment duration: 3 days.

Child: <12 yr: Not recommended.

Ophthalmic

Prophylaxis of miosis during ocular surgery

Adult: As sodium: Instill 1 drop of a 0.03% solution into the eye every 30 minutes starting 2 hr before and ending not < 30 minutes before the surgery.

Ophthalmic

Postoperative ocular inflammation

Adult: Instill 1 drop of a 0.03% solution into the eye 4 times daily for 1-3 wk starting at 24 hr after surgery.

Administration

Should be taken with food.

Contraindications

Peptic ulcer, GI haemorrhage, asthma, bronchospasm, rhinitis, angioedema, hypersensitivity; aspirin intolerance; pregnancy (3rd trimester); lactation.

Special Precautions

Hypertension; impaired renal function.

Adverse Drug Reactions

Fluid retention, oedema; allergic nephritis, allergic reactions; GI upsets; dizziness, tinnitus, blurring of vision; local irritation, transient burning and stinging (ophthalmic).
Potentially Fatal: Peptic ulceration, haemorrhage and perforation.

Drug Interactions

Increases serum concentrations of digoxin; may enhance effects of anticoagulants.

Pregnancy Category (US FDA)
Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in

pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

in 3rd trimester or near delivery.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Ophthalmic: Store at 15-25°C. Oral: Store at 15-25°C.

Mechanism of Action

Flurbiprofen inhibits prostaglandin synthesis by decreasing the activity of cyclooxygenase resulting in reduced prostaglandin levels. It is also a potent inhibitor of platelet aggregation.

Onset: 1-2 hrs.

Absorption: Readily absorbed from the GIT (oral); peak plasma concentrations after 1-2 hrs.

Distribution: Small amounts enter breast milk. Protein-binding: 99%

Metabolism: Hepatic via hydroxylation and conjugation.

Excretion: Urine (as metabolites); 3-6 hrs (elimination half-life).

CIMS Class

Other Eye Preparations / Mouth/Throat Preparations / Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

ATC Classification

M01AE09 - flurbiprofen; Belongs to the class of propionic acid derivatives of non-steroidal antiinflammatory and antirheumatic products. Used in the treatment of inflammation and rheumatism.

M02AA19 - flurbiprofen; Belongs to the class of non-steroidal antiinflammatory preparations for topical use. Used in the treatment of joint and muscular pains.

S01BC04 - flurbiprofen; Belongs to the class of non-steroidal antiinflammatory agents. Used in the treatment of inflammation of the eye.

*flurbiprofen information:

Note that there are some more drugs interacting with flurbiprofen

flurbiprofen

flurbiprofen brands available in India

Always prescribe with Generic Name : flurbiprofen, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ARFLUR CR-tab ARFLUR tab BINEA eye drops BRUFEN GEL gel CADIFLUR eye drops EYEFEN eye drops FBN eye drops FLUBIP eye drops FLUDROP eye drops FLUFEN eye drops FLUR eye drops FLURBIREN eye drops FLUROFEN tab FROBEN SR cap LABOFLUR eye drops LORPHEN eye drops OCUFLUR eye drops OPTIFEN eye drops OPTIFLUR eye/ear drops OXIBER eye drops SOFLUR eye/ear drops VISIFLUR eye drops ZYFLUR eye drops

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([all drugs])

flutamide

CIMS Class : (Hormonal Chemotherapy)

flutamide

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related flutamide information

Indication & Dosage

Oral

Palliative treatment of prostatic carcinoma

Adult: 250 mg tid preferably at least 3 days before gonadorelin analogue treatment.

Administration

May be taken with or without food.

Contraindications

Hypersensitivity, severe hepatic impairment, pregnancy and lactation.

Special Precautions

Perform liver function tests before starting treatment and at regular intervals. Treatment is not recommended in patients whose ALT values exceed twice the upper limit of normal. Regular assessment of prostate specific antigen level may help to monitor

disease progression. Advise patient against discontinuing drug on their own. Exercise caution in patients with cardiac disease.

Adverse Drug Reactions

Hot flushes, loss of libido, impotence, gynaecomastia, nausea, vomiting, diarrhoea, increased appetite, sleep disturbances, skin reactions, anaemias, headache, dizziness, malaise, anxiety, hypertension, gastric and chest pain, oedema, blurred vision, hepatitis, jaundice, rash, thirst, pruritus, SLE-like syndrome, drowsiness, confusion, depression, nervousness.

Drug Interactions

Increased prothrombin time in patients on long-term warfarin treatment.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store at 25°C.

Mechanism of Action

Flutamide is a nonsteroidal 'pure' antiandrogen which acts directly on the target tissues either by blocking androgen uptake or by inhibiting cytoplasmic and nuclear binding of androgen.
Distribution: Protein-binding: 90%
Metabolism: Rapid and extensive; converted to hydroxyflutamide.
Excretion: Urine, faeces (small amounts); 2 hrs (elimination half-life, metabolite).

CIMS Class

Hormonal Chemotherapy

ATC Classification

L02BB01 - flutamide; Belongs to the class of anti-androgens. Used in endocrine therapy.

*flutamide information:

Note that there are some more drugs interacting with flutamide flutamide

flutamide brands available in India

Always prescribe with Generic Name : flutamide, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CYTOMID tab DROGENIL tab FLUTAM tab FLUTIDE tab

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([all drugs])

fluticasone

CIMS Class : (Antiasthmatic & COPD Preparations) , (Topical Corticosteroids) , (Nasal Decongestants & Other Nasal Preparations)

fluticasone

P - Caution when used during pregnancy

L - Caution when used during lactation

related fluticasone information

Indication & Dosage

Nasal

Treatment and prophylaxis of allergic rhinitis

Adult: 100 mcg into each nostril once daily, increased to 100 mcg bid.

Child: >4 yr: 50 mcg into each nostril once daily, increased to 50 mcg bid.

Nasal

Nasal polyps

Adult: As propionate: 200 mcg to be instilled into each nostril 1-2 times daily for at least 4-6 wk.

Inhalation

Asthma prophylaxis

Adult: As powder or aerosol: 100-250 mcg bid in mild cases, up to 500-1000 mcg bid in severe cases.

Child: As powder or aerosol: >4 yr: Initially, 50-100 mcg bid. May increase to 200 mcg, if necessary.

Inhalation

Severe asthma

Adult: As nebuliser: 0.5-2 mg bid.

Child: As nebuliser: 4-16 yr: 1 mg bid.

Inhalation

Chronic obstructive pulmonary disease

Adult: As powder or aerosol: 500 mcg bid.

Topical/Cutaneous

Corticosteroid-responsive dermatoses

Adult: As propionate: Apply a 0.05 or 0.005% cream/ointment onto affected area.

Contraindications

Hypersensitivity. Acne vulgaris, rosacea, perioral dermatitis, skin atrophy; hypersensitivity. Primary cutaneous viral infections (e.g. herpes simplex, chicken pox), perianal and genital pruritus, primary fungal or bacterial skin infections. Inhalation: Status asthmaticus.

Special Precautions

Children, pregnancy, lactation, concomitant skin infections. Concomitant skin/lung/systemic infections. Advised to rinse mouth with water every time after inhalation. Application to large areas, broken skin or under occlusive dressings.

Adverse Drug Reactions

Topical: Pruritus, hypertrichosis, dryness, numbness of fingers, burning, eruptions, hypopigmentation, allergic contact dermatitis, secondary infection, skin atrophy, Cushing's syndrome, reversible HPA-axis suppression. Inhalation: Oropharyngeal candidiasis, pharyngitis, dysphoria, cough, rhinitis, nasal congestion and headache. Systemic absorption may be seen when applied to large areas, when skin is broken or under occlusive dressings.
Potentially Fatal: Suppression of immune system.

Drug Interactions

May lead to increased plasma concentrations of fluticasone when used with CYP4503A4 inhibitors such asritonavir.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.
Storage

Inhalation: Store at 25°C. Nasal: Store at 4-30°C. Topical/Cutaneous: Store at 15-30 °C.

Mechanism of Action

Fluticasone utilises a fluorocarbothioate ester linkage at the C17 position. It has potent vasoconstrictive and anti-inflammatory activity, but weak HPA inhibitory effect when applied topically.
Absorption: Poorly absorbed from the GI tract (oral).
Distribution: Protein-binding: 91%.
Metabolism: Extensively hepatic; converted to 17ß-carboxylic acid.
Excretion: Faeces (as unchanged drug and metabolites), urine (as metabolites).

CIMS Class

Antiasthmatic & COPD Preparations / Topical Corticosteroids / Nasal Decongestants & Other Nasal Preparations

ATC Classification

D07AC17 - fluticasone; Belongs to the class of potent (group III) corticosteroids. Used in the treatment of dermatological diseases.

R01AD08 - fluticasone; Belongs to the class of topical corticosteroids used as nasal decongestants.
R03BA05 - fluticasone; Belongs to the class of other inhalants used in the treatment of obstructive airway diseases, glucocorticooids.

*fluticasone information:
Note that there are some more drugs interacting with fluticasone
fluticasone further details are available in official CIMS India
fluticasone
fluticasone brands available in India
Always prescribe with Generic Name : fluticasone, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : COMBIHALE-FF cap COMBIHALE-FF inhaler FLIXONASE nasal spray FLOEASE inhaler FLOHALE INHALER inhaler FLOHALE REPSULE respules FLOHALE ROTACAPS rotacap FLOMIST nasal spray FLUCASIA oint FLUTE cream FLUTIBACT oint FLUTICARE cream FLUTICARE lotion FLUTICARE oint FLUTICARE-C oint FLUTICARE-N oint FLUTICONE NASAL SPRAY nasal spray FLUTIFLO inhaler FLUTIVATE cream FLUTIVATE oint FLUTOPIC oint MOLIDERM cream NEZAFLO nasal spray OTRIVIN-C

spray VENT SF INHALER canister VENTIFLO cap VENTIFLO EASECAPS EASEcap ZOFLUT cream ZOFLUT lotion ZOFLUT oint

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([all drugs])

fluvoxamine

CIMS Class : (Antidepressants)

fluvoxamine

P - Caution when used during pregnancy

L - Contraindicated in lactation

related fluvoxamine information

Indication & Dosage

Oral

Depression

Adult: Initially, 50-100 mg daily, may increase gradually up to 300 mg daily, if necessary. Doses >150 mg should be given in 2 or 3 divided doses.

Oral

Obsessive compulsive disorder

Adult: 50 mg once daily; may increase by 50 mg every 4-7 days. Daily doses >100 mg should be given in 2 divided doses. As

modified-release preparation: Initial: 100 mg once daily. Max: 300 mg daily.
Child: =8 yr: 25 mg once daily, may increase by 25 mg every 4-7 days. Doses >50 mg should be given in 2 divided doses. Reassess if no improvement after 10 wk of treatment. Max: 200 mg daily.
Oral
Social anxiety disorder
Adult: As modified-release preparation: Initial: 100 mg once daily. Max: 300 mg daily.

Administration

May be taken with or without food.

Overdosage

Symptoms include nausea, vomiting, diarrhoea, coma, hypokalemia, hypotension, respiratory difficulties, somnolence, tachycardia, bradycardia, ECG abnormalities (e.g. heart arrest, QT interval prolongation, 1st degree AV block, bundle branch block and junctional rhythm), convulsions, dizziness. Treatment includes general supportive measures. Ensure adequate airway, oxygenation

and ventilation. Monitor cardiac rhythm and vital signs. Activated charcoal may be used.

Contraindications

Hypersensitivity. Not to be used with thioridazine, terfenadine, astemizole, cisapride, pimozide, aloestron, tizanidine. Lactation.

Special Precautions

History of mania or seizures; liver dysfunction; presence of depressive symptoms; smokers. Treatment with MAOI should only be started at least 2 wk after stopping fluvoxamine treatment. Increased risk of suicidal ideation and behaviour when used in children, adolescents and young adults <24 yr. Pregnancy, elderly; operating hazardous machinery; withdraw gradually. Monitor prothrombin time in patients who are taking oral anticoagulants concurrently.

Adverse Drug Reactions

Headache, asthenia, tremor, palpitations, nausea, diarrhoea, constipation, anorexia, vomiting, flatulence, somnolence, insomnia,

dry mouth, nervousness, dizziness, tremor, anxiety, agitation, decreased libido, depression, CNS stimulation, dyspnoea, yawn, sweating, abnormal ejaculation, urinary frequency, anorgasmia, urinary retention.

Drug Interactions

Co-admin with fluvoxamine may increase carbamazepine toxicity and serum levels of theophylline. Lithiumenhances the serotonergic effects of fluvoxamine. Anticoagulants may require dosage adjustments. Diltiazem with fluvoxamine may lead to bradycardia. Avoid alcohol.

Potentially Fatal: Fluvoxamine should not be used in combination with MAOIs, or within 14 days of discontinuing treatment with MAOIs.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Fluvoxamine, derived from aralkylketone, inhibits the re-uptake of serotonin in brain neurons.
Absorption: Readily absorbed from the GI tract (oral).
Distribution: Protein-binding: 80%.
Metabolism: Extensively hepatic by oxidative demethylation and deamination to inactive metabolites.
Excretion: Urine; 15 hr (elimination half-life).

CIMS Class

Antidepressants

ATC Classification

N06AB08 - fluvoxamine; Belongs to the class of selective serotonin reuptake inhibitors. Used in the management of depression.

*fluvoxamine information:

Note that there are some more drugs interacting with fluvoxamine
fluvoxamine
fluvoxamine brands available in India
Always prescribe with Generic Name : fluvoxamine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : FLUVATOR tab FLUVOXIN tab FOXA tab PSYVOXIN film-coated tab REVILIFE tab SOREST tab UVOX tab VOXAMIN film-coated tab
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([all drugs])
folic acid
CIMS Class : (Vitamins & Minerals (Pre & Post Natal) / Antianemics)
folic acid
related folic acid information
Indication & Dosage

Oral
Folate-deficient megaloblastic anaemia

Adult: 5 mg daily for 4 mth, up to 15 mg daily in malabsorption states. Continued dosing at 5 mg every 1-7 days may be needed in chronic haemolytic states, depending on the diet and rate of haemolysis.

Oral

Prophylaxis of megaloblastic anaemia in pregnancy

Adult: 0.2-0.5 mg daily.

Oral

Prophylaxis of neural tube defect in pregnancy

Adult: 4 or 5 mg daily starting before pregnancy and continued through the 1st trimester.

Oral

As supplement for women of child-bearing potential

Adult: 0.4 mg daily.

Administration

May be taken with or without food.

Contraindications

Undiagnosed megaloblastic anaemia; pernicious, aplastic or normocytic anaemias.

Special Precautions

Treatment resistance may occur in patients with depressed haematopoiesis, alcoholism, deficiencies of other vitamins. Neonates.

Adverse Drug Reactions

GI disturbances, hypersensitivity reactions; bronchospasm.

Drug Interactions

Antiepileptics, oral contraceptives, anti-TB drugs, alcohol, aminopterin, methotrexate, pyrimethamine, trimethoprim and sulphonamides may result to decrease in serum folate contrations. Decreases serumphenytoin concentrations.

Pregnancy Category (US FDA)

Category A: Controlled studies in women fail to demonstrate a risk to the foetus in the 1st trimester (and there is no evidence of a risk in later trimesters), and the possibility of foetal harm remains remote.

if dose > 0.8 mg/day.

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Folic acid is essential for the production of certain coenzymes in many metabolic systems such as purine and pyrimidine synthesis. It is also essential in the synthesis and maintenance of nucleoprotein in erythropoesis. It also promotes WBC and platelet production in folate-deficiency anaemia.

Onset: Peak effect: Oral: 0.5-1 hr.

Absorption: Rapidly absorbed mainly from the duodenum and jejunum.

Distribution: Extensively bound to plasma protein. Principal site of storage is the liver. It is also concentrated in the CSF and enters the breast milk.
Metabolism: Undergoes conversion in the plasma and liver to the metabolically active 5-methyltetrahydrofolate.
Excretion: Via urine (as unchanged drug and metabolites). Removed by haemodialysis.

CIMS Class

Vitamins & Minerals (Pre & Post Natal) / Antianemics

ATC Classification

B03BB01 - folic acid; Belongs to the class of folic acid and derivatives. Used in the treatment of anemia.

*folic acid information:
Note that there are some more drugs interacting with folic acid
folic acid
folic acid brands available in India
Always prescribe with Generic Name : folic acid, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AFOL tab B-9 tab BAVITAM SYR syr B-FOL tab C-FOL tab CHEWFOL tab CUFOL-5 tab CYFOL tab ELFOL tab F-5 TABLETS tab FA tab FACITAB tab FH-12 tab FLOLICA-OD tab FOL-5 tab FOLACIN tab FOLAID tab FOLAT-5 tab FOL-B tab FOLBIT tab FOLDIVIT tab FOLERA tab FOLET tab FOL-G2 tab FOLIB tab FOLIDAY tab FOLIDEN tab FOLIMAC TAB tab FOLIMUST tab FOLINZ cap FOLISTAR tab FOLITAS tab FOLIX tab FOLIZ tab FOLNEU tab FOLSON tab FOLVITE tab FOLWISE soft-gelatin caps FOLY-5 tab FORICH tab FTOL tab GLOBIN tab INGAFOL tab IROSOL drops IROSOL SUSP susp LIK-10 tab MAXOLIC soft-gelatin caps MOMFOL tab NEOFOL TAB tab NUTRILIC tab PREFOL tab PREGFOL tab SFOL tab SOLUFOL MD-tab SOLUFOL-M tab SYSFOL tab U-FOL PLUS tab UNI FOL tab VITAFOL TAB tab VITCOFOL DPS drops VITCOFOL INJ vial VITCOFOL-C Combipackinj ZOFOL tab

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([all drugs])

formoterol

CIMS Class : (Antiasthmatic & COPD Preparations)

formoterol

P - Caution when used during pregnancy

L - Caution when used during lactation

related formoterol information

Indication & Dosage

Oral

Reversible airways obstruction

Adult: 80 mcg bid.

Child: >6 mth: 4 mcg/kg/day, given in 2-3 divided doses.

Oral

Acute bronchospasm

Adult: 80 mcg bid.

Child: >6 mth: 4 mcg/kg/day, given in 2-3 divided doses.

Inhalation

Acute bronchospasm

Adult: As inhalational capsule: 12 mcg bid; up to 24 mcg bid in severe cases. As dry powder inhaler: 6 or 12 mcg 1-2 times daily, up to 24 mcg bid in severe cases. As metered doses from aerosol inhaler (per inhalation into mouthpiece contains 12 mcg): 1-2 inhalations bid. As nebuliser: 20 mcg bid.

Child: As inhalational capsule: =5 yr: 12 mcg bid. As dry powder inhaler: =6 yr: 6 or 12 mcg 1-2 times daily; up to 48 mcg/day; max: 12 mcg/dose.

Inhalation

Reversible airways obstruction

Adult: As inhalational capsule: 12 mcg bid; up to 24 mcg bid in severe cases. As dry powder inhaler: 6 or 12 mcg 1-2 times daily, up to 24 mcg bid in severe cases. As metered doses from aerosol inhaler (per inhalation into mouthpiece contains 12 mcg): 1-2 inhalations bid. As nebuliser: 20 mcg bid.

Child: As inhalational capsule: =5 yr: 12 mcg bid. As dry powder inhaler: =6 yr: 6 or 12 mcg 1-2 times daily; up to 48 mcg/day; max: 12 mcg/dose.

Inhalation

Prophylaxis of exercise-induced bronchospasm

Adult: 6 or 12 mcg at least 15 minutes before exercise. Additional dose should only be given after 12 hr; not to be used in patients who are already using it for asthma maintenance.

Child: As fumarate: =5 yr: 6 or 12 mcg at least 15 minutes before exercise. Additional dose should only be given after 12 hr; not to be used in patients who are already using it for asthma maintenace.

Overdosage

Symptoms include angina, hypertension or hypotension, tachycardia, with rates up to 200 beats/minute, arrhythmias,

nervousness, headache, tremor, seizures, muscle cramps, dry mouth, palpitation, nausea, dizziness, fatigue, malaise, hypokalemia, hyperglycaemia, insomnia, metabolic acidosis. Treatment is symptomatic and supportive. Cardiac monitoring is recommended.

Contraindications

Hypersensitivity.

Special Precautions

Thyrotoxicosis; severe CV disorders e.g. ischaemic heart disease, tachyarrhythmias or severe heart burn; prolonged QT-interval. DM; pregnancy; lactation; children <5 yr; do not initiate or increase the dose during an exacerbation. May produce paradoxical bronchospasm.

Adverse Drug Reactions

Tremor, headache, tiredness, restlessness, dizziness, dry mouth, palpitation, tachycardia, muscle cramps, nausea.

Drug Interactions

Concomitant treatment with xanthine derivatives, steroids or diuretics may potentiate a possible hypokalaemic effect of ß-agonists. Increased susceptibility to cardiac arrhythmias in patients treated with digitalis. Concomitant use with quinidine, disopyramide, procainamide, phenothiazines, antihistamines, MAOI or TCAs can prolong the QT-interval and increase the risk of ventricular arrhythmias. L-dopa, L-thyroxine, oxytocin and alcohol can impair cardiac tolerance towards ß2-sympathomimetics. ß-adrenergic blockers can inhibit the effect of formoterol. Increased risk of arrhythmias in patients receiving concomitant anaesthesia with halogenated hydrocarbons.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Inhalation: Store below 25°C. Oral: Store below 25°C.

Mechanism of Action

Formoterol relaxes the bronchial smooth muscle by selectively acting on ß2-receptors with minimal effect on heart rate. It has a long-acting effect.

CIMS Class

Antiasthmatic & COPD Preparations

ATC Classification

R03AC13 - formoterol; Belongs to the class of adrenergic inhalants, selective beta-2-adrenoreceptor agonists. Used in the treatment of obstructive airway diseases.

*formoterol information:
Note that there are some more drugs interacting with formoterol
formoterol further details are available in official CIMS India
formoterol
formoterol brands available in India

Always prescribe with Generic Name : formoterol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AVESSA inhaler AVESSA Rheocap DERIFORM inhaler DERIFORM RES-cap DUOVA INHALER inhaler DUOVA MULTIHALER inhaler DUOVA ROTACAPS rotacap FORATEC inhaler FORATEC rotacap SIMPLYONE INHALER inhaler SIMPLYONE rotacap TIOMATE cap TIOMATE inhaler

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([all drugs])

fosfestrol

CIMS Class : (Hormonal Chemotherapy)

fosfestrol

P - Contraindicated in pregnancy

related fosfestrol information

Indication & Dosage

Oral

Malignant neoplasms of the prostate

Adult: As Na: 360-480 mg tid. Maintenance: 120-240 mg tid; may gradually reduce to 240 mg daily.

Intravenous

Malignant neoplasms of the prostate

Adult: As Na: Initially, 600-1200 mg daily by slow IV Inj for 5-10 days followed by 300 mg daily for 10-20 days. Maintenance: 300-600 mg, reduce slowly over few mth from dosing 4 times/wk to once wkly.

Contraindications

Pregnancy. Hypersensitivity.

Special Precautions

Cardiovascular disease, hepatic impairment. Slow infusion is not recommended.

Adverse Drug Reactions

Nausea, fluid retention, arterial and venous thrombosis, impotence, gynecomastia, withdrawal bleeding, hypercalcaemia, bone pain.

CIMS Class

Hormonal Chemotherapy

ATC Classification

L02AA04 - fosfestrol; Belongs to the class of estrogens. Used in endocrine therapy.

*fosfestrol information:
Note that there are some more drugs interacting with fosfestrol
fosfestrol
fosfestrol brands available in India
Always prescribe with Generic Name : fosfestrol, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : HONVAN inj HONVAN tab
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([all drugs])
fosinopril
CIMS Class : (ACE Inhibitors)
fosinopril
P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related fosinopril information

Indication & Dosage

Oral

Hypertension

Adult: Initially, 10 mg once daily at bedtime. Maintenance: 10-40 mg once daily. In patients on diuretic therapy, diuretic should be withdrawn, if possible, a few days before starting fosinopril and restarted later if needed.

Oral

Heart failure

Adult: Initially, 10 mg once daily. May increase gradually. Max: 40 mg once daily. For patients at high risk ofhypotension, 5 mg once daily may be given as an initial dose.

Administration

Should be taken on an empty stomach. (Best taken 1 hr before meals. May be taken w/ meals to reduce GI discomfort.)

Contraindications

Hypersensitivity, idiopathic or hereditary angioedema, history of angioedema related to previous treatment with an ACE inhibitor. Bilateral renal artery stenosis. Pregnancy (2nd and 3rd trimesters), lactation.

Special Precautions

Severely impaired renal function; hyperkalaemia, hypovolaemia, collagen vascular diseases, valvular stenosis; before, during or immediately after anaesthesia, unilateral renal artery stenosis.

Adverse Drug Reactions

Dizziness, orthostatic hypotension, palpitation, headache, weakness, fatigue, hyperkalaemia, chest pain, musculoskeletal pain, dry cough, nausea, vomiting, dyspepsia, diarrhoea.
Potentially Fatal: Cerebrovascular accident, rhythm disturbances, palpitations, hypotension, syncope, rashes, oedema, hypersensitivity reactions, angioedema.

Drug Interactions

Co-admin with diuretics may cause an excessive reduction of BP. Antacids may impair absorption of fosinopril.
Potentially Fatal: Potassium loss caused by potassium-sparing diuretics or potassium supplements can increase the risk of hyperkalaemia. Increased serum lithium levels and toxicity.

Lab Interference

False-positive Coombs' test and urine-acetone determination. False low measurement of serum digoxin levels with some laboratory kits.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

in 2nd & 3rd trimesters.
Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or

for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store at 20-25°C.

Mechanism of Action

Fosinopril competitively inhibits ACE from converting angiotensin I to angiotensin II resulting in decreased levels of angiotensin II which causes increased plasma renin activity and reduced aldosterone secretion. It also reduces sodium and water retention. By these mechanisms, fosinopril produces hypotensive effect.

Absorption: 36% is absorbed from the GI tract (oral); peak plasma concentrations after 3 hr (fosinoprilat).

Distribution: Protein-binding: >95% (fosinoprilat).

Metabolism: Rapidly and completely hydrolysed to fosinoprilat (active metabolite) in GI mucosa and liver.

Excretion: Urine and faeces. Elimination half-life: 11.5 hr (hypertensive patients), 14 hr (patients with heart failure).

CIMS Class

ACE Inhibitors

ATC Classification

C09AA09 - fosinopril; Belongs to the class of ACE inhibitors. Used in the treatment of cardiovascular disease.

*fosinopril information:
Note that there are some more drugs interacting with fosinopril
fosinopril further details are available in official CIMS India
fosinopril
fosinopril brands available in India
Always prescribe with Generic Name : fosinopril, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : FOSINACE tab FOVAS tab
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([all drugs])
fosphenytoin
CIMS Class : (Anticonvulsants)
fosphenytoin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related fosphenytoin information

Indication & Dosage

Parenteral

Tonic-clonic status epilepticus

Adult: As Phenytoin sodium equivalents (PSE): Loading dose: 15 mg/kg, given via IV infusion at a rate of 100-150 mg/minute. Maintenance: Initially, 4-5 mg PSE/kg/day by IM inj or IV infusion at a rate of 50-100 mg PSE/minute; subsequent doses depend on patient's response and trough-plasma phenytoin levels.

Child: =5 yr: As Phenytoin sodium equivalents (PSE): Loading dose: 15 mg/kg, given via IV infusion at a rate of 2-3 mg/kg/minute. Maintenance: Initially, 4-5 mg/kg/day by IM inj or IV infusion at a rate of 1-2 mg/kg/minute; subsequent doses depend on patient's response and trough-plasma phenytoin levels.

Renal impairment: Dose reduction or slower infusion may be needed.

Hepatic impairment: Dose reduction or slower infusion may be needed.

Parenteral

Seizures

Adult: Except status epilepticus: As Phenytoin sodium equivalents (PSE): Loading dose: 10-15 mg/kg, given via IM inj or IV infusion at a rate of 50-100 mg/minute. Maintenance: Initially, 4-5 mg/kg/day by IM inj or IV infusion at a rate of 50-100 mg/minute; subsequent doses depend on patient's response and trough-plasma phenytoin levels.

Child: =5 yr: As Phenytoin sodium equivalents (PSE): Loading dose: 10-15 mg/kg, given via IM inj or IV infusion at a rate of 1-2 mg/kg/minute. Maintenance: Initially, 4-5 mg/kg/day by IM inj or IV infusion at a rate of 1-2 mg/kg/minute; subsequent doses depend on patient's response and trough-plasma phenytoin levels.

Renal impairment: Dose reduction or slower infusion may be needed.

Hepatic impairment: Dose reduction or slower infusion may be needed.

Overdosage

Symptoms include nausea, vomiting, lethargy, tachycardia, bradycardia, asystole, cardiac arrest, hypotension, syncope, hypocalcemia, metabolic acidosis and death. Treatment is supportive and symptomatic. Haemodialysis may be considered.

Contraindications

Porphyria; sinus bradycardia; SA block; 2nd- and 3rd-degree heart block; Stokes-Adams syndrome; pregnancy, lactation.

Special Precautions

Hepatic or renal impairment; hypoalbuminaemia; elderly; patients requiring phosphate restriction; resuscitation facilities must be available. Monitor ECG, BP and respiratory function during infusion; observe patient for at least 30 minutes after infusion. IV infusion rate should not exceed 150 mg PSE/minute in adults or 3 mg PSE/kg/minute in children =5 yr.

Adverse Drug Reactions

Burning, itching and paraesthesia in the groin area following IV admin; asystole, ventricular fibrillation, hypotension, bradycardia, heart block.
Potentially Fatal: Severe CV reactions.

Drug Interactions

Concurrent use may affect the efficacy of anticoagulants, corticosteroids,
coumarin, digitoxin, doxycycline,oestrogens, furosemide, oral contraceptives, rifampin, quinidine, theophylline and vitamin D. Amiodarone,chloramphenicol, chlordiazepoxide, cimetidine, diazepam, dicumarol, disulfiram, oestrogens, ethosuximide,fluoxetine, H2-antagonists, halothane, isoniazid, methylphenidate, phenothiazines, phenylbutazone, salicylates, succinimides, sulfonamides, tolbutamide and trazodone may increase the plasma levels of phenytoin.Carbamazepine and reserpine may reduce serum levels of phenytoin. TCAs may increase the risk of seizures in susceptible patients.

Lab Interference

May decrease serum concentrations of T4. May also increase serum concentrations of glucose, alkaline phosphatase, GGT. Produce artificially low results in dexamethasone or metyrapone tests.

Storage

Parenteral: Store at 2-8°C.

Mechanism of Action

Fosphenytoin is converted to phenytoin in the body. It modulates voltage-dependent Na channels of neurons.

Absorption: Plasma concentrations peak after 30 minutes (IM).

Distribution: Displaces phenytoin from binding sites. Protein-binding: 95-99%.

Metabolism: Complete; hydrolysed to phenytoin, phosphate and formaldehyde.

Excretion: Urine (as inactive metabolites).

CIMS Class

Anticonvulsants

ATC Classification

N03AB05 - fosphenytoin; Belongs to the class of hydantoin derivatives antiepileptics. Used in the management of epilepsy.

*fosphenytoin information:

Note that there are some more drugs interacting with fosphenytoin

fosphenytoin

fosphenytoin brands available in India

Always prescribe with Generic Name : fosphenytoin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : FOSOLIN vial FOSPHEN inj

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([all drugs])

framycetin

CIMS Class : (Eye Anti-infectives & Antiseptics) , (Ear Anti-infectives & Antiseptics) , (Topical Antibiotics)

framycetin

P - Caution when used during pregnancy

related framycetin information

Indication & Dosage

Otic/Aural

Posttraumatic or pre- and postoperative otitis externa

Adult: As 0.5% drops: Use as directed.

Ophthalmic

Conjunctivitis, blepharitis and blepharoconjunctivitis

Adult: As 0.5% ointment. Apply 2-3 times daily into the affected eyes.

Topical/Cutaneous

Skin infections

Adult: As sulfate: Apply 1% dressing onto affected area.

Contraindications

Hypersensitivity, perforated ear drums (ear drops), fungal/viral or resistant bacterial eye infections (eye drops with steroids).

Special Precautions

If large areas of skin are being treated, ototoxicity may be a hazard, particularly in children, elderly and those with renal impairment. Pregnancy.

Adverse Drug Reactions

Ototoxicity, if large areas used in high-risk groups; sensitisation, contact dermatitis, local irritation and itching.

Drug Interactions

Co-admin of gramicidin with framycetin reduces the risk of selecting resistant bacteria.

Mechanism of Action

Framycetin is an aminoglyoside antibiotic which is the major component of neomycin. Susceptible organisms include many gram-negative bacteria (but not Pseudomonas) and many strains of Staphylococcus. Used topically in the treatment of skin, eye and ear infections often in combination with steroids and other antimicrobials.

CIMS Class

Eye Anti-infectives & Antiseptics / Ear Anti-infectives & Antiseptics / Topical Antibiotics

ATC Classification

D09AA01 - framycetin; Belongs to the class of ointment dressings with antiinfectives. Used in treatment of wounds.

R01AX08 - framycetin; Belongs to the class of other topical preparations used as nasal decongestants.
S01AA07 - framycetin; Belongs to the class of antibiotics. Used in the treatment of eye infections.

*framycetin information:
Note that there are some more drugs interacting with framycetin
framycetin
framycetin brands available in India
Always prescribe with Generic Name : framycetin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : FRADE cream SOFRACORT eye/ear drops SOFRAMYCIN eye drops SOFRAMYCIN SKIN cream SOFRAMYCIN SKIN powd SOFRA-TULLE dressing
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([all drugs])
furazolidone
CIMS Class : (Other Antiprotozoal Agents)
furazolidone
P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related furazolidone information

Indication & Dosage

Oral

Giardiasis, Cholera

Adult: 100 mg 4 times daily. Usual duration: 2-5 days, up to 7 days in some patients or 10 days for giardiasis.

Child: 1.25 mg/kg 4 times daily, usually given for 2-5 days or up to 10 days for giardiasis.

Administration

Should be taken with food. (Avoid food & beverage containing tyramine or tryptophan, eg alcohol, beer (incl alcohol-free beer), cheese, yoghurt. See lit for complete list.)

Contraindications

Hypersensitivity, infants <1 mth. Alcohol.

Special Precautions

Pregnancy, lactation, G6PD deficiency.

Adverse Drug Reactions

Hypersensitivity, hypoglycaemia, orthostatic hypotension, dizziness, drowsiness, headache, malaise, nausea, vomiting, rash, fever, arthralgia, brown urine, haemolytic anaemia.
Potentially Fatal: Agranulocytosis. Hypertensive crisis with MAOIs.

Drug Interactions

Disulfiram-like reaction with alcohol. Potential hypertensive crisis with sympathomimetics, tyramine-containing foods, levodopa.
Potentially Fatal: Potentiation of MAOIs. Toxic psychosis with amitriptyline.

Food Interaction

Reaction with foods rich in tyramine.

Mechanism of Action

Furazolidone has a broad antibacterial spectrum which is active against susceptible organisms including E. coli, staphylococci, Giardia sp. and against salmonella, shigella, proteus, and V. cholerae. Its bactericidal action is by interfering with bacterial enzyme systems.
Absorption: Poor (oral).
Excretion: Urine (as active drug and metabolites).

CIMS Class

Other Antiprotozoal Agents

ATC Classification

G01AX06 - furazolidone; Belongs to the class of other antiinfectives and antiseptics. Used in the treatment of gynecological infections.

*furazolidone information:
Note that there are some more drugs interacting with furazolidone
furazolidone
furazolidone brands available in India
Always prescribe with Generic Name : furazolidone, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : FUROXONE susp FUROXONE tab LOMOFEN tab

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([all drugs])

furosemide

CIMS Class : (Diuretics)

furosemide

P - Caution when used during pregnancy

L - Caution when used during lactation

related furosemide information

Indication & Dosage

Oral

Hypertension

Adult: 40-80 mg daily, alone or in conjunction with other antihypertensives.

Oral

Oedema associated with heart failure

Adult: Initially, 20 mg daily or 40 mg every other day for mild cases, or 40 mg once daily adjusted according to response. In some cases,

80 mg or more daily as a single dose or in 2 divided doses may be required. Max: 600 mg daily in severe cases.

Child: 1-3 mg/kg daily. Max: 40 mg daily.

Parenteral

Oedema associated with heart failure

Adult: 20-50 mg IM or slow IV Inj increased by 20-mg increments every 2 hr. Doses >50 mg must be given as IV infusion.

Child: 0.5-1.5 mg/kg daily. Max: 20 mg daily.

Intravenous

Pulmonary oedema

Adult: 40 mg via slow inj. If no adequate response within 1 hr, a further 80 mg may be given via infusion.

Intravenous

Oliguria in acute or chronic renal failure

Adult: GFR: 5-20 ml/min: 250 mg diluted to 250 ml in a suitable diluent to be infused over 1 hr. If urine output is insufficient within the next hr, may follow by 500 mg added to an appropriate infusion fluid to be infused over 2 hr, total volume depends on the patient's state of hydration. If urine output is still unsatisfactory within 1 hr after the 2nd infusion then a 3rd dose of 1 g may be infused over 4 hr. Rate of infusion: =4 mg/min. For patients with significant fluid overload, inj may be given without dilution directly into the vein, rate of admin =4 mg/min. Patients who do not respond to a dose of

1 g may need dialysis. If the response is satisfactory, the effective dose (of up to 1 g) may be repeated every 24 hr. Subsequently, adjust dose according to patient's response.

Administration

May be taken with or without food. (May be taken w/ meals to reduce GI discomfort.)

Overdosage

Symptoms include dehydration, blood volume reduction, hypotension, electrolyte imbalance, hypokalaemia and hypochloraemic alkalosis. Treatment is supportive and consists of replacement of excessive fluid and electrolyte losses. Monitor serum electrolytes, carbon dioxide level and BP regularly. Ensure adequate drainage in patients with urinary bladder outlet obstruction.

Contraindications

Severe sodium and water depletion, hypersensitivity to sulphonamides and furosemide, hypokalaemia, hyponatraemia,

precomatose states associated with liver cirrhosis, anuria or renal failure. Addison's disease.

Special Precautions

Prostatic hyperplasia. Hepatic or renal impairment, gout, DM, impaired micturition. Infusion rate should not exceed 4 mg/min to reduce the risk of ototoxicity. Monitor fluid and electrolyte balance and renal function. May lower serum levels of calcium and magnesium, thus serum levels should be monitored. Pregnancy and lactation.

Adverse Drug Reactions

Fluid and electrolyte imbalance. Rashes, photosensitivity, nausea, diarrhoea, blurred vision, dizziness, headache, hypotension. Bone marrow depression (rare), hepatic dysfunction. Hyperglycaemia, glycosuria, ototoxicity.
Potentially Fatal: Rarely, sudden death and cardiac arrest. Hypokalaemia and magnesium depletion can cause cardiac arrhythmias.

Drug Interactions

Analgesics reduce natriuretic action of furosemide. Antagonises hypoglycaemic agents and drugs used for gout. Hyperglycaemia with antihypertensive agent diazoxide. Antagonises muscle relaxants. Increased risk of ototoxicity when used with aminoglycosides especially in renal impairment. May enhance nephrotoxicity of cephalosporins. Effects of antihypertensives enhanced. Action antagonised by corticosteroids. Phenytoin andindometacin may reduce effects of furosemide.

Potentially Fatal: May provoke severe hypotensive response with ACE inhibitors. NSAIDs inhibit diuretic and antihypertensive effects. Increased incidence of premature beats with cardiac glycosides.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

if used in pregnancy-induced hypertension

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Store at 15-30°C. Oral: Store at 15-30°C. Parenteral: Store at 15-30°C.

Mechanism of Action

Furosemide inhibits reabsorption of Na and chloride mainly in the medullary portion of the ascending Loop of Henle. Excretion of potassium and ammonia is also increased while uric acid excretion is reduced. It increases plasma-renin levels and secondary hyperaldosteronism may result. Furosemide reduces BP in hypertensives as well as in normotensives. It also reduces pulmonary oedema before diuresis has set in.

Absorption: Fairly rapidly absorbed from the GI tract (oral).

Distribution: Crosses the placenta and enters breast milk. Protein-binding: 99%.

Excretion: Via urine (as unchanged); 2 hr (elimination half-life), may be prolonged in neonates and renal and hepatic impairment.

CIMS Class

Diuretics

ATC Classification

C03CA01 - furosemide; Belongs to the class of high-ceiling sulfonamide diuretics. Used to promote excretion of urine.

*furosemide information:
Note that there are some more drugs interacting with furosemide
furosemide further details are available in official CIMS India
furosemide
furosemide brands available in India
Always prescribe with Generic Name : furosemide, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : DIUCONTIN-K tab FRU amp FRUSEMENE tab FRUSENEX tab FRUSIM amp FRUSIX INJ inj LASIX HIGH

DOSE inj LASIX HIGH DOSE tab LASIX inj LASIX tab SALINEX tab TEBEMID tab

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([all drugs])

furosemide + amiloride

CIMS Class : (Diuretics)

furosemide + amiloride

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related furosemide + amiloride information

Indication & Dosage

Oral

Hypertension, Oedema

Adult: Per tablet contains furosemide 40 mg and amiloride 5 mg: 1-2 tablets daily, preferably in the morning.

Contraindications

Severe Na and water depletion, hypersensitivity to sulphonamides and furosemide, hypokaelemia, hyponatremia, precomatose states associated with liver cirrhosis, Addison's disease, K sparing agents, K supplements, impaired renal function, hyperkalaemia, anuria, hypersensitivity.

Special Precautions

Hepatic or renal impairment, pregnancy, lactation, gout, diabetes, impaired micturition and metabolic or resp acidosis.

Adverse Drug Reactions

nausea, diarrhoea, blurred vision, dizziness, headache, photosensitivity, hypotension, bone marrow depression (rare), hepatic dysfunction, hyperglycaemia, glycosuria, ototoxicity, hyponatraemia, idiosyncratic hypersensitivity, dry mouth, fatigue, muscle cramps, nausea, impotence, raised blood levels of glucose, urates, lipids,calcium, reduced levels of K and magnesium, raised CPK levels.
Potentially Fatal: Fluid and electrolyte imbalance, hypersens.

Drug Interactions

Phenytoin and indometacin may reduce effects of furosemide. May provoke severe hypotensive response with ACE inhibitors. NSAIDs inhibit diuretic and antihypertensive effects. Effects of antihypertensive drugs are enhanced. Increased incidence of premature beats with cardiac glycosides. Action antagonized by corticosteroids. Diuretic induced vol depletion can potentiate aminoglycoside nephrotoxicity. Impairs action of oral hypoglycaemic agents. Enhances digitalis toxicity due to hypokalaemia. vol depletion enhances lithiumtoxicity; conversely sudden stopping of diuretic may result in subtherapeutic levels of circulating lithium. Prolonged paralysis with tubocurarine due to hypokalaemia. NSAIDs antagonize hypotensive action. Suppresses action of oral anticoagulants due to reduced prothrombin activity. Increased risk of hypokalaemia when corticosteroids given concurrently.

Potentially Fatal: Furosemide may enhance nephrotoxicity co-administered with cephalosporins, aminoglycosides and ototoxicity of aminoglycosides. Amiloride potentiates bone marrow suppression caused by anticancer drugs.

Food Interaction

False lower urinary glucose values with diastix

Lab Interference

Reduced bioavailability.

Mechanism of Action

Furosemide is a sulfonamide diuretic. It inhibits reabsorption of Na and chloride mainly in the medullary portion of the ascending limb of the Loop of Henle. Excretion of K and ammonia is also increased while uric acid excretion is reduced. It increases plasma renin levels and secondary hyperaldosteronism may result. Furosemide reduces BP in hypertensives as well as in normotensives. Amiloride is a potassium-sparing drug that possesses weak (compared with thiazide diuretics) natriuretic, diuretic, and antihypertensive activity. Amiloride exerts its potassium-sparing effect through the inhibition of Na reabsorption at the distal convoluted tubule, cortical collecting tubule and collecting duct; this decreases the net -ve potential of the tubular lumen and reduces both K and hydrogen secretion and their subsequent excretion.

CIMS Class

Diuretics

ATC Classification

C03CA01 - furosemide; Belongs to the class of high-ceiling sulfonamide diuretics. Used to promote excretion of urine.
C03DB01 - amiloride; Belongs to the class of other potassium-sparing agents. Used as diuretics.

*furosemide + amiloride information:
Note that there are some more drugs interacting with furosemide + amiloride
furosemide + amiloride
furosemide + amiloride brands available in India
Always prescribe with Generic Name : furosemide + amiloride, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : AMIFRU tab AMIMIDE tab EXNA-K tab FRUMIL tab LASIRIDE tab
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([all drugs])

furosemide + spironolactone

CIMS Class : (Diuretics)

furosemide + spironolactone

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related furosemide + spironolactone information

Indication & Dosage

Oral

Hypertension, Ascites due to congestive heart failure, Oedema

Adult: Per tab contains furosemide 20 mg and spironolactone 50 mg. 1-4 tabs/day.

Contraindications

Hypersensitivity, anuria or severe oliguria, hypovolaemia, hyponatraemia, hypotension, urinary retention due to prostatic hypertrophy, Addison's disease, renal impairment, hyperkalaemia, acute or severe liver failure. Pregnancy and lactation.

Special Precautions

Concomitant use with ACE inhibitors, monitor fluids and electrolytes including changes in serum K levels. Dilutional hyponatraemia or even a true low-salt syndrome may develop. General anaesthesia.

Adverse Drug Reactions

Fluid and electrolyte imbalance, nausea, diarrhoea, blurred vision, headache, dizziness, hypotension, photosensitisation, hepatic dysfunction, hyperglycaemia and glycosuria, rarely bone marrow depression, gynaecomastia, hirsutism, hoarseness, menstrual irregularities, loss of libido, impotence.
Potentially Fatal: Severe hyperkalaemia in patients with preexisting renal impairment or taking ACE inhibitors, agranulocytosis, cardiac arrhythmias.

Drug Interactions

Aminoglycosides and ethacrynic acid (increased ototoxicity), tubocurazine, succinylcholine (effects enhanced).Sucralfate reduces effects of furosemide. Should be given 2 hr apart. NSAIDs reduce

natriuretic and antihypertensive effects of furosemide. Corticosteroids may antagonise action. Digoxin levels may be increased. Warfarin effects may be reduced.
Potentially Fatal: Potassium supplements or potassium-rich diet, ACE inhibitors, general anaesthetics (reduced vascular responsiveness to catecholamines), lithium toxicity.

Food Interaction

Bioavailability of frusemide reduced but absorption of spironolactone improved.

Lab Interference

Frusemide produces falsely low urinary sugar values by clinistix or diastrix method.

Mechanism of Action

Furosemide inhibits reabsorption of Na^+, Cl^- and K^+. Continuous use may also lead to secondary hyperaldosteronism. Spironolactone is a specific antagonist of aldosterone. It increases Na and water excretion but retains K^+. Thus it acts both as diuretic

and an antihypertensive. It reduces oedema and counteracts secondary aldosteronism caused by vol depletion Na loss. K loss is reduced.

CIMS Class

Diuretics

ATC Classification

C03CA01 - furosemide; Belongs to the class of high-ceiling sulfonamide diuretics. Used to promote excretion of urine.
C03DA01 - spironolactone; Belongs to the class of potassium-sparing agents, aldosterone antagonists. Used as diuretics.

*furosemide + spironolactone information:
Note that there are some more drugs interacting with furosemide + spironolactone
furosemide + spironolactone
furosemide + spironolactone brands available in India
Always prescribe with Generic Name : furosemide + spironolactone, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ALDOSTIX tab AMIFRU-S tab AQUAMIDE tab FRUSELAC tab FRUSELAC-DS film-coated tab LASILACTONE tab SPIROMIDE film-coated tab SPIROTIC tab

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([all drugs])

fusidic acid

CIMS Class : (Eye Anti-infectives & Antiseptics) , (Other Antibiotics) , (Topical Antibiotics)

fusidic acid

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related fusidic acid information

Indication & Dosage

Oral

Susceptible infections

Adult: 500 mg tid. May increase to 1 g tid in fulminating infections.

Child: <1 yr: About 15 mg/kg; 1-5 yr: 250 mg; 5-12 yr: 500 mg. Doses to be taken tid.

Intravenous

Susceptible infections

Adult: >50 kg: 500 mg tid; may increase to 1 g tid in fulminating infections. <50 kg: 6-7 mg/kg tid. To be given by slow IV infusion over at least 2 hr; should be given via a large vein with good blood flow.

Child: 20 mg/kg daily in 3 divided doses. To be given by slow IV infusion over at least 2 hr; should be given via a large vein with good blood flow.

Ophthalmic

Conjunctivitis

Adult: As 1% eye drops: Instill 1 drop into the affected eye every 12 hr for 7 days.

Child: =2 yr: As 1% eye drops: Instill 1 drop into the affected eye every 12 hr for 7 days.

Topical/Cutaneous

Skin infections

Adult: As a 2% ointment/cream/gel: Apply onto affected area 3-4 times daily until there is improvement. If gauze dressing is used, then frequency of application may be reduced to 1-2 times daily.

Child: As a 2% ointment/cream/gel: Apply onto affected area 3-4 times daily until there is improvement. If gauze dressing is used, then frequency of application may be reduced to 1-2 times daily.

Reconstitution: Each 500 mg dose is given as a buffered solution (pH 7.4-7.6) diluted to 500 ml with sodium chloride or other suitable IV solution.
Incompatibility: Incompatible with amino acid solutions or whole blood. Admixture incompatibility: Carbenicillin, kanamycin, gentamicin, calcium solutions.

Administration

Fusidic acid: Should be taken with food.

Contraindications

Hypersensitivity.

Special Precautions

Hepatic disease; monitor liver function. Neonates; pregnancy, lactation.

Adverse Drug Reactions

Jaundice and liver dysfunction (reversible); GI disturbances. IV: Venospasm, thrombophloebitis and haemolysis; hypocalcaemia. SC/IM: Tissue necrosis. Topical: Rashes and irritation.

Drug Interactions

Synergistic action with antistaphylococcal penicillin. Antagonism with ciprofloxacin.

Food Interaction

Delays absorption for oral preparations.

Storage

Intravenous: Store below 25°C. Ophthalmic: Store between 2-25°C. Discard 1 mth after opening. Oral:Store below 25°C. Topical/Cutaneous: Store below 25°C.

Mechanism of Action

Fusidic acid disrupts translocation of peptide subunits and elongating the peptide chain of susceptible bacteria, thus inhibiting protein synthesis.

Absorption: Well-absorbed from the GI tract (oral); mean plasma concentrations of 30 mcg/ml after 2-4 hr (500-mg dose). More rapid absorption in children than in adults.

Distribution: Widely distributed into tissues and body fluids including bone, pus and synovial fluid; crosses the placenta and enters breast milk. Protein-binding: 95%.

Metabolism: Hepatic; converted to multiple metabolites.

Excretion: Bile (mainly as metabolites), faeces (2% as unchanged drug), urine; 5-6 hr (elimination half-life).

CIMS Class

Eye Anti-infectives & Antiseptics / Other Antibiotics / Topical Antibiotics

ATC Classification

D06AX01 - fusidic acid; Belongs to the class of other topical antibiotics used in the treatment of dermatological diseases.

D09AA02 - fusidic acid; Belongs to the class of ointment dressings with antiinfectives. Used in treatment of wounds.
J01XC01 - fusidic acid; Belongs to the class of steroid antibacterials. Used in the treatment of systemic infections.
S01AA13 - fusidic acid; Belongs to the class of antibiotics. Used in the treatment of eye infections.

*fusidic acid information:
Note that there are some more drugs interacting with fusidic acid
fusidic acid
fusidic acid brands available in India
Always prescribe with Generic Name : fusidic acid, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : FUCIDIN cream FUCIDIN oint FUCIDIN-H cream FUCIN cream FUCIN-B cream FUCINEX oint FUCITHALMIC eye drops FUDIC cream FUSA gel FUSID cream FUSIDERM cream FUSIDERM oint FUSIGEN oint FUSIGEN-B cream FUSITAL cream FUSIWAL oint FUSIWAL-B cream FUSON cream FUSON oint FUSON-B cream FUSON-H cream FUTOP CRM cream FUTOP oint FUTOP OINT oint NOBOYLE cream SIOFIN cream STAFOBAN oint

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([all drugs])

gabapentin

CIMS Class : (Anticonvulsants) , (Drugs For Neuropathic Pain)

gabapentin

P - Caution when used during pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related gabapentin information

Indication & Dosage

Oral

Epilepsy

Adult: Initially, 300 mg on the 1st day, 300 mg bid on the 2nd day and 300 mg tid on the 3rd day. Thereafter, may increase dose until effective antiepileptic control is achieved. Usual maintenance range: 0.9-3.6 g daily; daily dose to be taken in 3 equally divided doses and max dosing interval: 12 hr. Max: 4.8 g daily.

Child: 6-12 yr: Initially, 10 mg/kg on the 1st day, 20 mg/kg on the 2nd day and 25-35 mg/kg on the 3rd day. Maintenance: 1200 mg daily (37-50 kg); 900 mg daily (26-36 kg). Total daily dose to be taken in 3 equally divided doses.

Renal impairment: Total daily doses to be taken as 3 divided doses.
Haemodialysis: Loading dose: 300-400 mg followed by 200-300 mg after each 4 hr of haemodialysis.

CrCl (ml/min)
Dosage Recommendation
50-79
600-1200 mg daily.
30-49
300-600 mg daily.
15-29
300 mg on alternate days to 300 mg daily.
<15
300 mg on alternate days.
Oral
Neuropathic pain
Adult: Titrate to a max of 1.8 g daily in 3 divided doses.
Renal impairment: Total daily doses to be taken as 3 divided doses.
Haemodialysis: Loading dose: 300-400 mg followed by 200-300 mg after each 4 hr of haemodialysis.

CrCl (ml/min)
Dosage Recommendation

50-79

600-1200 mg daily.

30-49

300-600 mg daily.

15-29

300 mg on alternate days to 300 mg daily.

<15

300 mg on alternate days.

Administration

May be taken with or without food.

Contraindications

Hypersensitivity. Lactation.

Special Precautions

Discontinuation or transfer from other antiepileptics, history of psychotic illness; renal impairment; pregnancy. Gradual withdrawal over at least 7 days to prevent an increase in seizure frequency.

Adverse Drug Reactions

Somnolence, dizziness, ataxia, weakness, paraesthesia, fatigue, headache; nystagmus, diplopia; nausea, vomiting, wt gain, dyspepsia; rhinitis; tremor; leucopenia; altered LFTs; Stevens-Johnson syndrome.

Drug Interactions

Cimetidine may reduce gabapentin clearance. Absorption reduced with antacids.

Lab Interference

False-positive readings with some urinary protein tests.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 20-25°C. Oral solution: Refrigerate at 2-8°C.

Mechanism of Action

Gabapentin is structurally related to the neurotransmitter GABA but is neither a GABA agonist nor antagonist. Gabapentin-binding sites have been identified throughout the brain tissues e.g. neocortex and hippocampus. However, the exact mechanism of action is still unknown.

Absorption: 50-60% absorbed (oral); peak plasma concentrations after 2 hr.

Distribution: Widely distributed; enters breast milk. Protein-binding: Minimal.

Metabolism: Poor.

Excretion: Urine and faeces; 5-7 hr (elimination half-life).

CIMS Class

Anticonvulsants / Drugs For Neuropathic Pain

ATC Classification

N03AX12 - gabapentin; Belongs to the class of other antiepileptics. Used in the management of epilepsy.

*gabapentin information:
Note that there are some more drugs interacting with gabapentin
gabapentin further details are available in official CIMS India
gabapentin
gabapentin brands available in India
Always prescribe with Generic Name : gabapentin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ALCOBAL film-coated tab ALNACOB-G cap ARMET G TAB tab BIGVIN FORTE tab BIGVIN TAB film-coated tab CAPIN-G cap CHINY-GP tab COBANERVE-G tab COBSA-G tab DOLONEURON film-coated tab ELECTA-GP tab ENCENTIN cap ENCENTIN PLUS tab ENCENTIN tab ENCENTIN-AM tab ENCENTIN-M tab GABA cap GABACAP cap GABACENT tab GABA-HOSIT tab GABALEPT tab GABA-MC tab GABANEURON tab GABANEZ-M cap GABANTIN cap GABANTIN FORTE tab GABAPIN cap GABAPIN tab GABASTAR M cap GABATA cap GABATIN cap GABATOR cap GABATOR M film-coated tab GABAZ cap GABIL tab GABIN-

M tab GABION-M tab GABSOFT-M soft-gelatin caps GABY cap GAMET-800 tab GBN-M tab G-CARE tab GELINA-M tab GENTIN film-coated tab GENTIN-MC tab GIBI FORTE tab G-NEURO film-coated tab GOBEN tab INDCOBAL cap MAGIC-M tab MARINOL-GB tab ME-GAB tab MELIFE-G tab MERICOBAL-G tab MYGABA tab NEOGABA tab NERVIC-G tab NERVOPTIN tab NERVZ-G tab NEUPENT AF extentab NEUROCAP-G tab NEURONTIN cap NEUROPILL film-coated tab NEUROPILL-100 tab NEUROTOP-G tab NOVOMINE-GB tab NTOMEC-G tab NUROCLAD-GB tab NUROKIND-G tab NUVOLT-G tab OROGAB-M tab REJUNATE cap REJUNATE PLUS film-coated tab REJURON cap REJURON PLUS film-coated tab SCAV-G tab SOLOGAB cap SOLOGAB-M tab TRICO-GB cap TRIGABANTIN tab VOLTADIN tab WINTIN A tab WINTIN tab ZINCOBAL-G tab

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([all drugs])

ganciclovir

CIMS Class : (Antivirals)

ganciclovir

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related ganciclovir information

Indication & Dosage

Intravenous

Cytomegaloviral infections

Adult: Induction: 5 mg/kg every 12 hr for 14-21 days. Maintenance: 5 mg/kg once daily for 7 days per wk or 6 mg/kg once daily for 5 days per wk. Dose to be given by IV infusion.

Renal impairment: For dialysis patients: 1.25 mg/kg for induction or 0.625 mg/kg for maintenance, to be given postdialysis on days when dialysis is performed.

CrCl (ml/min)

Dosage Recommendation

=70

5 mg/kg every 12 hr for induction, then 5 mg/kg every 24 hr for maintenance.

50-69

2.5 mg/kg every 12 hr for induction, then 2.5 mg/kg every 24 hr for maintenance.

25-49

2.5 mg/kg every 24 hr for induction, then 1.25 mg/kg every 24 hr for maintenance.

10-24

1.25 mg/kg every 24 hr for induction, then 0.625 mg/kg every 24 hr for maintenance .

Intravenous

Prophylaxis of cytomegaloviral infections in immunocompromised patients

Adult: For patients receiving immunosuppressants after organ transplant: Initially, 5 mg/kg every 12 hr for 7-14 days followed by maintenance therapy: 5 mg/kg/day as a single dose for 7 days per wk or 6 mg/kg/day for 5 days per wk. Dose to be given as IV infusion.

Renal impairment: For dialysis patients: 1.25 mg/kg for induction or 0.625 mg/kg for maintenance, to be given postdialysis on days when dialysis is performed.

CrCl (ml/min)

Dosage Recommendation

=70

5 mg/kg every 12 hr for induction, then 5 mg/kg every 24 hr for maintenance.

50-69

2.5 mg/kg every 12 hr for induction, then 2.5 mg/kg every 24 hr for maintenance.

25-49

2.5 mg/kg every 24 hr for induction, then 1.25 mg/kg every 24 hr for maintenance .

10-24

1.25 mg/kg every 24 hr for induction, then 0.625 mg/kg every 24 hr for maintenance .

Ophthalmic

Cytomegaloviral retinitis

Adult: Intravitreal implant: Each implant can last for 5-8 mth; implant may be removed and replaced upon depletion of ganciclovir as evidenced by disease progression.

Renal impairment: Dose reduction may be needed.

Administration

Should be taken with food.

Contraindications

Hypersensitivity; absolute neutrophil count <500 cells/mm3; platelet count <25,000/mm3; pregnancy, lactation. Not to be used as a bolus inj.

Special Precautions

Renal impairment; preexisting cytopenias or history of cytopenic reactions to drugs; child; contraceptive precautions to be followed during and at least 90 days thereafter; care in administering only into veins with good blood flow. Avoid contact with the skin and eyes. Maintain adequate hydration during infusion. Monitor WBC and platelet counts regularly during treatment. Eye examinations should be conducted at least once every 4-6 wk during treatment for CMV retinitis.

Adverse Drug Reactions

Haematolgical disturbances; marrow depression; GI disturbances; fever, rash and abnormal LFTs; irritation and phlebitis at inj site. Less frequent: CV, CNS, metabolic, musculoskeletal, respiratory, urogenital, ocular effects, cutaneous symptoms and increased serum-creatinine and BUN concentration. Potential risk of testicular effects and female fertility.

Drug Interactions

Renal clearance reduced by probenecid; imipenem cilastatin (generalised seizures); zidovudine; didanosine; additive toxic effects with myelosuppressants; oral mycophenolate mofetil.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intravenous: Store at 15-25°C. Ophthalmic: Store at 15-25°C.

Mechanism of Action

Ganciclovir is a synthetic guanine nucleoside analogue with activity against cytomegalovirus (CMV). It competitively inhibits the binding of deoxyguanosine triphosphate to DNA polymerase, thus inhibiting viral DNA synthesis.

Absorption: Poor absorption after oral admin.

Distribution: Widely distributed to body tissues and fluids after IV admin.
Excretion: Excreted unchanged in the urine mainly via glomerular filtration and active tubular secretion. Elimination half-life: 2.5-4.5 hr after IV admin; increased in renal impairment.

CIMS Class

Antivirals

ATC Classification

J05AB06 - ganciclovir; Belongs to the class of nucleosides and nucleotides excluding reverse transcriptase inhibitors. Used in the systemic treatment of viral infections.
S01AD09 - ganciclovir; Belongs to the class of antiinfectives, antivirals. Used in the treatment of eye infections.

*ganciclovir information:
Note that there are some more drugs interacting with ganciclovir
ganciclovir
ganciclovir brands available in India

Always prescribe with Generic Name : ganciclovir, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CYMEVENE cap CYMEVENE vial GANGUARD cap GAVIR vial NATCLOVIR amp NATCLOVIR cap

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([all drugs])

gatifloxacin

CIMS Class : (Quinolones) , (Eye Anti-infectives & Antiseptics)

gatifloxacin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related gatifloxacin information

Indication & Dosage

Oral

Urinary tract infections

Adult: 400 mg once daily.

Renal impairment: Patients on haemodialysis or continuous peritoneal dialysis: Initially, 400 mg/day. Maintenance dose: 200 mg daily.

CrCl (ml/min)

Dosage Recommendation

<40

Initially, 400 mg/day. Maintenance dose: 200 mg daily.

Oral

Respiratory tract infections

Adult: 400 mg once daily.

Renal impairment: Patients on haemodialysis or continuous peritoneal dialysis: Initially, 400 mg/day. Maintenance dose: 200 mg daily.

CrCl (ml/min)

Dosage Recommendation

<40

Initially, 400 mg/day. Maintenance dose: 200 mg daily.

Oral

Susceptible infections

Adult: 400 mg once daily.

Renal impairment: Patients on haemodialysis or continuous peritoneal dialysis: Initially, 400 mg/day. Maintenance dose: 200 mg daily.

CrCl (ml/min)

Dosage Recommendation

<40

Initially, 400 mg/day. Maintenance dose: 200 mg daily.

Oral

Uncomplicated gonorrhoea

Adult: 400 mg as a single dose.

Oral

Uncomplicated urinary tract infections

Adult: 400 mg as a single dose or 200 mg daily for 3 days.

Renal impairment: Patients on haemodialysis or continuous peritoneal dialysis: Initially, 400 mg/day. Maintenance dose: 200 mg daily.

CrCl (ml/min)

Dosage Recommendation

<40

Initially, 400 mg/day. Maintenance dose: 200 mg daily.

Intravenous

Urinary tract infections

Adult: 400 mg once daily, infused as a 2 mg/ml solution over 60 minutes.

Renal impairment: Patients on haemodialysis or continuous peritoneal dialysis: Initially, 400 mg/day. Maintenance dose: 200 mg daily.

CrCl (ml/min)
Dosage Recommendation
<40
Initially, 400 mg/day. Maintenance dose: 200 mg daily.
Intravenous
Respiratory tract infections
Adult: 400 mg once daily, infused as a 2 mg/ml solution over 60 minutes.
Renal impairment: Patients on haemodialysis or continuous peritoneal dialysis: Initially, 400 mg/day. Maintenance dose: 200 mg daily.

CrCl (ml/min)
Dosage Recommendation
<40
Initially, 400 mg/day. Maintenance dose: 200 mg daily.
Intravenous
Susceptible infections

Adult: 400 mg once daily, infused as a 2 mg/ml solution over 60 minutes.

Renal impairment: Patients on haemodialysis or continuous peritoneal dialysis: Initially, 400 mg/day. Maintenance dose: 200 mg daily.

CrCl (ml/min)

Dosage Recommendation

<40

Initially, 400 mg/day. Maintenance dose: 200 mg daily.

Ophthalmic

Conjunctivitis

Adult: As a 0.3% solution: Instill 1 drop 2 hrly into affected eye(s) up to 8 times daily for the 1st 2 days, then reduce to 1 drop 4 times daily on days 3-7.

Contraindications

Hypersensitivity; children <18 yr; concurrent use of class IA or III antiarrhythmics, QT-prolongation drugs; diabetics; pregnancy, lactation.

Special Precautions

May prolong QT interval; uncorrected hypokalaemia; known or suspected CNS disorders, renal and hepatic impairment. Elderly.

Adverse Drug Reactions

Rapid heartbeat, mental confusion, hallucinations, agitation, nightmares, depression; photophobia; tendon rupture; headache, dizziness, insomnia, chills, fever; back pain, abdominal pain; constipation, nausea, vomiting, diarrhoea, inflammation of the tongue, mouth sores; abnormal vision, ringing in the ears, vaginitis. Potentially Fatal: Hyperosmolar nonketotic hyperglycaemic coma, diabetic ketoacidosis, hypoglycaemic coma, convulsions and mental status changes.

Drug Interactions

Antacids, ferrous salts, bismuth subsalicylate, sucralfate and zinc salts reduce bioavailability of gatifloxacin. May increase digoxin plasma levels. Probenecid, cimetidine and loop diuretics increase gatifloxacin levels. NSAIDs may increase the risk of CNS stimulation and convulsions. Concurrent use of bepridil, cisapride, erythromycin, pentamidine,

phenothiazines, or TCAs may prolong QT interval. Concurrent corticosteroid therapy may increase the risk of tendon rupture. Increased risk of hypoglycaemia when used with oral antidiabetic agents. May enhance hypoprothrombinaemic effects of oral anticoagulants.
Potentially Fatal: Increased risk of adverse CV reactions when used with class IA or III antiarrhythmics e.g.disopyramide and amiodarone.

Storage

Intravenous: Store at 25°C. Ophthalmic: Store at 15-25°C. Oral: Store at 25°C.

Mechanism of Action

Gatifloxacin promotes breakage of double-stranded DNA in susceptible organisms and inhibits DNA gyrase, which is essential in reproduction of bacterial DNA.
Absorption: Absorbed readily form the GI tract (oral); peak plasma concentrations after 1-2 hr. Bioavailability: 96%.
Distribution: Widely distributed into body tissues. Protein-binding: 20%.

Metabolism: Limited metabolism.

Excretion: Via the urine (as unchanged and 1% metabolite); via the faeces (5% as unchanged). Limited metabolism; 7-14 hr (elimination half-life).

CIMS Class

Quinolones / Eye Anti-infectives & Antiseptics

ATC Classification

J01MA16 - gatifloxacin; Belongs to the class of quinolones, fluoroquinolone. Used in the treatment of systemic infections.

S01AX21 - gatifloxacin;

*gatifloxacin information:

Note that there are some more drugs interacting with gatifloxacin

gatifloxacin

gatifloxacin brands available in India

Always prescribe with Generic Name : gatifloxacin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : 3a-GAT tab ADFLOX tab ADGAT tab ALEX tab ALGAT tab AMGAT tab ARIGAT tab ARISTO GATICIN tab ARMFLOX TAB tab AVIGAT susp AVIGAT tab BIOGAT tab COMIGAT tab CUGAT tab DASIKON vial DIRAGYL tab ECOGAT A tab ECOGAT BCD tab E-GATI tab ENGATT eye drops ENGATT-DX eye drops EXAGT tab FATIFLOX tab FATIFLOX-OZ tab FLOXIGAT M tab FLOXIGAT tab FUGAT tab FYDOGAT-400 tab G2K tab GABACT tab GABEE film-coated tab GABIR DPS eye drops GABIR tab GAITY infusion GAITY tab GALE tab GARNID tab GATE EYE DPS drops GATE film-coated tab GATE-DX DPS eye drops GATEME eye drops GATEX film-coated tab GATIBA tab GATIBENZ tab GATICAD tab GATICARE tab GATICAS tab GATICIN CONC. INJ inj GATICIN DPS eye drops GATICIN tab GATIFECT tab GATIGO tab GATIGRAM tab GATIGRAM-OZ tab GATIK eye drops GATIKIND EYE DROPS eye drops GATIKIND FC-tab GATIKIND-AM film-coated tab GATIKIND-OZ film-coated tab GATILAB eye/ear drops GATILEX tab GATILINK tab GATILOX DPS eye drops GATILOX inj GATILOX IV infusion GATILOX tab GATILOX-DM eye drops GATIMAC film-coated tab GATIMORE film-coated tab GATIMORE susp GATIMORE-OZ film-coated tab GATIMORE-OZ susp GATINA tab GATINEX tab GATINOVA tab GATI-OD tab GATIOM tab GATIOSPI

tab GATIPAN tab GATIQUIN DPS eye drops GATIQUIN infusion GATIQUIN OINT eye oint GATIQUIN tab GATIQUIN-OZ kit GATISIA tab GATISPAN film-coated tab GATISTAC tab GATISTAL tab GATITOON tab GATIVAR tab GATIWIZ tab GATIWIZ-AM tab GATIX tab GATIZ tab GATIZEN tab GATLAK tab GATMOR tab GATOMED tab GATOR inj GATOR tab GATOX tab GATRI tab GATRICH film-coated tab GATRID tab GATRID-OZ tab GATRI-OZ tab GATRITAL tab GATT DPS eye drops GATT film-coated tab GATVEN DPS eye/ear drops GATVEN tab GATYMAL tab GATZ eye drops G-CEBRAN film-coated tab GETFLOX tab GETOLI D eye drops GETOLI EYE eye drops GETOLI tab GETREADY tab GF tab G-FLOX tab GIFLEXCIN tab GIFTUM tab GLYPH EYE DROPS eye drops GOFEL tab G-QUIN tab GRANAZ tab GRES tab GULF tab GUTS tab GUTTS eye drops GUTTS SUSP susp INOGAT-O tab INTRAGAT DPS eye/ear drops INTRAGAT tab INTRAGAT-O tab K-GAT tab KGT tab LYFLOX tab MACH-X tab MICROGAT DPS eye drops MICROGAT tab MICROGAT-DX eye drops MULTIGAT eye drops MYGAT infusion MYGAT tab NITGAT film-coated tab NORTUL-TZ tab ORNIGAT tab OROGAT tab OXIGAT eye drops POWERGAT tab PROG tab Q GAT film-coated tab QUGAT drops QUZAR tab RAGACIN infusion RAGACIN tab REGAT tab RESPIGAT syr RESPIGAT-SR

cap SCOGAT eye drops SCOGAT TAB tab S-GARY OZ tab S-GARY tab SOZIGAT tab SURGAT eye/ear drops SYSGAT tab TAG tab TAURGAT tab TIAXGAT tab TIAXGAT-OZ tab TIQUIN tab UNIGAT tab VICTOBAX infusion WALAGAT tab WALAGAT-AX tab WIGAT DPS eye drops WIGAT tab WIGAT-D eye drops ZENGAT DPS. eye drops ZIGAT DPS eye drops ZIGAT tab ZIGAT-D eye drops Z-PRED eye drops ZYMAR eye drops ZYQUIN infusion ZYQUIN tab

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([all drugs])

gefitinib

CIMS Class : (Targeted Cancer Therapy)

gefitinib

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related gefitinib information

Indication & Dosage

Oral

Locally advanced or metastatic non small cell lung carcinoma

Adult: 250 mg once daily.

Special Populations: For patients on potent CYP3A4 inducer: 500 mg daily if tolerated. For patients with poorly tolerated diarrhoea or skin ADR: Up to 14 days therapy interruption followed by reinstatement of the 250 mg daily dose.

Administration

Film-coated tab: May be taken with or without food. (May also be dispersed in ½ glass of plain, non-carbonated water. No other liqds should be used. Drop the tab in water & stir without crushing until it disperses (approx 10 mins). Drink immediately. Rinse glass w/ another ½ glass of water & drink. Dispersed liqd may also be administered via NG tube.)

Contraindications

Hypersensitivity; pregnancy; lactation.

Special Precautions

Severe renal or hepatic impairment; idiopathic pulmonary fibrosis; acute onset or worsening of pulmonary or eye symptoms. Monitor hepatic function periodically. Monitor regularly for changes in

prothrombin time or International Normalized Ratio in patients on warfarin treatment.

Adverse Drug Reactions

GI disturbances, anorexia; hepatotoxicity; rash, acne, dry skin, skin blemishes; weakness; peripheral oedema; amblyopia; cough, dyspnoea; conjunctivitis; mouth ulceration; eye irritation, corneal membrane sloughing, ocular ischaemia or haemorrhage; pancreatitis; toxic epidermal necrolysis; erythema multiforme; hypersensitivity reactions.
Potentially Fatal: Interstitial lung disease.

Drug Interactions

CYP3A4 inducers and H2-receptor antagonists decrease effectiveness of gefitinib. CYP3A4 inhibitors increase efficacy of gefitinib. Increased metoprolol concentrations. INR elevations and/or bleeding events withwarfarin. Increased plasma concentrations of metoprolol when used with gefitinib.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Mechanism of Action

Gefitinib is an anilinoquinazoline. Gefitinib generally attaches to epidermal growth factor receptors (EGFRs), thereby blocking the attachment of EGF and the activation of tyrosine kinase. It is used as monotherapy for the treatment of locally advanced or metastatic nonsmall cell lung cancer after failure of both platinum-based and docetaxel chemotherapies.

CIMS Class

Targeted Cancer Therapy

ATC Classification

L01XE02 - gefitinib;

*gefitinib information:

Note that there are some more drugs interacting with gefitinib

gefitinib further details are available in official CIMS India

gefitinib

gefitinib brands available in India

Always prescribe with Generic Name : gefitinib, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : GEFITERO tab GEFTIB tab GEFTILON film-coated tab GEFTINAT tab

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([all drugs])

gemcitabine

CIMS Class : (Cytotoxic Chemotherapy)

gemcitabine

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related gemcitabine information

Indication & Dosage

Intravenous

Advanced non-small cell lung cancer

Adult: 1000 mg/m2 on days 1, 8 and 15 of each 28-day cycle; or 1250 mg/m2 on days 1 and 8 of each 21-day cycle.

Intravenous

Pancreatic cancer

Adult: 1000 mg/m2 once wkly for up to 7 wk followed by 1 wk of rest. Continue thereafter with once wkly infusions for 3 consecutive wk out of 4.

Intravenous

Bladder cancer

Adult: To be given before cisplatin. 1000 mg/m2 on days 1, 8 and 15 of each 28-day cycle.

Intravenous

Breast cancer

Adult: Usually in combination with a taxane such as paclitaxel: 1250 mg/m2 on days 1 and 8 of each 21-day cycle.

Intravenous

Ovarian carcinoma

Adult: To be given before carboplatin: 1000 mg/m2 on days 1 and 8 of each 21-day cycle.

Contraindications

Concurrent radical radiotherapy; pregnancy, lactation; hypersensitivity.

Special Precautions

Children, hepatic and renal impairment. May impair ability to drive or operate machinery. Discontinue on 1st sign of microangiopathic haemolytic anaemia. Prolonged infusion time (>60 minutes) and more frequent than wkly dosing may increase toxicity. Monitor CBC before every dose. Increased risk of haemolytic uraemic syndrome and/or thrombocytcpenic purpura which may lead to irreversible renal failure.

Adverse Drug Reactions

Bone marrow suppression as manifested by leukopenia, thrombocytopenia, anaemia and myelosuppression. Mild GI effects; rashes; renal impairment, pulmonary toxicity, influenza-like symptoms; interstitial pneumonia, pulmonary oedema. Proteinuria, haematuria and haemolytic uraemic syndrome. Elevation of serum transaminase.
Potentially Fatal: Oesophagitis and pneumonitis when given with radical radiotherapy to the thorax.

Drug Interactions

May increase the anticoagulant effect of warfarin when used together.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Store at 25°C.

Mechanism of Action

Gemcitabine is a synthetic pyrimidine nucleoside and cytarabine analogue which is metabolised intracellularly to active diphosphate and triphosphate nucleosides. It inhibits DNA synthesis by inhibiting DNA polymerase and ribonucleotide reductase. It also

induces apoptosis and is primarily active against cells in the S-phase, but may also arrest cells at the G1-S border.
Metabolism: Rapidly cleared from the blood and metabolised by cytidine deaminase in the liver, kidney, blood, and other tissues after IV admin.
Excretion: Mainly excreted in the urine. Half life ranges from 42-94 minutes.

CIMS Class

Cytotoxic Chemotherapy

ATC Classification

L01BC05 - gemcitabine; Belongs to the class of antimetabolites, pyrimidine analogues. Used in the treatment of cancer.

*gemcitabine information:
Note that there are some more drugs interacting with gemcitabine
gemcitabine
gemcitabine brands available in India
Always prescribe with Generic Name : gemcitabine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ABINGEM vial BIOGEM vial CELGEM vial CELZAR vial CYTOGEM vial GEMBIN vial GEMCITE vial GEMITA vial GEMPOWER vial GEMTAZ infusion LIFOGEM inj SHANCYTE vial XTROZ vial

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([all drugs])

gemfibrozil

CIMS Class : (Dyslipidaemic Agents)

gemfibrozil

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related gemfibrozil information

Indication & Dosage

Oral

Hyperlipidaemias

Adult: 1.2 g daily in 2 divided doses. Maintenance: 0.9-1.5 g daily.

Administration

Should be taken on an empty stomach. (Take ½ hr before meals.)

Contraindications

Hypersensitivity. Severe hepatic or renal dysfunction; gall stones; neonates, children, pregnancy, lactation.

Special Precautions

Causes of secondary hyperlipidaemia such as hypothyroidism and diabetes must be treated before initiating therapy. Renal impairment; blood disorders. Periodic monitoring of the serum lipids should be done; if no adequate response after 3 mth, treatment should be withdrawn. May increase risk of cholelithiasis.

Adverse Drug Reactions

Myositic syndrome, cholelithiasis, GI disturbances, rash, headache, blood dyscrasias, myalgia. Impotence, painful extremities, blurred vision; pruritus, urticaria; impotence; dizziness; cholestatic jaundice.

Potentially Fatal: Bone marrow hypoplasia; intracranial haemorrhage; nephrotoxicity; peripheral neuritis.

Drug Interactions

Co-admin with repaglinide may increase serum levels of repaglinide. May enhance effects of oral anticoagulants. May also increase the plasma concentrations of ciclosporin and associated nephrotoxicity when used concurrently.
Potentially Fatal: Increased risk of myopathy and rhabdomyolysis when used with HMG-CoA reductase inhibitors.

Lab Interference

May cause elevations of AST, ALT, bilirubin, and alkaline phosphatase.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store below 30°C.

Mechanism of Action

Gemfibrozil exhibits its action by inhibition of lipolysis and reduction of hepatic fatty acid uptake. It also inhibits secretion of VLDL from the liver.

Absorption: Readily absorbed from the GI tract (oral); peak plasma concentrations after 1-2 hr.

Distribution: Protein-binding: 80%.

Metabolism: Hepatic via oxidation; undergoes enterohepatic recirculation.

Excretion: Urine (70% glucuronide conjugates and metabolites); faeces (small amounts); 1.5 hr (elimination half-life).

CIMS Class

Dyslipidaemic Agents

ATC Classification

C10AB04 - gemfibrozil; Belongs to the class of fibrates. Used in the treatment of hyperlipidemia.

*gemfibrozil information:
Note that there are some more drugs interacting with gemfibrozil
gemfibrozil further details are available in official CIMS India
gemfibrozil
gemfibrozil brands available in India
Always prescribe with Generic Name : gemfibrozil, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : GEMPAR cap LIPIZYL cap LOPID cap LOPID film-coated tab LOSTEROL cap NORMOLIP cap TRIGLYD cap
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([all drugs])
gemifloxacin
CIMS Class : (Quinolones)
gemifloxacin
P - Caution when used during pregnancy
L - Caution when used during lactation
related gemifloxacin information

Indication & Dosage

Oral

Acute bacterial exacerbation of chronic bronchitis

Adult: 320 mg once daily for 5 days.

CrCl (ml/min)

Dosage Recommendation

=40

160 mg every 24 hr.

Oral

Community-acquired pneumonia

Adult: 320 mg once daily for 7 days.

CrCl (ml/min)

Dosage Recommendation

=40

160 mg every 24 hr.

Administration

May be taken with or without food.

Overdosage

Treatment is symptomatic. Stomach may be emptied by inducing vomiting or gastric lavage.

Contraindications

Hypersensitivity. Patients receiving class IA or III antiarrhythmics.

Special Precautions

History of prolongation of QT interval, uncorrected electrolyte disorders, CNS diseases such as epilepsy. Maintain adequate hydration. Increased risk of rash when treatment duration is prolonged. Children <18 yr. Pregnancy, lactation.

Adverse Drug Reactions

Diarrhoea, nausea, vomiting; headache, dizziness; rash, urticaria. May cause elevation of liver enzymes.

Drug Interactions

Lower bioavailability if coadministered with multivalent cation preparations e.g. aluminum, magnesium, or ironsalts. May potentiate QT prolongation when used with drugs that affect the QT interval e.g. cisapride, erythromycin, antipsychotics and TCAs. May increase prothrombin time when used with warfarin or its derivatives. Increased plasma levels when used with probenecid.

Storage

Oral: Store between 15-30°C.

Mechanism of Action

Gemifloxacin inhibits DNA gyrase and DNA topoisomerase IV. DNA gyrase is needed for DNA replication and transcription, DNA repair, recombination and transposition. Topoisomerase IV facilitates separation of intertwined, replicated DNA before cell division occurs. Gemifloxacin forms a ternary complex with gyrase and topoisomerase IV, which blocks DNA replication, thus resulting in DNA release, chromosomal disruption and cell death.

Absorption: Rapidly absorbed from the GI tract; absolute bioavailability: About 71%.

Distribution: Widely distributed into body tissues including bronchial mucosa and lungs. 55-73% bound to plasma proteins.
Metabolism: Limited hepatic metabolism.
Excretion: Elimination half-life: 7 hr. As unchanged drug and metabolites in the faeces and urine.

CIMS Class

Quinolones

ATC Classification

J01MA15 - gemifloxacin; Belongs to the class of quinolones, fluoroquinolone. Used in the treatment of systemic infections.

*gemifloxacin information:
Note that there are some more drugs interacting with gemifloxacin
gemifloxacin
gemifloxacin brands available in India
Always prescribe with Generic Name : gemifloxacin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : ADGEM tab FLOXIGEM tab GAMETOP tab GAMIBIT tab G-CIN tab GEMBAX inj GEMBAX tab GEMEXIN tab GEMEZ tab GEMIBID tab GEMIDEC tab GEMIF film-coated tab GEMIFIX tab GEMISTAR tab GEMITAB tab GEMVEN film-coated tab GEMVIG film-coated tab GEX tab GQ-320 tab GRAPTOR tab KINOCIN tab LE-GAMI tab QUINHEXT tab TOPGEM tab ZEMI tab

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([all drugs])

gentamicin

CIMS Class : (Aminoglycosides) , (Eye Anti-infectives & Antiseptics) , (Ear Anti-infectives & Antiseptics) , (Topical Antibiotics)

gentamicin

P - Contraindicated in pregnancy

L - Caution when used during lactation

related gentamicin information

Indication & Dosage

Intramuscular

Susceptible infections

Adult: 3-5 mg/kg/day, given in divided doses every 8 hr for 7-10 days.

Child: =2 wk: 3 mg/kg every 12 hr; 2 wk-12 yr: 2 mg/kg every 8 hr.

Renal impairment: Haemodialysis: Administer dose after dialysis session and monitor levels.

CrCl (ml/min)

Dosage Recommendation

=60

Administer every 8 hr.

40-60

Administer every 12 hr.

20-40

Administer every 24 hr.

<20

Loading dose, monitor levels.

Intramuscular

Biliary tract infections

Adult: 3-5 mg/kg/day, given in divided doses every 8 hr for 7-10 days.

Child: =2 wk: 3 mg/kg every 12 hr; 2 wk-12 yr: 2 mg/kg every 8 hr.

Renal impairment: Haemodialysis: Administer dose after dialysis session and monitor levels.

CrCl (ml/min)

Dosage Recommendation

=60

Administer every 8 hr.

40-60

Administer every 12 hr.

20-40

Administer every 24 hr.

<20

Loading dose, monitor levels.

Intramuscular

Brucellosis

Adult: 3-5 mg/kg/day, given in divided doses every 8 hr for 7-10 days.

Child: =2 wk: 3 mg/kg every 12 hr; 2 wk-12 yr: 2 mg/kg every 8 hr.

Renal impairment: Haemodialysis: Administer dose after dialysis session and monitor levels.

CrCl (ml/min)

Dosage Recommendation

=60

Administer every 8 hr.

40-60

Administer every 12 hr.

20-40

Administer every 24 hr.

<20

Loading dose, monitor levels.

Intramuscular

Cat scratch disease

Adult: 3-5 mg/kg/day, given in divided doses every 8 hr for 7-10 days.

Child: =2 wk: 3 mg/kg every 12 hr; 2 wk-12 yr: 2 mg/kg every 8 hr.

Renal impairment: Haemodialysis: Administer dose after dialysis session and monitor levels.

CrCl (ml/min)

Dosage Recommendation

=60

Administer every 8 hr.

40-60

Administer every 12 hr.

20-40

Administer every 24 hr.

<20

Loading dose, monitor levels.

Intramuscular

Cystic fibrosis

Adult: 3-5 mg/kg/day, given in divided doses every 8 hr for 7-10 days.

Child: =2 wk: 3 mg/kg every 12 hr; 2 wk-12 yr: 2 mg/kg every 8 hr.

Renal impairment: Haemodialysis: Administer dose after dialysis session and monitor levels.

CrCl (ml/min)

Dosage Recommendation

=60

Administer every 8 hr.

40-60

Administer every 12 hr.

20-40

Administer every 24 hr.

<20

Loading dose, monitor levels.

Intramuscular

Endocarditis

Adult: 3-5 mg/kg/day, given in divided doses every 8 hr for 7-10 days.

Child: =2 wk: 3 mg/kg every 12 hr; 2 wk-12 yr: 2 mg/kg every 8 hr.
Renal impairment: Haemodialysis: Administer dose after dialysis session and monitor levels.

CrCl (ml/min)
Dosage Recommendation
=60
Administer every 8 hr.
40-60
Administer every 12 hr.
20-40
Administer every 24 hr.
<20
Loading dose, monitor levels.
Intramuscular
Endometritis
Adult: 3-5 mg/kg/day, given in divided doses every 8 hr for 7-10 days.
Child: =2 wk: 3 mg/kg every 12 hr; 2 wk-12 yr: 2 mg/kg every 8 hr.
Renal impairment: Haemodialysis: Administer dose after dialysis session and monitor levels.

CrCl (ml/min)

Dosage Recommendation

=60

Administer every 8 hr.

40-60

Administer every 12 hr.

20-40

Administer every 24 hr.

<20

Loading dose, monitor levels.

Intramuscular

Gastroenteritis

Adult: 3-5 mg/kg/day, given in divided doses every 8 hr for 7-10 days.

Child: =2 wk: 3 mg/kg every 12 hr; 2 wk-12 yr: 2 mg/kg every 8 hr.

Renal impairment: Haemodialysis: Administer dose after dialysis session and monitor levels.

CrCl (ml/min)

Dosage Recommendation

=60

Administer every 8 hr.

40-60

Administer every 12 hr.

20-40

Administer every 24 hr.

<20

Loading dose, monitor levels.

Intramuscular

Granuloma inguinale

Adult: 3-5 mg/kg/day, given in divided doses every 8 hr for 7-10 days.

Child: =2 wk: 3 mg/kg every 12 hr; 2 wk-12 yr: 2 mg/kg every 8 hr.

Renal impairment: Haemodialysis: Administer dose after dialysis session and monitor levels.

CrCl (ml/min)

Dosage Recommendation

=60

Administer every 8 hr.

40-60

Administer every 12 hr.

20-40

Administer every 24 hr.

<20

Loading dose, monitor levels.

Intramuscular

Listeriosis

Adult: 3-5 mg/kg/day, given in divided doses every 8 hr for 7-10 days.

Child: =2 wk: 3 mg/kg every 12 hr; 2 wk-12 yr: 2 mg/kg every 8 hr.

Renal impairment: Haemodialysis: Administer dose after dialysis session and monitor levels.

CrCl (ml/min)

Dosage Recommendation

=60

Administer every 8 hr.

40-60

Administer every 12 hr.

20-40

Administer every 24 hr.

<20

Loading dose, monitor levels.

Intramuscular

Meningitis

Adult: 3-5 mg/kg/day, given in divided doses every 8 hr for 7-10 days.

Child: =2 wk: 3 mg/kg every 12 hr; 2 wk-12 yr: 2 mg/kg every 8 hr.

Renal impairment: Haemodialysis: Administer dose after dialysis session and monitor levels.

CrCl (ml/min)

Dosage Recommendation

=60

Administer every 8 hr.

40-60

Administer every 12 hr.

20-40

Administer every 24 hr.

<20

Loading dose, monitor levels.

Intramuscular

Otitis externa

Adult: 3-5 mg/kg/day, given in divided doses every 8 hr for 7-10 days.

Child: =2 wk: 3 mg/kg every 12 hr; 2 wk-12 yr: 2 mg/kg every 8 hr.

Renal impairment: Haemodialysis: Administer dose after dialysis session and monitor levels.

CrCl (ml/min)

Dosage Recommendation

=60

Administer every 8 hr.

40-60

Administer every 12 hr.

20-40

Administer every 24 hr.

<20

Loading dose, monitor levels.

Intramuscular

Pelvic inflammatory disease

Adult: 3-5 mg/kg/day, given in divided doses every 8 hr for 7-10 days.

Child: =2 wk: 3 mg/kg every 12 hr; 2 wk-12 yr: 2 mg/kg every 8 hr.

Renal impairment: Haemodialysis: Administer dose after dialysis session and monitor levels.

CrCl (ml/min)

Dosage Recommendation

=60

Administer every 8 hr.

40-60

Administer every 12 hr.

20-40

Administer every 24 hr.

<20

Loading dose, monitor levels.

Intramuscular

Peritonitis

Adult: 3-5 mg/kg/day, given in divided doses every 8 hr for 7-10 days.

Child: =2 wk: 3 mg/kg every 12 hr; 2 wk-12 yr: 2 mg/kg every 8 hr.

Renal impairment: Haemodialysis: Administer dose after dialysis session and monitor levels.

CrCl (ml/min)

Dosage Recommendation

=60

Administer every 8 hr.

40-60

Administer every 12 hr.

20-40

Administer every 24 hr.

<20

Loading dose, monitor levels.

Intramuscular

Plague

Adult: 3-5 mg/kg/day, given in divided doses every 8 hr for 7-10 days.

Child: =2 wk: 3 mg/kg every 12 hr; 2 wk-12 yr: 2 mg/kg every 8 hr.

Renal impairment: Haemodialysis: Administer dose after dialysis session and monitor levels.

CrCl (ml/min)

Dosage Recommendation

=60

Administer every 8 hr.

40-60

Administer every 12 hr.

20-40

Administer every 24 hr.

<20

Loading dose, monitor levels.

Intramuscular

Pneumonia

Adult: 3-5 mg/kg/day, given in divided doses every 8 hr for 7-10 days.

Child: =2 wk: 3 mg/kg every 12 hr; 2 wk-12 yr: 2 mg/kg every 8 hr.

Renal impairment: Haemodialysis: Administer dose after dialysis session and monitor levels.

CrCl (ml/min)

Dosage Recommendation

=60

Administer every 8 hr.

40-60

Administer every 12 hr.

20-40

Administer every 24 hr.

<20

Loading dose, monitor levels.

Intramuscular

Septicaemia

Adult: 3-5 mg/kg/day, given in divided doses every 8 hr for 7-10 days.

Child: =2 wk: 3 mg/kg every 12 hr; 2 wk-12 yr: 2 mg/kg every 8 hr.

Renal impairment: Haemodialysis: Administer dose after dialysis session and monitor levels.

CrCl (ml/min)

Dosage Recommendation

=60

Administer every 8 hr.

40-60

Administer every 12 hr.

20-40

Administer every 24 hr.

<20

Loading dose, monitor levels.

Intramuscular

Skin infections

Adult: 3-5 mg/kg/day, given in divided doses every 8 hr for 7-10 days.

Child: =2 wk: 3 mg/kg every 12 hr; 2 wk-12 yr: 2 mg/kg every 8 hr.

Renal impairment: Haemodialysis: Administer dose after dialysis session and monitor levels.

CrCl (ml/min)

Dosage Recommendation

=60

Administer every 8 hr.

40-60

Administer every 12 hr.

20-40

Administer every 24 hr.

<20

Loading dose, monitor levels.

Intramuscular

Urinary tract infections

Adult: 3-5 mg/kg/day, given in divided doses every 8 hr for 7-10 days.

Child: =2 wk: 3 mg/kg every 12 hr; 2 wk-12 yr: 2 mg/kg every 8 hr.

Renal impairment: Haemodialysis: Administer dose after dialysis session and monitor levels.

CrCl (ml/min)

Dosage Recommendation

=60

Administer every 8 hr.

40-60

Administer every 12 hr.

20-40

Administer every 24 hr.

<20

Loading dose, monitor levels.

Intramuscular

Prophylaxis of surgical infections

Adult: 120 mg before induction of anaesthesia, in combination with penicillin, vancomycin or teicoplanin .

Renal impairment: Haemodialysis: Administer dose after dialysis session and monitor levels.

CrCl (ml/min)
Dosage Recommendation
=60
Administer every 8 hr.
40-60
Administer every 12 hr.
20-40
Administer every 24 hr.
<20
Loading dose, monitor levels.
Ophthalmic
Superficial ophthalmic infections
Adult: Instil 1-2 drops of a 0.3% soln into the infected eye/s every 4 hr or up to 2 drops every hr in severe infections. Alternatively, apply a small amount of 0.3% oint bid-tid into the affected eye.
Topical/Cutaneous
Bacterial skin infections
Adult: As a 0.1% cream; Apply to the affected area 3-4 times daily.

Overdosage

Haemodialysis may be useful in the removal of gentamicin from the blood, and is important if renal function is, or becomes compromised. Rate of removal is lower by peritoneal dialysis compared to haemodialysis.

Contraindications

History of hypersensitivity to aminoglycoside; pregnancy; hepatic impairment, perforated ear drum.

Special Precautions

Concurrent use of neuromuscular blocking agents; myasthenia gravis, parkinsonism; conditions predisposing to ototoxicity and nephrotoxicity; lactation. Monitor plasma concentrations of gentamicin in patients receiving high doses or prolonged courses, in infants, elderly, patients with renal impairment, cystic fibrosis or significant obesity. Monitor auditory and renal functions.

Adverse Drug Reactions

Dizziness or vertigo; acute renal failure, interstitial nephritis, acute tubular necrosis; electrolyte imbalances; transient elevation of serum bilirubin and aminotransferases; purpura; nausea, vomiting; convulsions, mental depression, hallucinations. Atrophy or rat necrosis at inj sites.
Potentially Fatal: Nephrotoxicity, ototoxicity and neuromuscular blockade (may unmask or aggravate myasthaenia gravis).

Drug Interactions

Synergistic with ampicillin, benzylpenicillin and other ß-lactam antibiotics. Increased risk of severe respiratory depression when used concurrently with anaesthetics or opioids. May reduce renal clearance of zalcitabineand induce hypocalcaemia when used with biphosphonates. Not to be used with agalsidase alfa or beta as it may inhibit a-galactosidase activity.
Potentially Fatal: Increased incidence of ototoxicity when combined with ethacrynic acid and furosemide.
Cephalosporins, ciclosporin, cisplatin, vancomycin, hydrocortisone and indometacin potentiate nephrotoxicity. Potentiates neuromuscular blocking agents.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intramuscular: Store at 15-30°C. Ophthalmic: Store at 2-30°C. Topical/Cutaneous: Store at 2-30°C.

Mechanism of Action

Gentamicin is an aminoglycoside that binds to 30s and 50s ribosomal subunits of susceptible bacteria disrupting protein synthesis, thus rendering the bacterial cell membrane defective.

Absorption: Poorly absorbed from the GI tract (oral); rapid (IM); systemic absorption from denuded skin and burns (topical) and from wounds, body cavities, joints (instillation, irrigation).

Distribution: Diffuse mainly into the extracellular fluids; but only small amounts enter the CSF even when the meninges are inflamed. Poorly diffused (Ophthalmic), readily diffused (perilymph of the inner ear). Crosses the placenta and enters the breast milk. Accumulates mainly in the kidneys.

Excretion: Via the urine by glomerular filtration (virtually unchanged); 2-3 hr (elimination half-life).

CIMS Class

Aminoglycosides / Eye Anti-infectives & Antiseptics / Ear Anti-infectives & Antiseptics / Topical Antibiotics

ATC Classification

D06AX07 - gentamicin; Belongs to the class of other topical antibiotics used in the treatment of dermatological diseases.
J01GB03 - gentamicin; Belongs to the class of other aminoglycosides. Used in the treatment of systemic infections.
S01AA11 - gentamicin; Belongs to the class of antibiotics. Used in the treatment of eye infections.
S02AA14 - gentamicin; Belongs to the class of antiinfectives used in the treatment of ear infections.
S03AA06 - gentamicin; Belongs to the class of antiinfectives used in ophthalmologic and otologic preparations.

*gentamicin information:
Note that there are some more drugs interacting with gentamicin

gentamicin

gentamicin brands available in India

Always prescribe with Generic Name : gentamicin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BACTIGEN eye drops BC-ZOLE DPS ear drops BECMET-CG ear drops BELAR G cream BIOGARACIN vial CALTEC ear drops CLOBETAMIL-G cream CORTISOL-G cream DERMONIT oint DIPGENTA cream DIPROVATE-G cream EMUGENT DPS eye drops ENDERM-GM cream EUMOSONE-G cream EXEL-G cream EXEL-M cream G.MYCIN E/E eye/ear drops G20/80 inj GARAMAX vial GARAMYCIN INJ amp GARAMYCIN INJ inj GARAMYCIN INJ vial GEM eye/ear drops GEM INJ vial GENKA inj GENKIND vial GENMYCIN eye drops GENSAT tab GENSAT vial GENSTER inj GENTA CORT B eye/ear drops GENTA CORT D eye/ear drops GENTA SWIFT E/E eye/ear drops GENTA SWIFT inj GENTA SWIFT-D eye/ear drops GENTACIP inj GENTACIP-D eye drops GENTACORT-FC cream GENTACORT-MF cream GENTALAB DPS eye/ear drops GENTALAB vial GENTAM inj GENTAMICIN inj GENTAMICIN SULPHATE cream GENTAMICIN-INJ inj GENTAMYCIN INJ inj GENTAMYCIN vial GENTARIL

inj GENTASIA eye/ear drops GENTASIA-D eye/ear drops GENTASPORIN E/E eye/ear drops GENTASPORIN inj GENTASPORIN-HC eye drops GENTATE drops GENTICYN EYE/EAR eye/ear soln GENTICYN P-inj GENTICYN vial GENTICYN-B eye/ear drops GENTICYN-HC E/E DPS eye/ear drops GENTICYN-HC eye drops GENTINA eye drops GENTOPIC CREAM cream GENTY inj GENTYL-DM eye/ear drops GENTYRIC E/E eye/ear soln GENTYRIC inj GEROCIN DPS eye drops GEROCIN inj GEROCIN-BM eye/ear drops GMF cream G-MYCIN inj G-MYCIN P-inj IFB cream INDOGENTA vial INGEN vial INTAGENTA inj INTRAGEN DPS eye/ear drops INTRAGEN inj INTRAGEN-D eye/ear drops KETAJET vial LYRAMYCIN CREAM cream LYRAMYCIN INJ vial MICLOGENTA cream MYCIN inj MYGENTA vial OPTOCIN drops PROGEN EYE drops SIOTEC ear drops STERESONE-G cream TAMIACIN inj TAMIGEN eye/ear drops TAMIGEN-S eye/ear drops TENOVATE-G cream ULTRAMYCIN EYE DROPS eye drops WINDERM cream ZENOTIC KIT vial ZENTA inj ZENTAX amp ZINCODERM-G cream

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([all drugs])

ginkgo biloba

CIMS Class : (Supplements & Adjuvant Therapy)

ginkgo biloba

related ginkgo biloba information

Indication & Dosage

Oral

Cerebrovascular and peripheral activator

Adult: 40 mg of extr tid.

Oral

Dementia

Adult: 120-240 mg daily in divided doses.

Administration

Should be taken with food. (Take before meals.)

Special Precautions

Patients receiving anticoagulants or drugs that may affect platelet aggregation.

Adverse Drug Reactions

Headaches, dizziness, palpitations, GI disturbances, bleeding disorders, skin hypersensitivity reactions.

Mechanism of Action

It has been postulated that the extract Ginkgo biloba leaves may be used in cerebrovascular and peripheral vascular disorders.

CIMS Class

Supplements & Adjuvant Therapy

ATC Classification

N06DX02 - ginkgo biloba; Belongs to the class of other agents used in the management of dementia.

*ginkgo biloba information:
Note that there are some more drugs interacting with ginkgo biloba ginkgo biloba
ginkgo biloba brands available in India
Always prescribe with Generic Name : ginkgo biloba, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AVON tab BIL-B cap BILOVAS film-coated tab BIO-LOBA cap CERESTAR cap GERITISIN tab GIBIL tab GINCER tab GINKOBA tab GINKOCER tab GINKORIV PLUS tab GINKORIV tab GINVAS film-coated tab ZYREM soft-gelatin caps

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([all drugs])

glibenclamide

CIMS Class : (Antidiabetic Agents)

glibenclamide

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related glibenclamide information

Indication & Dosage

Oral

Type 2 diabetes mellitus

Adult: Initially, 2.5-5 mg daily, may increase wkly by increments of 2.5 mg daily, up to 15 mg daily. Doses >10 mg daily should be given in 2 divided doses. Max: 20 mg daily.

Elderly: Initially, 1.25-2.5 mg daily, may increase by 1.25-2.5 mg daily every 1-3 wk, if needed.

Administration

Glibenclamide: Should be taken with food.

Contraindications

Severe or life-threatening hyperglycaemia, severe liver or renal failure, type 1 diabetes, diabetic ketoacidosis with or without coma, patients with severe infection or trauma.

Special Precautions

Elderly; malnourished; mild to moderate renal and hepatic disorders. Impaired alertness. Avoid alcohol. Careful monitoring of blood-glucose concentration. Adrenocortical insufficiency. Changes in diet or prolonged exercise may also provoke hypoglycaemia. Increased risk of hypoglcaemia due to its long half-life. Avoid in severe hepatic impairment. Pregnancy, lactation.

Adverse Drug Reactions

Hypoglycaemia; cholestatic jaundice; agranulocytosis; aplastic anaemia; haemolytic anaemia. Blood dyscrasias (reversible), liver dysfunction, hypoglycaemia, GI symptoms, allergic skin reactions.
Potentially Fatal: Prolonged hypoglycaemia seen in elderly or debilitated patients with hepatic or renal diseases.

Drug Interactions

Increased risk of hypoglycaemia when used with ß-blockers. Additive hypoglycaemic effect with insulin and other antidiabetic drugs. Metabolism may be reduced by chloramphenicol and cimetidine. Increased hypoglycemic effect when used with cyclic antidepressants, pegvisomant, corticosteroids, salicylates, sulfonamide derivatives (except sulfacetamide) or fibric acid derivatives. Concurrent use may increase serum levels of ciclosporin. Increased serum levels when used with fluconazole. Metabolism of glibenclamide may be increased when used with rifampin. Concurrent use with coumarin derivatives may cause changes in INR. Concurrent admin with chloestyramine resin may lead to reduced absorption of glibenclamide. Serum levels may be reduced by colesevelam. Therapeutic efficacy may be diminished by luteinizing-hormone

releasing hormone analogs. Concurrent use may increase adverse effects of phenytoin. Quinolone antibiotics may affect the efficacy of glibenclamide; monitor blood sugar levels. Hypoglycaemic effect may be reduced bysomatropin.

Potentially Fatal: Increased risk of liver toxicity when used with bosentan; avoid concurrent use.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Glibenclamide exerts pancreatic and extrapancreatic actions. It stimulates an increase in insulin release by the pancreatic ß-cells. It may also reduce hepatic gluconeogenesis and glycogenolysis.

Increased glucose uptake in the liver and utilization in the skeletal muscles.
Duration: 24 hr.
Absorption: Readily absorbed from the GI tract (oral); peak plasma concentrations after 2-4 hr.
Distribution: Protein-binding: Extensive.
Metabolism: Hepatic; converted to very weakly active metabolite.
Excretion: Urine (50%); faeces (50%).

CIMS Class

Antidiabetic Agents

ATC Classification

A10BB01 - glibenclamide; Belongs to the class of sulfonamides, urea derivatives. Used in the treatment of diabetes.

*glibenclamide information:
Note that there are some more drugs interacting with glibenclamide
glibenclamide further details are available in official CIMS India glibenclamide

glibenclamide brands available in India

Always prescribe with Generic Name : glibenclamide, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AFDIEX tab AVIGLEN tab BETANASE tab C-MIDE tab CODICA tab DAONIL tab D-CON tab DIABETNIL tab DIOLIN tab EUGLUCON tab GLCO tab GLIBET tab GLINIL tab GLUCONIL tab GLUCOSAFE tab GLUNIL tab GLYBORAL SEMI-tab GLYBORAL tab GLYBOVIN tab G-NIL tab SEMI CODICA tab SEMI DAONIL tab SEMI-EUGLUCON tab SEMI-GLYBORAL tab SUGNL tab

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([all drugs])

glibenclamide + metformin

CIMS Class : (Antidiabetic Agents)

glibenclamide + metformin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related glibenclamide + metformin information

Indication & Dosage

Oral

Type 2 diabetes mellitus

Adult: Per tablet contains glibenclamide 1.25 mg and metformin 250 mg. As initial therapy: Start with 1 tablet once or twice daily. May increase in steps of 1 tablet/day every 2 wk to the lowest effective dose need to achieve effective control of blood glucose. For patients previously treated with glibenclamide/sulphonylurea or metformin alone: Initiate with 2-4 tablets daily in divided doses; starting doses should not exceed the daily doses of glibenclamide or metformin already being taken; max: 8 tablets/day.

Contraindications

Severe or life-threatening hyperglycaemia; liver disease; severe renal failure; juvenile diabetes, ketoacidosis, pre-coma and diabetic coma; adrenocortical insufficiency. Pregnancy and lactation. Hypersensitivity, cardiac failure, recent MI, CHF. IDDM; severe infection; acute or chronic metabolic acidosis with or without coma; stress, trauma; severe impairment of thyroid function; dehydration, acute or chronic alcoholism.

Special Precautions

Overdosage; elderly; dietary errors; mild to moderate renal and hepatic disorders. Impaired alertness. Avoid alcohol. Carefully monitor blood-glucose concentration.

Adverse Drug Reactions

Hypoglycaemia; cholestatic jaundice; agranulocytosis; aplastic anaemia; haemolytic anaemia. Blood dyscrasias (reversible), liver dysfunction, hypoglycaemia, GI symptoms, allergic skin reactions. Metformin: Lactic acidosis with alcohol and potentiation of hypoglycaemic effect. Cimetidine and furosemide may increase plasma-metformin levels. Drugs eliminated via renal tubular secretion may increase metformin levels.
Potentially Fatal: Glibenclamide: Prolonged hypoglycaemia seen in elderly or debilitated patients with hepatic or renal diseases. Metformin: Lactic acidosis in presence of renal failure and alcoholism.

Drug Interactions

Glibenclamide: Adrenaline, aminoglutethimide, chlorpromazine, corticosteroids, diazoxide, OC and thiazide diuretics diminish hypoglycaemic effect of glibenclamide. ACE inhibitors, alcohol,

some analgesics, azole antifungals, coumarin, MAOIs, octreotide, tetracyclines, tricyclic antidepressants increase hypoglycaemic effects of glibenclamide. Metformin: Additive effect with sulphonylureas. Antagonistic effects with diuretics, corticosteroids, phenothiazines, thyroid products, oestrogens, oral contraceptives, phenytoin, nicotinic acid, sympathomimetics, Ca channel blockers and isoniazid.

Potentially Fatal: Glibenclamide: Warfarin, salicylates, sulphonamides and alcohol potentiate hypoglycaemic effect. Glucocorticoids, diuretics and oestrogen reduce hypoglycaemic effect. Beta-blockers mask early symptoms of hypoglycaemia.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Mechanism of Action

Glibenclamide stimulates insulin secretion from pancreatic ß-cells, reduces hepatic gluconeogenesis and lowers blood-glucose

concentrations. Metformin improves glucose tolerance in patients with type 2 DM, lowering both basal and postprandial blood glucose. It decreases hepatic gluconeogenesis, decreases intestinal absorption of glucose, and improves insulin sensitivity by increasing peripheral glucose uptake and utilisation.
Distribution: Glibenclamide: Extensively bound to serum proteins. Metformin: Negligible binding to serum proteins.
Excretion: Glibenclamide: Terminal half-life: About 10 hr; excreted in urine and bile (approx 50% by each route).

CIMS Class

Antidiabetic Agents

ATC Classification

A10BA02 - metformin; Belongs to the class of biguanides. Used in the treatment of diabetes.
A10BB01 - glibenclamide; Belongs to the class of sulfonamides, urea derivatives. Used in the treatment of diabetes.

*glibenclamide + metformin information:

Note that there are some more drugs interacting with glibenclamide + metformin

glibenclamide + metformin

glibenclamide + metformin brands available in India

Always prescribe with Generic Name : glibenclamide + metformin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AVIGLEN-FORTE tab AVIGLEN-MF tab BENCLAMET FORTE tab BENCLAMET tab BENFORMIN H.S tab BENFORMIN L.S tab BENFORMIN tab BEN-Q-MET FORTE tab BEN-Q-MET LS tab BEN-Q-MET tab CLAMET tab C-MIDE PLUS tab COMBIDOS tab DAOCON-M tab DAONIL M tab DIABETROL SR- tab DIABETROL tab DIABETROL-3D Bilayered-tab DIOLIN-M tab DIOR PLUS tab DUOTROL-SR tab EUMET-D tab G-FORMIN tab GLIBACT-M tab GLIBOMET FORTE tab GLIBOMET tab GLIFIL M FORTE tab GLIFIL M tab GLINIL-M tab GLITRAC-M tab GLUCOMIN-PLUS tab GLUCONIL-M tab GLUCORED FORTE tab GLUCORED tab GLUCOTRAC PLUS tab GLUCOTRAC tab GLUTOWIN FORTE tab GLYCURB F-tab GLYCURB tab ISCEPT FORTE TAB tab ISCEPT tab ISCEPT-500 tab ISCEPT-L tab ISCEPT-P tab MELITUS F-tab MELITUS tab METCLAM FORTE tab METCLAM tab METICA-G tab SUGATROL FORTE

tab SUGATROL tab SUGNL-M tab SULMET tab TRIGLUCORED FORTE tab TRIGLYCOMET tab

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([all drugs])

gliclazide

CIMS Class : (Antidiabetic Agents)

gliclazide

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related gliclazide information

Indication & Dosage

Oral

Type 2 diabetes mellitus

Adult: Initially, 40-80 mg daily gradually increased to 320 mg daily if necessary. Doses >160 mg daily may be given in 2 divided doses. For modified release tab: Initially, 30 mg once daily, may increase up to 120 mg daily.

Administration

Should be taken with food.

Contraindications

Type 1 DM, diabetes complicated with ketoacidosis; hypersensitivity; severe renal and hepatic impairment. Pregnancy and lactation.

Special Precautions

Monitor blood glucose concentration. May require insulin during metabolic stress. Care when transferring from combination therapy. Increased risk of severe hypoglycaemia in elderly, debilitated patients, patients with hepatic or renal impairment. Risk of hypogylcaemia when caloric intake is deficient, after strenuous exercise, when taken with ethanol or when >1 antidiabetic drug is used.

Adverse Drug Reactions

GI disturbances, skin reaction, leucopenia, thrombocytopenia, agranulocytosis, haemolytic anaemia, cholestatic jaundice, vomiting, diarrhoea, gastritis, increased transaminases.

Drug Interactions

Nausea and flushing with alcohol. Hypoglycaemic effect increased by salicylates, phenylbutazone, clofibrate, sulphonamides, oral anticoagulants and MAOIs. Hypoglycaemic effect diminished by rifampicin, barbiturates, alcohol, diuretics, diazoxide, corticosteroids, ß-blockers, oestrogens and sympathomimetic drugs; dose adjustment may be required.

Mechanism of Action

Gliclazide stimulates insulin secretion from pancreatic ß-cells, reduces hepatic gluconeogenesis, and lowers blood glucose concentrations. It also inhibits platelet aggregation at therapeutic doses.

Duration: =12 hr.

Absorption: Readily absorbed from the GI tract (oral).

Distribution: Protein-binding: 94%.

Metabolism: Extensively hepatic; converted to inactive metabolites.

Excretion: Urine (60-70% metabolites and small amounts of unchanged drug); faeces (10-20%); 10-12 hr (elimination half-life).

CIMS Class

Antidiabetic Agents

ATC Classification

A10BB09 - gliclazide; Belongs to the class of sulfonamides, urea derivatives. Used in the treatment of diabetes.

*gliclazide information:
Note that there are some more drugs interacting with gliclazide
gliclazide further details are available in official CIMS India
gliclazide
gliclazide brands available in India
Always prescribe with Generic Name : gliclazide, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ALGLID tab AVIGLIC tab AZUKON tab AZUKON-MR tab CGCRON tab CLAZ-OD cap COMZID tab D-CLIC tab DEBGONE tab DIABEND MR tab DIABEND tab DIABIC tab DIAGLI tab DIAMICRON MR-tab DIAMICRON tab DIAMICRON-XR tab DIANORM tab DIANORM-OD tab DIAOB tab DIATROL tab DIAZIDE tab DIZIDE tab EUCLIDE

tab FORDIB tab GLATIX tab GLICAN tab GLICLA tab GLICLAFIN tab GLICLAN tab GLICLAZ tab GLICRON tab GLIDEN tab GLIDEN-MR tab GLIDIET-80 tab GLISAFE 80 tab GLITAL tab GLITYX tab GLIX tab GLIX-MR MR-tab GLIZA tab GLIZID MR-tab GLIZID tab GLUCOACT tab GLUCOFIT cap GLUCOZID tab GLURIB tab GLUTIDE-CR cap GLYCA tab GLYCHEK tab GLYCIGON tab GLYCINORM tab GLYCOR tab GLYCOR-C tab GLYCOZIDE tab GLYFIX-80 tab GLYGARD tab GLYLOC tab GLYNEED tab GLYRED tab GLYSISS MR-tab GLYZEE tab GLZ tab INTRAGLY tab JOZIDE tab KAMPEX tab LIZ tab LO-G tab LYCAZID tab MEGLYDE tab NOVOZID tab NUZIDE tab RECLIDE tab REMICRON MR extentab SEMI DIABEND tab SEMI-GLYCA tab SEMI-GLYCIGON tab SUGRID tab ZUKER tab

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([all drugs])

glimepiride

CIMS Class : (Antidiabetic Agents)

glimepiride

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related glimepiride information

Indication & Dosage

Oral

Type 2 diabetes mellitus

Adult: Initially, 1-2 mg daily. Maintenance: 4 mg daily. Max: 6 mg daily.

Renal impairment: Initiate at 1 mg daily; subsequent increments should be based on fasting blood glucose levels.

Administration

Should be taken with food. (Take immediately before the 1st main meal of the day. Do not skip meals.)

Overdosage

Overdosage can cause hypoglycaemia. Treat mild hypoglycemic symptoms (without loss of consciousness or neurologic findings) with oral glucose and adjustments in drug dosage and/or meal patterns. Continue close monitoring until patient is out of danger. Severe hypoglycaemic reactions with coma, seizure, or other neurological impairment require immediate hospitalisation. Give

patient rapid IV inj of 50% glucose solution, followed by continuous infusion of 10% glucose solution at a rate to maintain blood glucose level >100 mg/dL. Monitor closely for at least 24-48 hr, because hypoglycaemia may recur after apparent clinical recovery.

Contraindications

Diabetic ketoacidosis with or without coma.

Special Precautions

Increased risk of CV mortality. Elderly; hepatic and renal impairment. Syndrome of inappropriate secretion of antidiuretic hormone (SIADH) in patients with CHF or hepatic cirrhosis. Monitor blood-glucose concentration. Pregnancy, lactation.

Adverse Drug Reactions

Vomiting, GI pain, diarrhoea; pruritus, erythema, urticaria, morbilliform, maculopapular eruptions; leukopenia, agranulocytosis, thrombocytopenia, haemolytic anaemia, aplastic anaemia and pancytopenia; hyponatraemia; changes in accommodation, blurred vision, jaundice.

Drug Interactions

NSAIDs, salicylates, sulphonamides, chloramphenicol, coumarin, probenecid, CYP2C9 inhibitors, fibric acid derivatives, pegvisomant, TCAs, MAOIs and ß-adrenergic blockers may potentiate the hypoglycaemic action of glimepiride. Thiazides and other diuretics, corticosteroids, phenothiazines, thyroid products, oestrogens, oral contraceptives, phenytoin, nicotinic acid, sympathomimetics, rifampicin, CYP2C9 inducers and isoniazidmay reduce hypoglycaemic effect of glimepiride. May increase the serum levels of ciclosporin. Serum levels may be increased by fluconazole.

Food Interaction

May cause disulfiram-like reaction and hypoglycaemia when used with ethanol. Hypoglycaemic risk when used with chromium, garlic, gymnema.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are

no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Glimepiride stimulates the insulin release from functioning pancreatic ß-cells and inhibits gluconeogenesis at hepatic cells. It also increases insulin sensitivity at peripheral target sites.

Onset: Peak effect: 2-3 hr.

Duration: 24 hr.

Absorption: Completely absorbed from the GI tract after oral admin.

Distribution: Highly protein bound.

Metabolism: Metabolised hepatically to 2 main metabolites.

Excretion: 60% excreted in urine and 40% in faeces (as metabolites); about 9 hr (elimination half-life).

CIMS Class

Antidiabetic Agents

ATC Classification

A10BB12 - glimepiride; Belongs to the class of sulfonamides, urea derivatives. Used in the treatment of diabetes.

*glimepiride information:
Note that there are some more drugs interacting with glimepiride
glimepiride further details are available in official CIMS India
glimepiride
glimepiride brands available in India
Always prescribe with Generic Name : glimepiride, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ADRIDE tab AMARYL film-coated tab ASORIDE tab AZULIX tab BEPRIDE tab BETAGLIM tab BLISTO tab CAPRIL tab CGRYL tab CHEMPRIDE tab CONPRIDE tab DAORIDE tab DAORYL cap DIAGLIM tab DIAPRIDE tab DIASET tab DIASWICH tab DIAZERO tab DIBIGLIM tab DIPRIDE tab ELIM tab EMPERIDE tab EUGLIM tab EUROGLIP tab FLEXIGLIM tab GADZ tab GEPRIDE

tab GITAE tab GIVOV tab GLADOR tab GLAMOR tab GLEAM tab GLI tab GLICON-M tab GLIMCARE tab GLIMCHEK tab GLIMCIP tab GLIMCOM tab GLIMECURE tab GLIMER tab GLIMESTAR tab GLIMETOP tab GLIMFIT tab GLIMID tab GLIMIDOT tab GLIMIFIX tab GLIMIKARE tab GLIMIPREX tab GLIMIRIV tab GLIMISAVE tab GLIMITAB tab GLIMKAP tab GLIMPID tab GLIMPIL tab GLIMSER cap GLIMTIDE tab GLIMULIN tab GLIMY tab GLIMZ tab GLINIDD tab GLINORM tab GLISTA-OD tab GLISU tab GLP tab GLUCORYL tab GLUCUT tab GLYCIRID TABS tab GLYFIX tab GLYPRIDE tab GP tab GRIDE tab ILET tab ISRYL tab KARMELITUS tab K-GLIM tab LERIDE tab LERIDE TAB tab MEPUSULIN tab MYPRIDE tab NABAL tab NOVARIDE tab ODIGLIM tab PRICHEK tab PRIDES tab SECRETAG tab SIGLI tab SULFOGLIM tab SUPRIDE tab ZIGLIM tab ZORYL tab

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([all drugs])

glimepiride + metformin

CIMS Class : (Antidiabetic Agents)

glimepiride + metformin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related glimepiride + metformin information

Indication & Dosage

Oral

Type 2 diabetes mellitus

Adult: Per tablet contains glimepiride 1 mg and metformin 250 mg or glimepiride 2 mg and metformin 500 mg: Take as directed. Titrate according to response.

Contraindications

Hypersensitivity diabetic ketoacidosis (DKA); renal dysfunction; CHF (CHF), patients undergoing radiological studies; acute or chronic metabolic acidosis. Pregnancy, lactation.

Special Precautions

Renal and hepatic impairment. Avoid alcohol consumption. Hypoglycaemic episodes.

Adverse Drug Reactions

Diarrhoea, vomiting, metallic taste, rash, isolated transaminase elevations, cholestatic jaundice, allergic skin reactions, photosensitivity reactions, leukopaenia, agranulocytosis, thrombocytopaenia, haemolytic anaemia, aplastic anaemia, pancytopaenia, blurred vision.
Potentially Fatal: Lactic acidosis.

Drug Interactions

Concomitant admin with propranolol increases Cmax, AUC, and T1/2 of glimepiride. Aspirin increases the mean AUC of glimepiride. Furosemide increases the Cmax of metformin.
Potentially Fatal: NSAIDS, salicylates, sulfonamides, chloramphenicol, coumarins, probenecid, MAOs, and beta blockers potentiate the hypoglycemic action of glimepiride.

Mechanism of Action

Glimepiride stimulates the insulin release from functioning pancreatic ß-cells and inhibits gluconeogenesis at hepatic cells. It also increases insulin sensitivity at peripheral target sites. Metformin decreases hepatic gluconeogenesis, decreases intestinal

absorption of glucose and improves insulin sensitivity (increases peripheral glucose uptake and utilisation).

CIMS Class

Antidiabetic Agents

ATC Classification

A10BA02 - metformin; Belongs to the class of biguanides. Used in the treatment of diabetes.
A10BB12 - glimepiride; Belongs to the class of sulfonamides, urea derivatives. Used in the treatment of diabetes.

*glimepiride + metformin information:
Note that there are some more drugs interacting with glimepiride + metformin
glimepiride + metformin
glimepiride + metformin brands available in India
Always prescribe with Generic Name : glimepiride + metformin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : 3D-OHA LS tab 3D-OHA tab ADRIDE-M tab ALNAMET-GSR tab AMARYL-M 2 tab AMARYL-M tab AMARYL-MP tab AROGLIM-M2 tab ASORIDE-M tab ASORIDE-MP tab AZULIX MF FORTE tab AZULIX MF tab BEPRIDE-MF tab BEPRIDE-SF tab BETAGLIM-M1 film-coated tab BETAGLIM-M2 film-coated tab BETAGRIM-M tab BIGAN-GM tab BIGONYL film-coated tab BLISTO-1MF film-coated tab BLISTO-2MF tab CONPRIDE M tab DAORIDE-M tab DAORIDE-PM tab DAORYL-M tab DERALIN-M1 tab DERALIN-M2 tab DIAKIT-3 kit DIAKIT-4 kit DIANOSIS-P3 tab DIAPEX-M1 tab DIAPEX-M2 tab DIAPRIDE FORTE tab DIAPRIDE PLUS tab DIAPRID-M1 tab DIAPRID-M2 tab DIASET-M tab DIASWICH M1 tab DIASWICH M2 tab DIAZERO-M tab DIAZERO-PM tab DIPRIDE M PLUS tab DIPRIDE M tab DIPRID-M tab EUGLIM-M tab EUGLIM-MP tab EUROGLIP-M2 tab EVERMET-GSR tab EXERMET GM 501/502 tab FORME tab GEMER FORTE tab GEMER P tab GEMER tab GEPRIDE-M tab GITAE-M tab GLAMOR-M tab GLAMOR-PM tab GLICOSI-M tab GLIMADAY HS tab GLIMADAY tab GLIMCARE FORTE film-coated tab GLIMCARE PLUS film-coated tab GLIMCHEK M tab GLIMESTAR-M tab GLIMI DM FORTE tab GLIMID-M tab GLIMIDOT-M tab GLIMIFIX-M tab GLIMIKARE-MSR tab GLIMIPREX-MF tab GLIMISAVE-M tab GLIMIZIDE-M1

tab GLIMIZIDE-M2 tab GLIMIZIDE-PG1 tab GLIMIZIDE-PG2 tab GLIMKAP M 2 tab GLIMPIL-MF tab GLIMTIDE FORTE tab GLIMTIDE PLUS tab GLIMULIN-MF tab GLIMY-M extentab GLIMY-MP1 tab GLIMY-MP2 tab GLINIDD-M1 tab GLINIDD-M2 tab GLINORM-M tab GLIP-MF tab GLISTA tab GLM tab GLP-M tab GLP-PM tab GLUCONORM-G tab GLUCUT-GMP tab GLUCUT-MT tab GLUFORMIN G1 tab GLUFORMIN G2 tab GLUFORMIN-G1 FORTE tab GLUFORMIN-G2 FORTE tab GLYCIPHAGE PG1 tab GLYCIPHAGE PG2 tab GLYCIPHAGE-G tab GLYCOMET GP 2 FORTE tab GLYCOMET-GP 2 tab GLYCOMET-GP1 tab GM tab GM-SR tab GMT-SR film-coated tab GPM-SR tab GRIDE-M FORTE tab GRIDE-M tab ILET-B SRtab ILET-B tab IOGLIME-ER tab ISRYL-M tab K-GLIM M tab MATCE -G1 tab MATCE-G2 tab MEPRIDE-M tab METANORM G1 tab METAPRIDE film-coated tab METGLI SR-tab METGLI tab METRIDE PLUS tab METRIDE tab OBIMET-GX tab ODIGLIM M1 tab ODIGLIM M2 tab ONE DIA Bilayeredtab PRICHEK GMP tab PRICHEK-M tab RIOMET-G tab ROGLIMET tab SECREMET tab SWIMET tab TGMET-G cap TRIBET-1 Bilayered-tab TRIBET-2 Bilayered-tab TRIBLEND tab TRIGEM tab TRIGLAZ FORTE tab TRIGLAZ tab TRIGULIN tab WALAPHAGE GP film-coated tab ZIGLIM-M1 Bilayeredtab ZIGLIM-M2 Bilayeredtab ZORYL M tab

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([all drugs])

glipizide

CIMS Class : (Antidiabetic Agents)

glipizide

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related glipizide information

Indication & Dosage

Oral

Type 2 diabetes mellitus

Adult: Initially, 2.5-5 mg daily as a single dose, increased gradually at increments of 2.5-5 mg daily after several days. Doses >15 mg may be given in 2 divided doses. Max: 40 mg daily.

Administration

Extended-release: Should be taken with food. (Swallow whole, do not chew/ crush/ divide.)

Immediate-release: Should be taken on an empty stomach. (Take ½ hr before meals.)

Overdosage

Mild hypoglycaemic symptoms may be treated with oral glucose and adjustments in drug dosage and/or meal patterns. Monitor closely until patient is out of danger. Severe hypoglycaemic reactions with coma, seizure, or other neurological impairment may occur requiring immediate hospitalisation. If hypoglycaemic coma is diagnosed or suspected, patient may be given rapid IV inj of concentrated (50%) glucose solution, followed by continuous infusion of a more dilute (10%) glucose solution at a rate that will maintain the blood glucose level >100 mg/dL. Close monitoring for the next 24-48 hr is advisable as hypoglycemia may recur.

Contraindications

Hypersensitivity. Type 1 DM; ketoacidosis; severe renal or hepatic insufficiency. Pregnancy, lactation.

Special Precautions

Hypoglycaemia, stress, elderly. Thyroid impairment; moderate hepatic or renal impairment. Monitor blood glucose concentration.

Adverse Drug Reactions

GI upsets, diarrhoea, nausea; allergic skin reactions, leucopenia, thrombocytopenia, agranulocytosis, hyponatraemia; jaundice; haemolytic anaemia, pancytopenia.
Potentially Fatal: Hypoglycaemia in presence of renal or hepatic damage and alcohol.

Drug Interactions

Decreased effect with ß-blockers, cholestyramine, hydantoins, thiazide diuretics and urinary alkalinizers. Increased hypoglycaemic effects with H2 antagonists, anticoagulants, androgens, cimetidine, salicylates, TCAs, fluconazole, gemfibrozil, ketoconazole, NSAIDs, pioglitazone, sulfonamides, probenecid, MAOIs, methyldopa, digitalis glycosides and urinary acidifiers.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals

are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Glipizide stimulates insulin release from pancreatic ß-cells and reduces gluconeogenesis in liver cells. It also increases insulin sensitivity at target sites.

Duration: 24 hr.

Absorption: Readily absorbed from the GI tract (oral); peak plasma concentrations after 1-3 hr.

Distribution: Protein-binding: Extensive.

Metabolism: Hepatic.

Excretion: Urine (as inactive metabolites); faeces; 2-4 hr (elimination half-life).

CIMS Class

Antidiabetic Agents

ATC Classification

A10BB07 - glipizide; Belongs to the class of sulfonamides, urea derivatives. Used in the treatment of diabetes.

*glipizide information:

Note that there are some more drugs interacting with glipizide

glipizide further details are available in official CIMS India

glipizide

glipizide brands available in India

Always prescribe with Generic Name : glipizide, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BIMODE SR tab D-GLIP tab DIACON tab DIAGLIP tab DIBIZIDE tab GLEZ tab GLIBETIC tab GLIDE tab GLIP tab GLIPIRIV tab GLIPY tab GLUCOLIP tab GLUCOTROL tab GLYLIN-5 tab GLYNASE extentab GLYNASE tab GLYTOP SR SR-tab GLYZIP CR tab GLYZIP tab GODDE tab G-TROL SR-tab G-TROL tab LIPI tab SEMI-GLYNASE tab TRANASE tab

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([all drugs])

glipizide + metformin

CIMS Class : (Antidiabetic Agents)

glipizide + metformin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related glipizide + metformin information

Indication & Dosage

Oral

Type 2 diabetes mellitus

Adult: Per tablet contains glipizide 2.5 mg and metformin 250 mg. As initial therapy: Start with 1 tablet once daily. May increase in steps of 1 tablet/day every 2 wk to lowest effective dose to a max of 4 tablets/day in divided doses. For patients previously treated with glibenclamide/sulphonylurea or metformin alone: Recommended starting dose: 2 tablets twice daily; starting dose should not exceed the daily doses of glipizide or metformin already being taken. Titrate subsequent doses based on blood glucose levels and patient's response. Daily max: 20 mg glipizide/2000 mg metformin.

Administration

Should be taken with food.

Contraindications

Hypersensitivity. Type 2 diabetes mellitus; ketoacidosis; severe renal or hepatic insufficiency, diabetic coma, cardiac failure, recent MI, CHF. IDDM; severe infection; acute or chronic metabolic acidosis with or without coma; stress, trauma; severe impairment of thyroid function; dehydration, acute or chronic alcoholism. Pregnancy, lactation.

Special Precautions

Hypoglycaemia, stress, elderly. Thyroid impairment, monitor blood-glucose conc and renal function regularly.

Adverse Drug Reactions

Glipizide: GI upsets, diarrhoea, nausea; allergic skin reactions, leucopaenia, thrombocytopaenia, agranulocytosis, hyponatraemia; jaundice; haemolytic anaemia, pancytopaenia. Metformin: Anorexia, nausea, vomiting, diarrhoea, wt loss, flatulence, occasional metallic taste; weakness; hypoglycaemia; rash, malabsorption of Vitamin
Potentially Fatal: Glipizide: Hypoglycaemia in presence of renal or hepatic damage and alcohol. Metformin: Lactic acidosis in presence of renal failure and alcoholism.

Drug Interactions

Glipizide: Decreased effect with beta-blockers, cholestyramine, hydantoins, thiazide diuretics and urinary alkalinizers.

Metformin: Additive effect with sulphonylureas. Antagonistic effects with diuretics, corticosteroids, phenothiazines, thyroid products, oestrogens, oral contraceptives, phenytoin, nicotinic acid, sympathomimetics, Ca channel blockers and isoniazid.

Potentially Fatal: Glipizide: Increased glipizide levels and effects with fluconazole, gemfibrozil, ketoconazole, NSAIDs, pioglitazone and sulfonamides. Increased hypoglycaemic effects with H2 antagonists, anticoagulants, androgens, cimetidine, salicylates, tricyclic antidepressants, probenecid, MAOIs, methyldopa, digitalis glycosides and urinary acidifiers.

Metformin: Lactic acidosis with alcohol and potentiation of hypoglycaemic effect. Cimetidine and furosemidemay increase plasma-metformin levels. Drugs eliminated via renal tubular secretion may increase metformin levels.

Food Interaction

Absorption delayed.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Glipizide stimulates insulin release from pancreatic ß-cells and reduces gluconeogenesis in liver cells. It also increases insulin sensitivity at target sites. Metformin decreases hepatic gluconeogenesis, decreases intestinal absorption of glucose and improves insulin sensitivity (increases peripheral glucose uptake and utilisation).

CIMS Class

Antidiabetic Agents

ATC Classification

A10BA02 - metformin; Belongs to the class of biguanides. Used in the treatment of diabetes.

A10BB07 - glipizide; Belongs to the class of sulfonamides, urea derivatives. Used in the treatment of diabetes.

*glipizide + metformin information:

Note that there are some more drugs interacting with glipizide + metformin

glipizide + metformin

glipizide + metformin brands available in India

Always prescribe with Generic Name : glipizide + metformin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACTIZIDE-M tab BIGAN-GP tab BIMODE-M tab DIACON M tab DIAGLIP-M tab DIBIMET PLUS tab DIBIZIDE-M tab GLIBETIC-MF tab GLICEPT FORTE tab GLICEPT tab GLICEPT-500 tab GLIFORMIN H.S tab GLIFORMIN tab GLIMET DS tab GLIMET tab GLIPIMET FORTE tab GLIPIMET tab GLIPMET tab GLUCOTROL MF tab GLYNASE MF tab GODDE-M tab GRIP-M tab LIPI-M tab METAGLEZ FORTE tab METAGLEZ tab METGLIB-500 tab SWIGLIP-M tab TRANASE-MF tab ZIDMIN tab

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([all drugs])

glucagon

CIMS Class : (Other Agents Affecting Metabolism)

glucagon

P - Caution when used during pregnancy

related glucagon information

Indication & Dosage

Parenteral

Severe hypoglycaemia

Adult: 1 mg (0.5 mg for patients <25 kg) given as SC, IM or IV. If no response within 10 minutes, then IV glucose should be given. Glucagon dose may be repeated if necessary.

Parenteral

As a diagnostic aid in the radiologic examination of the gastrointestinal tract

Adult: 1-2 mg IM or 0.2-2 mg IV inj.

Contraindications

Phaeochromocytoma; hypersensitivity.

Special Precautions

Ineffective in chronic hypoglycaemia, alcohol-induced hypoglycaemia, starvation and adrenal insufficiency; diagnostic aid in diabetic patients or in elderly with heart disease. Insulinoma; glucagonoma. Monitor prothrombin time and adjust oral anticoagulant dosage. Pregnancy.

Adverse Drug Reactions

Nausea, vomiting, diarrhoea.
Potentially Fatal: Hypokalaemia.

Drug Interactions

May enhance anticoagulant effect of oral anticoagulants e.g. warfarin.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an

adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Parenteral: Store at 20-25°C.

Mechanism of Action

Glucagon is a polypeptide that is produced by a cells of islets of Langerhans in the pancreas. It acts by stimulating adenylate cyclase to produce cAMP thus promoting hepatic glycogenolysis and gluconeogenesis causing an increase in blood-glucose levels.

Onset: 5-20 minutes (IV); 30 minutes (IM); 30-45 minutes (SC).

Duration: 30 minutes (IV); 60-90 minutes (SC).

Metabolism: Mainly hepatic; some inactivation in kidneys and plasma.

Excretion: 8-18 minutes (plasma half-life).

CIMS Class

Other Agents Affecting Metabolism

ATC Classification

H04AA01 - glucagon; Belongs to the class of glycogenolytic hormones. Used in the treatment of hypoglycemia.

*glucagon information:
Note that there are some more drugs interacting with glucagon
glucagon
glucagon brands available in India
Always prescribe with Generic Name : glucagon, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : GLUCAGEN HYPOKIT vial GLUGON vial
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([all drugs])
glucosamine
CIMS Class : (Supplements & Adjuvant Therapy)
glucosamine
P - Caution when used during pregnancy
L - Caution when used during lactation
related glucosamine information

Indication & Dosage

Oral

Rheumatoid arthritis, Osteoarthritis

Adult: 500 mg 3-4 times daily.

Max Dosage: 1500 mg/day.

Administration

Should be taken with food. (Preferably taken at meals.)

Contraindications

Allergy to shellfish.

Special Precautions

Diabetic patients, patients on heparin. Pregnancy and lactation.

Adverse Drug Reactions

Heart burn, epigastric pain/tenderness, diarrhoea, nausea, dyspepsia, constipation, abdominal pain, palpitations, drowsiness, skin reaction, headache, indigestion.

Mechanism of Action

Glucosamine stimulates the production of proteoglycans and increases sulfate uptake by articular cartilage.

CIMS Class

Supplements & Adjuvant Therapy

ATC Classification

M01AX05 - glucosamine; Belongs to the class of other non-steroidal antiinflammatory and antirheumatic products. Used in the treatment of inflammation and rheumatism.

*glucosamine information:
Note that there are some more drugs interacting with glucosamine
glucosamine
glucosamine brands available in India

Always prescribe with Generic Name : glucosamine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ADMINE tab ARTH SOFTLETS softcap ARTHAR tab ARTHEAL tab ARTHOCARE cap ARTHOCARE DS-tab ARTICA cap ARTIFIX film-coated tab BIGJOINT sachet BONIT JOIN kit BONJO AID tab CARTICARE tab CARTIEL cap CARTIFIX cap CARTIGEN cap CARTIGEN SACHET sachet CARTIGEN tab CARTILAMINE DS tab CARTILAMINE FORTE tab CARTILAMINE tab CARTILAMINE TOTAL tab CARTILAMINE-SR tab CARTIPRO cap CARTISAFE FORTE tab CARTISARK cap CARTISPAN caplet CARTIVIT film-coated tab CARTIZ cap CARTIZOLE PLUS film-coated tab CARTUP tab CONJOINT tab COSANTIN cap DIETMANN cap FLEXI CAP cap FLEXIBEL cap FLEXTRA sachet FLEXTRA tab FREE M film-coated tab FREEFLEX cap FREEFLEX FORTE softgel FREMOV cap FREMOV-ME cap G.C.FLEX tab GLUCART tab GLUCOMADE tab GLUCOMADE-500 tab GLUTIN tab GSO4 tab JOINT GUARD tab JOINTACE FORTE tab JOINTACE tab JOINTACE-DN tab JOINTOP cap KALHAR tab KONDRO cap KONDRO-OD tab LUBRIJOINT tab MEGA FREEFLEX tab MERICART tab MOBIJOINT tab NUCART-OA tab OSICARE cap OSICARE-DS

tab OSTAKAIR cap OSTAWIN tab OSTEOCIP tab OSTIWEL cap OSTIWEL FORTE tab OSTOFIT cap OSTOP cap OSTOVIT cap OSTOVIT-G cap PRE-REJOINT tab PROCARTIL tab PROJOINT cap RE-CART cap RECART PLUS susp RECARTIX cap REJOINT TAB tab REJUCART cap REOSTIN SR-tab REPARE tab REPARE-AR film-coated tab RILOS tab TAIN tab VITARIX cap VITARIX sachet

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([all drugs])

glyceryl trinitrate

CIMS Class : (Anti-Anginal Drugs) , (Anorectal Preparations)

glyceryl trinitrate

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related glyceryl trinitrate information

Indication & Dosage

Oral

Management of stable angina

Adult: As modified-release preparation: Up to 12.8 mg tid.

Sublingual

Acute angina

Adult: As tablet: 300-600 mcg, repeated if necessary. Seek medical help if pain persists after a total of 3 doses within 15 minutes. As aerosol spray: 1-2 sprays of 400 mcg each directed onto or under the tongue, closing the mouth after spraying. No more than 3 metered-doses to be taken at any one time and min of 15 minutes interval between consecutive treatments.

Buccal

Acute angina

Adult: 2-5 mg tid, placed between the gum and upper lip, increased if necessary. If the buccal tablet is accidentally swallowed, place another tablet in the buccal cavity.

Buccal

Heart failure

Adult: 5 mg placed between the gum and upper lip, repeated until symptoms are controlled. For chronic heart failure: 5-10 mg tid may be used.

Transdermal

Management of stable angina

Adult: Apply 1 patch (releasing 2.5-20 mg/24 hr) onto the chest, upper arms, thigh, abdomen or shoulder. Replace with a new patch every 24 hr and rotate sites of application with every new patch. Max: 20 mg daily.

Transdermal

Prophylaxis of phlebitis and extravasation secondary to venous cannulation

Adult: Apply one 5-mg patch distal to the IV site, replace patch at a different skin site either daily or after 3-4 days depending on the patch; continue for as long as the IV infusion is maintained.

Intravenous

Unstable angina

Adult: Initially, 5-10 mcg/minute. Usual range: 10-200 mcg/minute.

Intravenous

Heart failure

Adult: Initially, 5-25 mcg/minute.

Intravenous

Acute myocardial infarction

Adult: Initially, 5-25 mcg/minute, adjust according to patient's response. Usual range: 10-200 mcg/minute. Max: 400 mcg/minute.

Intravenous

Induction of hypotension or control of hypertension during surgery

Adult: Initially, 5-25 mcg/minute, adjust according to patient's response. Usual range: 10-200 mcg/minute. Max: 400 mcg/minute.

Topical/Cutaneous

Management of stable angina

Adult: As 2% ointment: Apply 0.5-2 inches (to the chest, arm, thigh or back) 3-4 times daily or every 3-4 hr, if necessary.

Rectal

Pain due to chronic anal fissure

Adult: As a 0.4% ointment: Apply 1.5 mg intra-anally every 12 hr for up to 8 wk.

Incompatibility: Y-site admin: Alteplase, levofloxacin. Admixture: Hydralazine, phenytoin.

Overdosage

Symptoms include vasodilatation, venous pooling, reduced cardiac output and hypotension. May also include increased intracranial pressure, throbbing headache, confusion and moderate fever; vertigo; palpitation; visual disturbances; nausea, vomiting; syncope; air hunger and dyspnoea.

Contraindications

Hypersensitivity. Severe hypotension, heart failure, marked anaemia, hypertrophic obstructive cardiomyopathy, cerebral haemorrhage or head trauma, low cardiac output secondary to

hypovolaemia, inferior MI with right ventricular involvement, raised intracranial pressure. Concomitant use with phosphodiesterase type-5 inhibitors.

Special Precautions

Severe hepatic or renal impairment, hypothyroidism, malnutrition, hypothermia. Cerebrovascular disease, lung disease or cor pulmonale. Pregnancy, lactation, glaucoma, mitral valve prolapse, cardiac tamponade, syncope. Gradual withdrawal in patients who have received prolonged high dose infusions. Avoid prolonged excessive hypotension. Nitrate-free interval is recommended in patients on continuous treatment with nitrates to reduce risk of tolerance.

Adverse Drug Reactions

Facial flushing, dizziness, tachycardia, throbbing headache and tolerance. Large doses can cause vomiting, restlessness, hypotension, syncope, rarely cyanosis and methaemoglobinaemia, impaired respiration, bradycardia. IV admin: IV preparation contains substantial quantities of alcohol and alcohol intoxication can occur. Sublingual Tabs/Spray: Dry mouth, localised burning

sensation. Topical: Contact dermatitis, erythema, local irritation. Transdermal patches: Contact dermatitis, metal-containing patches should be removed before cardioversion, defibrillation, diathermy. Buccal tablets: Delayed dissolution, may be swallowed by mistake.
Potentially Fatal: Hypotension, paradoxical bradycardia, impaired respiration, syncope and collapse.

Drug Interactions

Enhances bioavailability of dihydroergotamine. Glyceryl trinitrate infusion may prolong pancuronium-induced neuromuscular blockade. May reduce the efficacy of heparin, alteplase and noradrenaline when used together. Efficacy of buccal and sublingual preparations may be reduced by drugs that can cause dry mouth due to decreased dissolution. Aspirin and other NSAIDs may reduce the therapeutic response to glyceryl trinitrate.
Potentially Fatal: Orthostatic hypotension may be produced by combined use of calcium channel blockers, antihypertensives, phenothiazines and TCAs. Alcohol may cause severe hypotension and collapse.

Lab Interference

May interfere with Zlatkis-Zak colour reaction, resulting in false report of decreased serum cholesterol.

Storage

Buccal: Store at 15-30°C. Intravenous: Store at 15-30°C. Oral: Store at 15-30 °C. Rectal: Store at 15-30°C. Sublingual: Store at 15-30 °C. Topical/Cutaneous: Store at 15-30°C. Transdermal: Store at 15-30°C.

Mechanism of Action

Glyceryl trinitrate acts on the enzyme nitric oxide stimulating guanylate cyclase in the vascular smooth muscle cells resulting in the relaxation of smooth muscles. It reduces venous return (preload) and facilitates subendocardial blood flow with redistribution into ischaemic areas. It relieves coronary vasospasm and dilates arterioles reducing afterload. It is useful for relief and prevention of anginal attacks.

Onset: 1-3 minutes (sublingual, buccal); 30-60 minutes (transdermal, topical); 1-2 minutes (IV).

Duration: 30-60 minutes (sublingual); 3-5 hr (buccal, as modified-release preparations); 24 hr (transdermal); 8 hr (topical, as ointment); 3-5 minutes (IV).
Absorption: Rapidly absorbed from oral mucosa (sublingual), well absorbed from the GI tract (oral), well absorbed from the skin (topical, transdermal).
Distribution: Widely distributed: Smooth muscles of the blood vessels.
Metabolism: Extensive hepatic 1st pass metabolism by glutathione-organic nitrate reductase (yielding dinitrates and mononitrates); also undergoes hydrolysis in the plasma.
Excretion: Urine (as inactive metabolites).

CIMS Class

Anti-Anginal Drugs / Anorectal Preparations

ATC Classification

C01DA02 - glyceryl trinitrate; Belongs to the class of organic nitrate vasodilators. Used in the treatment of cardiac disease.
C05AE01 - glyceryl trinitrate;

*glyceryl trinitrate information:

Note that there are some more drugs interacting with glyceryl trinitrate

glyceryl trinitrate further details are available in official CIMS India

glyceryl trinitrate

glyceryl trinitrate brands available in India

Always prescribe with Generic Name : glyceryl trinitrate, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ANGISED tab ANGISPAN-TR cap GLYNIT inj GLYNIT tab GTN SORBITRATE Buccaltab GTN SORBITRATE-CR tab GTN SPRAY PEN spray GTN SPRAY spray LEONITE tab MYONIT amp MYOVIN oint NG-CARE inj NGLONG cap NGTEL tab NIG amp NIG INJ inj NITROCERIN CR-tab NITROCIN inj NITROCONTIN CR-tab NITROCURE amp NITRODAY CR-cap NITRODERM TTS patch NITROFAST inj NITROGESIC oint NITROGLYN inj NITROJECT inj NITROLIFE tab NITROPLUS inj NITROSOL amp NITROVIR amp TOP NITRO patch VASOVIN cap

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([all drugs])

glycopyrronium bromide

CIMS Class : (Muscle Relaxants)

glycopyrronium bromide

P - Caution when used during pregnancy

L - Caution when used during lactation

related glycopyrronium bromide information

Indication & Dosage

Oral

Peptic ulcer

Adult: 1-2 mg bid-tid.

Parenteral

Reduction of secretions

Adult: Preoperative: 4 mcg/kg via IM admin 30-60 minutes before procedure. Intraoperative: 0.1 mg via IV admin, repeat at 2-3 minute intervals when needed.

Child: Preoperative: IM admin: <2 yr: 4-9 mcg/kg; >2 yr: 4 mcg/kg, dose to be given 30-60 minutes before procedure. Intraoperative: IV admin: 4 mcg/kg (Max: 0.1 mg); repeat at 2-3-minute intervals as needed.

Max Dosage: Adult: 400 mcg/dose. Child >1 mth: 200 mcg/dose.

Intravenous

Reversal of neuromuscular blockade

Adult: 200 mcg for each 1 mg of neostigmine or 5 mg of pyridostigmine. Alternatively, 5-15 mcg/kg with 50 mcg/kg neostigmine with 25-70 mcg/kg of neostigmine or 0.1-0.3 mg/kg of pyridostigmine.
Child: 10 mcg/kg with 50 mcg/kg neostigmine.
Parenteral
Peptic ulcer
Adult: 0.1-0.2 mg 3-4 times daily via IM/IV admin.

Contraindications

Hypersensitivity. Glaucoma; obstructive uropathy; obstructive GI diseases; intestinal atony; paralytic ileus; pyloric stenosis; myasthenia gravis. Unstable CV status in acute haemorrhage. Injectable not recommended in new borns =1 mth if benzyl alcohol is present in the preparation.

Special Precautions

Pregnancy, lactation. CV disease, hyperthyroidism, hepatic or renal impairment. Enlarged prostate, diarrhoea, fever. May cause ileus or megacolon in patients with ulcerative colitis. Children and elderly.

Adverse Drug Reactions

Xerostomia; loss of taste, nausea, vomiting, constipation, reduced sweating; urinary hesitancy and retention; blurred vision; cycloplegia; increased ocular tension; tachycardia; palpitation; headache, anxiety, bloated feeling, impotence, skin reactions.
Potentially Fatal: Severe anaphylaxis.

Drug Interactions

Decreases levodopa effects. Effects may be enhanced by using drugs with antimuscarinic properties or MAOIs concurrently. May antagonise the GI effects of cisapride, metoclopramide and dompeidone.
Potentially Fatal: IV admin in the presence of cyclopropane anesth can result in ventricular arrhythmias.

Storage

Intravenous: Store at 20-25°C. Oral: Store at 20-25°C. Parenteral: Store at 20-25°C.

Mechanism of Action

Glycopyrronium bromide is a quarternary ammonium antimuscarinic. It blocks acetylcholine at parasympathomimetic sites and induces smooth muscle relaxation. It also reduces gastric acid secretions and controls pharyngeal, tracheal and bronchial secretions. It antagonises muscarinic symptoms such as bronchorrhoea, bronchospasm, bradycardia and intestinal hypermotility induced by anticholinesterases.

Onset: 15-30 minutes (IM), 1 minutes (IV).

Duration: 2-3 hr (vagal blocking effect), 7 hr (sialogogue effects).

Absorption: Poorly absorbed from the GI tract (oral); about 10-25% is absorbed after an oral dose.

Distribution: Blood-brain barrier (poor penetration).

Excretion: Via bile and urine.

CIMS Class

Muscle Relaxants

*glycopyrronium bromide information:

Note that there are some more drugs interacting with glycopyrronium bromide

glycopyrronium bromide

glycopyrronium bromide brands available in India

Always prescribe with Generic Name : glycopyrronium bromide, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : GLYCO-P inj GLYPROLATE amp LYCOLATE amp MYO-PYROLATE amp PYROLATE amp PYROLATE vial VAGOLATE inj

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([all drugs])

goserelin

CIMS Class : (Hormonal Chemotherapy) , (Trophic Hormones & Related Synthetic Drugs)

goserelin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related goserelin information

Indication & Dosage

Subcutaneous

Palliative treatment of prostatic carcinoma

Adult: 3.6 mg injected into the anterior abdominal wall every 28 days or 10.8 mg every 12 wk. An anti-androgen is given several days before beginning of the treatment and continued for at least 3 wk to prevent disease flare.

Subcutaneous

Pituitary desensitisation before ovulation induction with gonadotrophins

Adult: 3.6 mg as a depot inj. Monitor serum-oestradiol concentrations until they decline to levels similar to those in the early follicular phase which takes about 7-21 days.

Contraindications

Hypersensitivity; pregnancy, lactation.

Special Precautions

Urinary tract obstruction or spinal cord compression (when used for prostate cancer); decreased bone density in women. Contraceptive measures should be taken to protect against pregnancy. Monitor men at risk from tumour flare during the 1st mth of therapy. Safety and efficacy on the usage of the 10.8 mg implant in women is not established.

Adverse Drug Reactions

Vaginal bleeding and dryness, arthralgia, paraesthesias, increase in menstrual bleeding, hot flushes, sexual dysfunction. Headache, emotional lability, depression, insomnia, diaphoresis, dizziness, breast swelling/tenderness, Inj site reactions. Anaphylaxis.

Pregnancy Category (US FDA)

Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.

Storage

Subcutaneous: Store below 25°C.

Mechanism of Action

Goserelin is a potent inhibitor of pituitary gonadotrophin secretion. Initially, it causes an increase in the serum levels of FSH and LH but

chronic admin will lead to sustained suppression of the pituitary gonadotrophin release causing regression of the sex organs.
Absorption: Almost complete (SC).
Excretion: >90% excreted in urine (as unchanged drug and metabolites); 2-4 hr (elimination half-life).

CIMS Class

Hormonal Chemotherapy / Trophic Hormones & Related Synthetic Drugs

ATC Classification

L02AE03 - goserelin; Belongs to the class of gonadotropin releasing hormone analogues. Used in endocrine therapy.

*goserelin information:
goserelin
goserelin brands available in India
Always prescribe with Generic Name : goserelin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : ZOLADEX LA vial ZOLADEX PF-syringe

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([all drugs])

granisetron

CIMS Class : (Supportive Care Therapy) , (Antiemetics)

granisetron

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related granisetron information

Indication & Dosage

Oral

Nausea and vomiting associated with cancer chemotherapy

Adult: 1-2 mg within 1 hr before the start of chemotherapy, then 2 mg daily in 1-2 divided doses during treatment.

Child: 1 mth?12 yr: 20 mcg/kg (max: 1 mg) within 1 hr before chemotherapy, then 20 mcg/kg (max: 1 mg) bid for up to 5 days during treatment.

Oral

Prophylaxis of nausea and vomiting associated with radiation therapy

Adult: 2 mg daily within 1 hr of irradiation.

Intravenous

Nausea and vomiting associated with cancer chemotherapy

Adult: 3 mg diluted to 20-50 ml with a suitable infusion solution, given over 5 minutes before the start of chemotherapy. Alternatively, 3 mg given in 15 ml of infusion solution given as bolus over at least 30 sec. May repeat dose up to twice within 24 hr. Doses should be given at least 10 minutes apart. Max: 9 mg daily.

Child: 40 mcg/kg (max 3 mg), in 10-30 ml of infusion fluid given over 5 minutes, may repeat once within 24 hr, at least 10 minutes apart from the 1st dose. 1st dose should be given within 1 hr of the start of chemotherapy.

Intravenous

Treatment and prophylaxis of postoperative nausea and vomiting

Adult: 1 mg diluted to 5 ml, injected over 30 sec. To be completed before induction of anaesthesia. May be given up to bid for the treatment of postoperative nausea and vomiting.

Administration

May be taken with or without food. (Take up to 1 hr before chemotherapy.)

Overdosage

Treatment is symptomatic.

Contraindications

Hypersensitivity.

Special Precautions

Subacute intestinal obstruction or ileus. Moderate to severe hepatic impairment. Congenital long QT syndrome or other risk factors for QT prolongation (e.g. electrolyte abnormalities and cumulative high-dose anthracycline therapy). Pregnancy, lactation.

Adverse Drug Reactions

Headache; sensation of flushing; constipation; hypersensitivity reactions; chest pain; CV disturbances; dizziness; transient visual disturbances. Rarely, liver disorders; development of seizures; extrapyramidal reactions.

Drug Interactions

Phenobarbital may induce metabolism of granisetron.

Lab Interference

Transient rise in liver enzymes.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Intravenous: Store at 25°C. Oral: Store at 25°C.

Mechanism of Action

Granisetron is a selective 5-HT3-receptor antagonist with little or no affinity for other serotonin receptors. It blocks serotonin in the chemoreceptor zone.

Duration: 24 hr.

Absorption: Rapidly absorbed after oral admin. Oral bioavailability: About 60%.

Distribution: Protein binding: About 65%.

Metabolism: Hepatically metabolised, mainly by N-demethylation.

Excretion: IV admin: Elimination half-life: 4-5 hr in healthy subjects; 9-12 hr in cancer patients.

CIMS Class

Supportive Care Therapy / Antiemetics

ATC Classification

A04AA02 - granisetron; Belongs to the class of serotonin (5HT3) antagonists. Used for the prevention of nausea and vomiting.

*granisetron information:

Note that there are some more drugs interacting with granisetron

granisetron further details are available in official CIMS India

granisetron

granisetron brands available in India

Always prescribe with Generic Name : granisetron, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CADIGRAN inj CADIGRAN tab EMEGRAN inj GRANDEM amp GRANDEM syr GRANICIP tab GRANICIP vial GRANIFORCE film-coated tab GRANIFORCE syr GRANISET inj GRANISET tab GRANISOL inj GRANISOL syr GRANISOL tab GRANITERO vial TAPIT film-coated tab TAPIT vial ZETRON inj ZETRON tab

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([all drugs])

griseofulvin

CIMS Class : (Antifungals)

griseofulvin

P - Contraindicated in pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related griseofulvin information

Indication & Dosage

Oral

Dermatophytosis

Adult: 0.5-1 g daily in single or divided doses for 2-8 wk in hair and skin infections, 6 mth in fingernail infections and 12 mth or more for toenail infections.

Child: 10 mg/kg daily.

Administration

Should be taken with food. (Take immediately after meals.)

Contraindications

Severe liver disease; porphyria; monilial infection; SLE; pregnancy.

Special Precautions

Lactation; may impair ability to drive or operate machinery; avoid exposure to intense sunlight or artificial light. Regular monitoring of the renal, hepatic and blood tests should be done.

Adverse Drug Reactions

Oral thrush; GI distress, taste perversion; dizziness, confusion, headache, depression, insomnia, fatigue; peripheral neuritis, photosensitivity; skin rashes, urticaria, erythema multiforme; leucopenia, proteinuria.
Potentially Fatal: Hepatotoxicity; angioedema.

Drug Interactions

Antagonises oral anticoagulants and oral contraceptives. Decreased GI absorption with phenobarbital. Reduced plasma concentrations with enzyme inducers e.g. phenylbutazone and hypnotics.
Potentially Fatal: Enhances effects of alcohol and causes disulfiram-like reaction.

Food Interaction

High-fat meal enhances absorption.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals

are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Griseofulvin is a fungistatic antibiotic that inhibits fungal cell division at metaphase and binds to human keratin making it resistant to fungal infections. It has activity against common dermatophytes includingepidermophyton, Microsporum, or Trichophyton spp.

Absorption: Variably and incompletely absorbed from the GI tract (oral), may be increased by decreasing particle size and admin with fatty meals; peak plasma concentrations after 4 hrs.

Distribution: Keratin precursor cells, stratum corneum of the skin and nails. Protein-binding: 84%.

Metabolism: Hepatic; conveted to 6-demethylgriseofulvin and few glucuronide conjugates.

Excretion: Via urine (<1% as unchanged; 6-demethylgriseofulvin, and glucuronide conjugates), via faeces (large amount of reduced particle size), via sweat; 9-24 hr (elimination half-life).

CIMS Class

Antifungals

ATC Classification

D01AA08 - griseofulvin; Belongs to the class of antibiotics for topical use. Used in the treatment of fungal infection.
D01BA01 - griseofulvin; Belongs to the class of antifungals for systemic use. Used in the treatment of fungal infection.

*griseofulvin information:
Note that there are some more drugs interacting with griseofulvin
griseofulvin further details are available in official CIMS India
griseofulvin
griseofulvin brands available in India
Always prescribe with Generic Name : griseofulvin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : DERMONORM tab FLUVIN F-tab FLUVIN tab FUNGAL tab FUNGIVIN tab GEOVIN tab GRISACTIN FORTE tab GRIS-OD

tab GRISOMED tab GRISONORM tab GRISORAL tab GRISOVIN-FP tab IDIFULVIN tab MICROFULVIN tab MYCONORM TAB tab NUFULVIN tab WALAVIN tab

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([all drugs])

guaifenesin

CIMS Class : (Cough & Cold Preparations)

guaifenesin

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related guaifenesin information

Indication & Dosage

Oral

Cough

Adult: 200-400 mg every 4 hr. Max: 2.4 g/day.

Child: 6-12 yr: 100-200 mg; 2-6 yr: 50-100 mg; 6 mth-2 yr: 25-50 mg. To be given every 4 hr. Max: 6-12 yr: 1.2 g/day; 2-5 yr: 600 mg/day.

Contraindications

Hypersensitivity.

Special Precautions

Persistent cough e.g. occurs with smoking, asthma, chronic bronchitis, or emphysema; cough accompanied by excessive secretions; cough with a fever, rash, or persistent headache; Pregnancy, lactation. Porphyria.

Adverse Drug Reactions

GI discomfort, nausea and vomiting; dizziness, drowsiness, headache; rash; decreased uric acid levels; urinary calculi (large doses).

Lab Interference

Possible color interference with determination of 5-HIAA and VMA; discontinue for 49 hrs prior to test.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Guaifenesin increases the volume and reduce the viscosity of tenacious sputum and is used as an expectorant for productive cough.

Absorption: Well absorbed in the GI tract.

Excretion: Urine.

CIMS Class

Cough & Cold Preparations

ATC Classification

R05CA03 - guaifenesin; Belongs to the class of expectorants. Used in the treatment of wet cough.

*guaifenesin information:

guaifenesin

guaifenesin brands available in India

Always prescribe with Generic Name : guaifenesin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ABCOF syr ADCOLD-G liqd BARKEIT tab CAPEX-BRON EXP expectorant CHESTON EXP expectorant X-LCF extentab

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([all drugs])

guar gum

CIMS Class : (Antidiabetic Agents)

Food ¤ - Food interaction

related guar gum information

Indication & Dosage

Oral

Adjunct in diabetes mellitus

Adult: 5 g tid. Dose to be taken with at least 200 ml of fluid. Lower initial doses may be used to reduce GI adverse effects.

Administration

Should be taken with food. (Take w/ or immediately before meals.)

Contraindications

In cases of oesophageal diseases or difficulty in swallowing, intestinal obstruction, ingestion of dry granules.

Special Precautions

Not recommended for children, monitor blood glucose levels. Hypoglycaemia.

Adverse Drug Reactions

Hypoglycaemia, GI disturbances (flatulence, diarrhoea and nausea), reduced appetite.

Drug Interactions

Absorption of orally administered drugs may be affected.

Food Interaction

Reduces absorption of glucose and possibly lipids.

Mechanism of Action

Guar gum is a soluble fibre which reduces postprandial and fasting blood glucose concentrations in diabetic patients. It may also slow gastric emptying in dumping syndrome.

CIMS Class

Antidiabetic Agents

ATC Classification

A10BX01 - guar gum; Belongs to the class of other oral blood glucose lowering drugs. Used in the treatment of diabetes.

*guar gum information:
Note that there are some more drugs interacting with guar gum
guar gum
guar gum brands available in India

Always prescribe with Generic Name : guar gum, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

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([all drugs])

halcinonide

CIMS Class : (Topical Corticosteroids)

halcinonide

P - Caution when used during pregnancy

L - Caution when used during lactation

related halcinonide information

Indication & Dosage

Topical/Cutaneous

Corticosteroid-responsive dermatoses

Adult: Apply as a 0.1% cream/lotion/ointment onto affected area.

Contraindications

Primary infectious (viral, fungal, bacterial) ulcers, hypersensitivity, acne vulgaris.

Special Precautions

Neonates, childn, elderly, hepatic failure. Not to be applied over large areas under occlusive dressings. Caution when applied to areas of broken skin. Pregnancy, lactation.

Adverse Drug Reactions

Prolonged application causes epidermal thinning, contact dermatitis, perioral dermatitis, papular disorder, mild depigmentation; telangiectasia, striae (especially face and flexures). Application on eyelids and surrounding skin can raise intraocular pressure, cataracts, glaucoma, corneal ulcers and raised intracranial pressure. Systemic absorption with adrenal suppression may be seen when applied to large areas, when skin is broken or under occlusive dressing.
Potentially Fatal: HPA suppression; suppression of immune system.

Storage

Topical/Cutaneous: Store below 40°C.

Mechanism of Action

Halcinonide exerts anti-inflammatory, antipruritic and vasoconstrictor actions.

CIMS Class

Topical Corticosteroids

ATC Classification

D07AD02 - halcinonide; Belongs to the class of very potent (group IV) corticosteroids. Used in the treatment of dermatological diseases.

*halcinonide information:
halcinonide
halcinonide brands available in India
Always prescribe with Generic Name : halcinonide, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : CORTILATE oint CORTILATE-N oint CORTILATE-S oint HALOG-E cream ORKID-S oint

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([all drugs])

haloperidol

CIMS Class : (Antipsychotics) , (Antivertigo Drugs)

haloperidol

P - Caution when used during pregnancy

L - Contraindicated in lactation

related haloperidol information

Indication & Dosage

Oral

Psychoses

Adult: 0.5-5 mg bid/tid, may increase up to 100 mg daily in severe or resistant cases. Usual maintenance: 3-10 mg daily.

Child: >3 yr: Initially, 25-50 mcg/kg daily in 2 divided doses, increased gradually if necessary. Max: 10 mg/day.

Oral

Tourette's syndrome

Adult: Initially, 0.5-1.5 mg tid. Up to 30 mg daily may be required in Tourette's syndrome; adjust dose carefully to obtain optimum response; usual maintenance: 4 mg daily.

Oral

Severe tics

Adult: Initially, 0.5-1.5 mg tid. Up to 30 mg daily may be required in Tourette's syndrome; adjust dose carefully to obtain optimum response; usual maintenance: 4 mg daily.

Oral

Short-term adjunct in severe anxiety or behavioral disturbances

Adult: 0.5 mg bid.

Oral

Restlessness and confusion

Adult: 1-3 mg every 8 hr.

Oral

Intractable hiccup

Adult: 1.5 mg tid, adjust according to response.

Intramuscular

Acute psychosis

Adult: Doses range from 2-10 mg, may be given every hr or at intervals of 4-8 hr, until symptoms are controlled. Max: 18 mg/day. For emergency control of severely disturbed patients: Up to 18 mg may be given IV/IM.

Intramuscular

Nausea and vomiting

Adult: 0.5-2 mg daily. In palliative care, 1.5 mg 1-2 times daily via oral admin or 2.5-10 mg over 24 hr by SC infusion (via a syringe driver).

Subcutaneous

Restlessness and confusion

Adult: 5-15 mg via SC infusion over 24 hr.

Administration

May be taken with or without food. (May be taken w/ meals to minimise GI irritation.)

Overdosage

Symptoms of overdosage in children include drowsiness, restlessness, confusion, marked extrapyramidal symptoms and hypothermia. Torsade de pointes may occur in adults. Supportive treatment is recommended. Maintain a patent airway by using an oropharyngeal airway or endotracheal tube or, in prolonged cases of coma, by tracheostomy. Counteract respiratory depression by artificial respiration and mechanical respirators. Hypotension and

circulatory collapse may be counteracted by using IV fluids, plasma, or concentrated albumin, and vasopressor agents such as metaraminol, phenylephrine and norepinephrine. Epinephrine should not be used. For severe extrapyramidal reactions, antiparkinson medication should be admin. Monitor ECG and vital signs especially for signs of QT prolongation or dysrhythmias. Continue monitoring until ECG is normal. Treat severe arrhythmias with appropriate anti-arrhythmic measures.

Contraindications

Severe toxic CNS depression; preexisting coma; Parkinson's disease; lactation.

Special Precautions

Parkinsonism; epilepsy, allergy, angle-closure glaucoma, benign prostatic hyperplasia; severe cardiac or hepatic disease; extremes in temp (hot and cold weather); presence of acute infections or leucopenia; hyperthyroidism; pregnancy, elderly, children. Patients receiving anticoagulants. Discontinue upon signs of neurological toxicity in patients taking haloperidol and lithium.

Adverse Drug Reactions

Tardive dyskinesia; extrapyramidal reactions. Anxiety, drowsiness, depression, anorexia, transient tachycardia, postural hypotension, leukopenia; anticholinergic side effects.
Potentially Fatal: Neuroleptic malignant syndrome.

Drug Interactions

Carbamazepine and rifampicin reduce plasma concentrations. Symptoms of CNS depression may be enhanced by CNS depressants e.g. alcohol, hypnotics, general anaesthetics, anxiolytics and opioids. May reduce antihypertensive action of guanethidine. May increase risk of arrhythmia when used with drugs that prolong QT interval or diuretics that can cause electrolyte imbalance. May increase plasma levels of haloperidol when used with clozapine or chlorpromazine.
Potentially Fatal: Increases lithium blood levels and may predispose to neuroleptic malignant syndrome.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are

no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intramuscular: Store at 15-30°C. Oral: Store at 15-30°C. Subcutaneous: Store at 15-30°C.

Mechanism of Action

Haloperidol blocks postsynaptic dopamine D1 and D2 receptors in the mesolimbic system and decreases the release of hypothalamic and hypophyseal hormones. It produces calmness and reduces aggressiveness with disappearance of hallucinations and delusions.

Absorption: Readily absorbed from the GI tract (oral).

Distribution: Crosses the blood-brain barrier; enters breast milk. Protein-binding: 92%.

Metabolism: Hepatic via oxidative N-dealkylation and reduction of the ketone group; undergoes enterohepatic recycling.

Excretion: Urine and faeces; 12-38 hr (elimination half-life).

CIMS Class

Antipsychotics / Antivertigo Drugs

ATC Classification

N05AD01 - haloperidol; Belongs to the class of butyrophenone derivatives antipsychotics. Used in the management of psychosis.

*haloperidol information:
Note that there are some more drugs interacting with haloperidol
haloperidol
haloperidol brands available in India
Always prescribe with Generic Name : haloperidol, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : BENZYDOL-P tab BRAIN-REST tab CIZOREN liqd CIZOREN PLUS tab CIZOREN tab COMBIDOL tab DEPIDOL inj DEPIDOL tab DOLCIN tab GENDOL dispertab GENDOL inj GENDOL-LA inj HALDOL tab HALIDACE tab HALIDOL tab HALOBID tab HALOPACE tab HALOPIDOL drops HALOPIDOL liqd HALOPIDOL tab HALOTEX kit HALOTON tab HEXIDOL FORTE tab HEXIDOL KIT 1.5 kit HEXIDOL KIT 5 kit HEXIDOL PLUS tab HEXIDOL

tab LARENASE tab LODOL tab MANODOL 1.5 kit MANODOL 5 kit MINDOL amp MINDOL FORTE tab MINDOL PLUS tab MINDOL tab OPREX tab RELINASE amp RELINASE kid-tab RELINASE LA vial RELINASE tab SENORM inj SENORM tab SENORM-LA inj SERADOL tab SERENACE amp SERENACE liqd SERENACE tab TRANCODOL dispertab TRANCODOL inj TRIHOL tab TRINACE tab TRINORM tab ZORIDOL tab

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([all drugs])

halothane

CIMS Class : (Anaesthetics - Local & General)

halothane

P - Caution when used during pregnancy

related halothane information

Indication & Dosage

Inhalation

Induction and maintenance of general anaesthesia

Adult: Induction: 2-4% v/v of halothane in O2 or mixtures of nitrous oxide and O2. Alternatively, 0.5% v/v of halothane may be used for induction and gradually increased to the required level for

maintenance ofanaesthesia. Maintain anesthesia at 0.5-2% v/v depending on the flow rate used.
Child: Induction: 1.5-2% v/v. Maintenance of anaesthesia: 0.5-2% v/v depending on the flow rate used.

Incompatibility: Reacts with many metals when in contact with moisture. Rubber and some plastics deteriorate when in contact with halothane vapour or liquid.

Overdosage

Bradycardia and profound hypotension.

Contraindications

Obstetrics; malignant hyperthermia; porphyria.

Special Precautions

Phaeochromocytoma; poor cardiac/liver function, early pregnancy. Premedication with atropine is recommended to decrease vagal tone and prevent bradycardia and severe hypotension. May trigger malignant hyperthermia and increase intracranial pressure.

Increased risk of hyperkalaemia in paediatrics with underlying neuromuscular disorders. May reduce hepatic, renal and splenic blood flow.

Adverse Drug Reactions

Bradycardia, hypotension, cardiac arrhythmias, respiratory depression, shivering during recovery (occasional), hepatitis (multiple exposure).
Potentially Fatal: Fulminant hepatic failure, malignant hyperpyrexia and pulmonary oedema.

Drug Interactions

Adrenaline, other sympathomimetics, and theophylline can produce cardiac arrhythmias. Morphine andchlorpromazine may increase depressant effects of halothane on respiration. Increased risk of phenytoin intoxication when used together. Midazolam may potentiate the anaesthetic action of halothane.
Potentially Fatal: Dopaminergics increase the risk of ventricular arrhythmias. Neuromuscular blocking drugs are potentiated by halothane.

Storage

Inhalation: Store at 15-25°C.

Mechanism of Action

Halothane causes reversible CNS depression; sympathetic system is more depressed than the parasympathetic. Respiration is progressively depressed. BP, heart rate, cardiac output and coronary blood flow are reduced.
Absorption: Well absorbed (inhalation).
Distribution: Soluble in the neutral fats of adipose tissue. Crosses the placenta and enters breast milk.
Metabolism: Hepatic; converted to trifluoroacetic acid, bromide and chloride salts (oxidative pathway) and fluoride salts (reductive pathway).
Excretion: Lungs (as unchanged drug).

CIMS Class

Anaesthetics - Local & General

ATC Classification

N01AB01 - halothane; Belongs to the class of halogenated hydrocarbons. Used as general anesthetics.

*halothane information:
Note that there are some more drugs interacting with halothane
halothane
halothane brands available in India
Always prescribe with Generic Name : halothane, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : FLUOTHANE liqd HYPNOTHANE liqd
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([all drugs])
heparin
CIMS Class : (Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics))
heparin
P - Caution when used during pregnancy
related heparin information
Indication & Dosage

Subcutaneous

Venous thromboembolism

Adult: 15,000 u injected every 12 hr.

Child: 250 u/kg every 12 hr.

Subcutaneous

Prophylaxis of postoperative venous thromboembolism

Adult: 5000 u given 2 hr before surgery then every 8-12 hr for 7 days or until the patient is ambulant, may increase to 10,000 u every 12 hr during the 3rd trimester of pregnancy.

Subcutaneous

Prophylaxis of mural thrombosis

Adult: 12,500 u every 12 hr for at least 10 days.

Intravenous

Peripheral arterial embolism

Adult: 5000 u (10,000 u in severe pulmonary embolism) IV loading dose followed by 1000-2000 u/hr continuous infusion. Alternatively, intermittent inj of 5000-10,000 u every 4-6 hr.

Child: Administer a lower loading dose. Maintenance: 15-25 u/kg/hr continuous infusion.

Intravenous

Venous thromboembolism

Adult: 5000 u (10,000 u in severe pulmonary embolism) IV loading dose followed by 1000-2000 u/hr continuous infusion. Alternatively, intermittent inj of 5000-10,000 u every 4-6 hr.

Child: Administer a lower loading dose. Maintenance: 15-25 u/kg/hr continuous infusion.

Intravenous

Unstable angina

Adult: 5000 u (10,000 u in severe pulmonary embolism) IV loading dose followed by 1000-2000 u/hr continuous infusion. Alternatively, intermittent inj of 5000-10,000 u every 4-6 hr.

Child: Administer a lower loading dose. Maintenance: 15-25 u/kg/hr continuous infusion.

Intravenous

Prophylaxis of re-occlusion of the coronary arteries following thrombolytic therapy in myocardial infarction

Adult: 5000 u IV followed by 1000 u/hr IV with alteplase.

Incompatibility: Heparin calcium or sodium is reported to be incompatible with alteplase, reteplase, amikacin sulfate, amiodarone hydrochloride, ampicillin sodium, aprotinin, benzylpenicillin potassium or sodium, cefalotin sodium, ciprofloxacin lactate, cytarabine, dacarbazine, daunorubicin hydrochloride, diazepam, dobutamine hydrochloride, doxorubicin

hydrochloride, droperidol, erythromycin lactobionate, gentamicin sulfate, haloperidol lactate, hyaluronidase, hydrocortisone sodium succinate, kanamycin sulfate, meticillin sodium, netilmicin sulfate, some opioid analgesics, oxytetracycline hydrochloride, some phenothiazines, polymyxin B sulfate, streptomycin sulfate, tetracycline hydrochloride, tobramycin sulfate, vancomycin hydrochloride and vinblastine sulfate. Heparin sodium has also been reported to be incompatible with cisatracurium besilate, labetalol hydrochloride, levofloxacin, nicardipine hydrochloride and vinorelbine tartrate.

Overdosage

Slight haemorrhage can be treated by withdrawing heparin. Severe bleeding may be treated with IV protamine sulfate.

Contraindications

Patients predisposed to active bleeding including thrombocytopenia, peptic ulcer disease, cerebrovascular disorders, haemorrhagic blood disorders, bacterial endocarditis, severe hypertension, oesophageal varices. Recent surgery at sites where haemorrhage would be an especial risk. Severe renal and hepatic

impairment. Cerebral or subarachnoid haemorrhage, abdominal or thoracic bleeding into closed space, severe traumatic bleed, hepatic, renal, splenic or arterial injury, severe haemostatic defect, arterial thrombosis with heparin-associated thrombocytopenia. IM admin.

Special Precautions

Monitor platelet counts. Discontinue treatment if thrombocytopenia occurs. Hypersensitivity, elderly, pregnancy.

Adverse Drug Reactions

Slight fever, headache, chills, nausea, vomiting, constipation, epistaxis, bruising, slight haematuria, skin necrosis (SC inj), osteoporosis, alopecia. Hypersensitivity reactions include urticaria, conjunctivitis, rhinitis, asthma, angioedema and anaphylactic shock. Priapism.
Potentially Fatal: Heparin-induced thrombocytopenia with or without thrombosis; bleeding.

Drug Interactions

Inhibited by zinc. Antiplatelet drugs e.g. aspirin and dipyridamole may precipitate bleeding.
Potentially Fatal: NSAIDs may increase risk of haemorrhage. Effect increased by dextrans, high doses of penicillin and cephalosporins, phenylbutazone, asparaginase. streptokinase and some contrast media.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intravenous: Store at 15-30°C. Subcutaneous: Store at 15-30°C.

Mechanism of Action

Heparin increases the inhibitory action of antithrombin III (AT III) on clotting factors XIIa, XIa, IXa, Xa and thrombin. This inhibits the conversion of prothrombin to thrombin and fibrinogen to fibrin. It

also inhibits platelet function. It may reduce the activity of ATIII at very high doses.

Absorption: Absorbed from systemic circulation (IV, SC).

Distribution: Reticuloendothelial system. Protein-binding: Extensive.

Excretion: Via urine (as metabolites, or up to 50% as unchanged after admin of large doses); 1-6 hr (elimination half-life), prolonged in renal impairment, decreased in pulmonary embolism, increased or decreased in hepatic impairment.

CIMS Class

Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics)

ATC Classification

B01AB01 - heparin; Belongs to the class of heparin group. Used in the treatment of thrombosis.

C05BA03 - heparin; Belongs to the class of heparins or heparinoids used topically in antivaricose therapy.

S01XA14 - heparin; Belongs to the class of other agents used as ophthalmologicals.

*heparin information:

Note that there are some more drugs interacting with heparin

heparin

heparin brands available in India

Always prescribe with Generic Name : heparin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BEPARINE CRM cream BEPARINE CRM gel BEPARINE inj BEPARINE-LF amp BEPRIN vial BIOCLOT vial BLOCKASOL inj CAPRIN inj CATHFLUSH amp CATHFLUSH vial DALTEHEP inj DECLOT vial HEP vial HEPAREN vial HEPARIN vial HEPGEL gel HEPLOCK amp HEPLOCK vial IGNAVA amp IGNAVA vial INHEP vial KEPARIN inj LINE FLUSH vial LOGIPARIN inj LOGIPARIN vial LOMORIN PF-syringe LOMORIN vial NO-CLOT vial NUPARIN vial SWITHROMB cream THROMBOGEL oint THROMBOPARIN vial THROMBOPHOB GEL gel THROMBOPHOB inj THROMBOPHOB OINT oint TROPARIN soln UNITHROMB oint V-PARIN vial

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([all drugs])

human albumin

CIMS Class : (Intravenous & Other Sterile Solutions)

human albumin

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related human albumin information

Indication & Dosage

Intravenous

Acute hypovolaemic shock

Adult: Initially, 25 g of albumin, adjusted according to patient's response. Usual rates of infusion: Up to 5 ml/minute (5% solution) or 1-2 ml/minute (20% solution).

Child: Up to 1 g/kg, adjusted according to patient's response. Usual rates of infusion: Up to 5 ml/minute (5% solution) or 1-2 ml/minute (20% solution).

Intravenous

Hypoproteinaemia

Adult: Up to 2 g/kg daily. Usual rates of infusion: Up to 5 ml/minute (5% solution) or 1-2 ml/minute (20% solution).

Intravenous

Neonatal hyperbilirubinaemia

Child: 1 g/kg of albumin before exchange transfusion. Usual rates of infusion: Up to 5 ml/minute (5% solution) or 1-2 ml/minute (20% solution).

Incompatibility: Dilution with water will produce a hypo-osmolar solution that may cause severe haemolysis and renal failure. Y-site admin: Midazolam, vancomycin, verapamil. Admixture: Verapamil.

Contraindications

Cardiac failure, severe anaemia, history of hypersensitivity, parenteral nutrition.

Special Precautions

Hypertension or low cardiac reserve; additional fluids for dehydrated patients. Monitor for signs of cardiac overload in injured or postoperative patients. May carry risk of viral transmission. Volume admin and rate of infusion must always be individualised according to situation and response. Pregnancy, lactation.

Adverse Drug Reactions

Allergic reactions, nausea, vomiting, increased salivation, fever and chills; vascular overload, haemodilution and pulmonary oedema. Potentially Fatal: Anaphylactic shock.

Drug Interactions

Albumin solution should not be mixed by protein hydrolysates or alcoholic solutions. Risk of atypical reactions to ACE inhibitors in patients undergoing therapeutic plasma exchange with albumin human replacement.

Lab Interference

False elevations of serum alkaline phosphatase concentrations may occur.

Storage

Intravenous: Store below 30°C. Do not freeze.

Mechanism of Action

Human albumin increases intravascular oncotic pressure and causes movement of fluids from interstitial into intravascular space. Human albumin solutions are available in various concentrations. Solutions containing 5% human albumin are usually used in hypovolemic patients, whereas more concentrated 25% solutions are recommended in patients in whom fluid and sodium intake must be minimised e.g. patients with hypoproteinaemia or cerebral oedema or in paediatric patients.

CIMS Class

Intravenous & Other Sterile Solutions

*human albumin information:
human albumin
human albumin brands available in India
Always prescribe with Generic Name : human albumin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ALBA 20% infusion ALBUDAC inj ALBUMED inj ALBUMEON inj ALBUMIN 20% inj ALBUMIN 5% vial ALBUMINA UMANA vial ALBUREL infusion ALBUTEIN

vial BISEKO amp HUMAN ALBUMIN infusion HUMIN vial PLASBUMIN infusion VOLUMIN infusion ZENALB vial ZY-ALBUMIN inj

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([all drugs])

human menopausal gonadotrophins

CIMS Class : (Trophic Hormones & Related Synthetic Drugs)

human menopausal gonadotrophins

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related human menopausal gonadotrophins information

Indication & Dosage

Parenteral

Female infertility

Adult: 75-150 units of FSH daily via IM or SC inj; adjust gradually until adequate response is achieved. Treatment is stopped and followed after 1 or 2 days by single dose of chorionic gonadotrophin 5000-10,000 units. In menstruating patients, start within the 1st 7 days of menstrual cycle. Alternatively, 3 equal doses IM or SC, each providing 225-375 units of FSH on alternate days followed by chorionic gonadotrophin 1 wk after the 1st dose.

Stop treatment if no response is seen in 3 wk. Course may be repeated twice more, if necessary.

Parenteral

Male infertility

Adult: Stimulate spermatogenesis with chorionic gonadotrophin, then with human menopausal gonadotrophin in a dose of 75 or 150 units of FSH 2 or 3 times wkly by IM or SC. Treatment should be continued for at least 3 or 4 mth.

Parenteral

In vitro fertilisation procedures or other assisted conception techniques

Adult: (In conjunction with chorionic gonadotrophin and sometimes clomiphene citrate or a gonadorelin analogue.) 75-300 units of FSH daily via IM or SC inj usually beginning on the 2nd or 3rd day of menstrual cycle. Combined regimen: 100 mg clomiphene citrate on days 2-6, with human menopausal gonadotrophins beginning on day 5 in a dose providing 150-225 units of FSH daily. Continue until an adequate response is obtained; final inj of human menopausal gonadotrophins is followed 1-2 days later with up to 10,000 units of chorionic gonadotrophin.

Contraindications

Ovarian cysts or enlargement not caused by polycystic ovarian syndrome; tumors of breast, uterus, ovaries, testes or prostate; vaginal bleeding of unknown cause; pregnancy and lactation.

Special Precautions

Hyperprolactinemia or tumors of the pituitary or hypothalamus. Ovarian enlargement at risk of rupture, care in pelvic examinations. Risk of multiple births.

Adverse Drug Reactions

Ovarian hyperstimulation, risk of multiple pregnancy and miscarriage, hypersensitivity and local reactions at Inj site, nausea, vomiting, joint pain, fever. In men, gynecomastia, acne, weight gain. Potentially Fatal: Rupture of ovarian cysts and intraperitoneal haemorrhage.

Drug Interactions

Drugs with luteinising hormone activity may increase risk of ovarian hyperstimulation syndrome.

Pregnancy Category (US FDA)

Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.

Mechanism of Action

Human menopausal gonadotrophins possess both follicle-stimulating hormone (FSH) and luteinizing hormone (LH) activities.

CIMS Class

Trophic Hormones & Related Synthetic Drugs

ATC Classification

G03GA02 - human menopausal gonadotrophin; Belongs to the class of gonadotropins. Used as ovulation stimulants.

*human menopausal gonadotrophins information:

human menopausal gonadotrophins

human menopausal gonadotrophins brands available in India

Always prescribe with Generic Name : human menopausal gonadotrophins, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : FOLLILUTIN inj FOLLINIS vial HUMOG inj MATERNA HMG vial MENODAC vial MENOLIFE amp MENONYS amp MENOTEC vial MENOVUL vial OVUGRAF-HP amp OVULATE-M vial PREGNORM vial PROFERTI-H vial ZY-HMG inj

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([all drugs])

human normal immunoglobulin

CIMS Class : (Vaccines, Antisera & Immunologicals)

human normal immunoglobulin

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related human normal immunoglobulin information

Indication & Dosage

Intramuscular

Control outbreaks of hepatitis A

Adult: Recommended dose: 500 mg via deep IM inj.

Child: Recommended dose: <10 yr: 250 mg; =10 yr: 500 mg, to be given as deep IM inj.

Intramuscular

Prophylaxis against hepatitis A in immunocompromised patients

Adult: Recommended dose: 500 mg via deep IM inj.

Child: Recommended dose: <10 yr: 250 mg; =10 yr: 500 mg, to be given as deep IM inj.

Intramuscular

Prevent or modify measles attack in immunocompromised patients

Adult: For prevention of an attack: 750 mg as an IM inj; to be given within 6 days after exposure (better efficacy if given within 72 hr). To modify an attack: 250 mg as an IM inj.

Child: For prevention of an attack: <1 yr: 250 mg; 1-2 yr: 500 mg; =3 yr: 750 mg, as a single IM inj. Dose should be given within 6 days after exposure (better efficacy if given within 72 hr). To modify an attack: <1 yr: 100 mg and =1 yr: 250 mg, as a single IM inj.

Intramuscular

Primary rubella in pregnant women whereby pregnancy termination is unacceptable

Adult: 750 mg as an IM inj.

Parenteral

Immunocompromised patients or patients with primary antibodies deficiency

Adult: IV admin: Initially, 400-800 mg/kg, then 200 mg/kg every 3 wk, adjust according to trough-immunoglobulin levels; maintenance dose: 200-800 mg/kg/mth. In patients with secondary immunodeficiencysyndromes: 200-400 mg/kg every 3-4 wk may be used. Alternatively, dose may be given via SC admin: Initial loading dose of 200-500 mg/kg (divided over several days), followed by maintenance doses at repeated intervals to achieve a cumulative mthly dose of 400-800 mg/kg.

Intravenous

Prophylaxis of infections after bone marrow transplantation

Adult: 500 mg/kg/wk, adjust dose according to response.

Intravenous

Raise platelet count in patients with idiopathic thrombocytopenic purpura

Adult: 400 mg/kg/day for 2-5 consecutive days. Alternatively, a dose of 800-1000 mg/kg may be given on day 1 and repeated on day 3 if needed. Doses to be given via IV infusion. Treatment may be repeated if relapse occurs.

Intravenous

Kawasaki disease

Adult: 1.6-2 g/kg in divided doses over 2-5 days, or 2 g/kg given as a single dose. To be used in conjunction with acetylsalicylic acid.

Intravenous

Guillain-Barre syndrome

Adult: 400 mg/kg daily for 5 consecutive days, may repeat every 4 wk if needed.

Intravenous

Allogenic bone marrow transplantation

Adult: As part of the conditioning regimen and after transplantation: 500 mg/kg/wk, starting 7 days before transplantation and for up to 3 mth after transplantation. In cases of persistent lack of antibody production, 500 mg/kg/mth may be used to normalise the antibody level.

Contraindications

Patients with selective immunoglobulin A deficiency. Prior anaphylactic reactions to immunoglobulin, blood or other blood-derived preparations.

Special Precautions

Increased risk of acute renal failure in patients with renal impairment, DM, hypovolaemia, overweight, concomitant nephrotoxic medicinal products or >65 yr. High infusion rate may increased risk of adverse reactions. Ensure adequate hydration prior to IV infusion of immunoglobulin. Monitor urine output and serum creatinine levels during treatment. Avoid concurrent use of loop diuretics during IV infusion of immunoglobulin. Live vaccines should generally be given 3 wk before or 3 mth after admin of normal immunoglobulin. Different formulations and brands of human normal immunoglobulins may not be equivalent, thus individual literature should be consulted. Pregnancy and lactation.

Adverse Drug Reactions

Dizziness, light-headedness, nausea, vomiting, allergic and cutaneous reactions. Local pain and tenderness at the site of inj. IV admin may lead to systemic effects such as headache, chills and fever.

Drug Interactions

May interfere with the immune response to live measles vaccine, live mumps vaccine, live rubella vaccine and live varicella vaccine,

therefore these vaccines should be given at least 3 wk before or 3 mth after the admin of the immunoglobulins.

Lab Interference

May affect Coomb's test results used in haematologic studies or transfusion cross-matching procedures. IV immunoglobulin preparations containing maltose may falsely elevate blood glucose tests that use nonspecific methods based on glucose dehydrogenase pyrroloquinolinequinone (GDH-PQQ) or glucose-dye oxidoreductase.

Storage

Intramuscular: Store at 2-8°C. Intravenous: Store at 2-8°C. Parenteral: Store at 2-8°C.

Mechanism of Action

Human normal immunoglobulin is derived from donations of pooled human plasma. It contains antibodies, mainly immunoglobulin G (IgG), to various bacteria and viruses present in the general population such as hepatitis A, measles, mumps, rubella

and varicella. It has a distribution of IgG subclasses that is very close to that of the normal human plasma. It is therefore, used to provide passive immunisation against such diseases.

Absorption: Levels usually take about 2 days to peak after SC admin.

Metabolism: IgG and IgG-complexes are broken down in the cells of the reticuloendothelial system.

CIMS Class

Vaccines, Antisera & Immunologicals

*human normal immunoglobulin information:

human normal immunoglobulin

human normal immunoglobulin brands available in India

Always prescribe with Generic Name : human normal immunoglobulin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ANTI-D VACCINE inj AUNATIV amp BHARGLOB inj CYTOTECT amp FLEBOGAMMA infusion GAMAFINE inj GAMA-GLOB inj GAMAGLOBIN inj GAMMA-IV

vial HISTAGLOBULIN vial HISTOGLOB amp IMMUNOREL bottle IV-GLOBULIN inj IVIGLOB infusion MATERGAM-P amp MEGLOB inj NORGLOBIN infusion OCTAGAM inj RHESONATIV vial RHESUMEN PF-syringe RHOCLONE vial VENIMMUN inj VERGLOB inj VINOBULIN vial

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([all drugs])

hyaluronidase

CIMS Class : (Miscellaneous)

hyaluronidase

P - Caution when used during pregnancy

L - Caution when used during lactation

related hyaluronidase information

Indication & Dosage

Parenteral

Adjunct in hypodermoclysis

Adult: 1500 units for every 500-1000 ml of fluid for SC admin.

Parenteral

Facilitate SC/IM injections

Adult: 1500 units directly added to the inj.

Parenteral

Aid in the dispersal of extravasated fluids or blood

Adult: 1500 units in 1 ml of water for inj or normal saline is injected into the affected area.

Parenteral

Aid in the diffusion of local anaesthetic in ophthalmology

Adult: 15 units/ml of local anaesthetic solution.

Incompatibility: Physical incompatibility has been reported with heparin and adrenaline, frusemide, benzodiazepines and phenytoin.

Overdosage

Symptoms include hypotension, tachycardia, headache and generalised skin flushing. Other complications may include myocardial ischaemia and subsequent MI, cardiac arrhythmia and profound shock. Treatment is supportive and symptomatic.

Contraindications

Hypersensitivity, malignancy. Direct application to the cornea, reduction of swelling of bites or stings. Inj into or around infected area. IV admin; unexplained premature labour.

Special Precautions

Impaired renal function. Infants, elderly. Patients with infections. Pregnancy, lactation.

Adverse Drug Reactions

Urticaria, occasional severe allergy.
Potentially Fatal: Hypersensitivity and anaphylaxis.

Drug Interactions

Action potentiated by urokinase especially in the treatment of MI. May increase absorption and toxicity of local anaesthetics. Heparin, salicylates and NSAIDs may inhibit the spreading action and efficacy of hyaluronidase.

Storage

Parenteral: Refrigerate at 2-8°C.

Mechanism of Action

Hyaluronidase is an enzyme which reduces the viscosity of ground substance, thus making the tissues more permeable to injected fluids. It facilitates distribution and absorption of locally injected substances. It also promotes resorption of excess fluids and extravasated blood in the tissues.

CIMS Class

Miscellaneous

ATC Classification

B06AA03 - hyaluronidase; Belongs to the class of enzymes used as hematological agent.

*hyaluronidase information:
hyaluronidase
hyaluronidase brands available in India
Always prescribe with Generic Name : hyaluronidase, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : FACIDASE INJ amp FACIDASE OptiPen HYLORASE inj HYNIDASE vial SPREADASE inj

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([all drugs])

hydrochlorothiazide

CIMS Class : (Diuretics)

hydrochlorothiazide

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related hydrochlorothiazide information

Indication & Dosage

Oral

Hypertension

Adult: Initially, 12.5 mg daily. Usual dose: 25-50 mg daily, either alone or combined with other antihypertensives, up to 100 mg daily, if necessary.

CrCl (ml/min)

Dosage Recommendation

<10

Avoid.

Oral

Oedema associated with heart failure

Adult: Usual dosage: 25-100 mg daily in the morning, may reduce to 25-50 mg daily or intermittently. Up to 200 mg daily may be used as initial doses in severe cases.

CrCl (ml/min)

Dosage Recommendation

<10

Avoid.

Oral

Nephrogenic diabetes insipidus

Adult: Initial dose: Up to 100 mg daily.

Child: Initially, 1-2 mg/kg/day in 1-2 divided doses; <6 mth: up to 3 mg/kg/day.

CrCl (ml/min)

Dosage Recommendation

<10

Avoid.

Administration

Should be taken with food.

Overdosage

Lethargy, nausea, weakness and electrolyte imbalance, possibly progress to coma within a few hr with minimal depression of respiratory and CV function and with no evidence of dehydration or serum electrolyte changes. GI irritation and hypermotility, temporary elevation of the BUN, serum electrolyte changes (e.g., hypokalemia, hypochloremia, hyponatremia) may occur in renally impaired patients. Empty stomach by inducing vomiting with ipecac syrup If patient is conscious. Cathartics should not be admin as they may promote loss of fluid and electrolytes. Supportive and symptomatic treatment with monitoring of serum electrolytes, renal, respiratory, and CV function. Replace fluid and electrolytes where necessary.

Contraindications

Severe hepatic and renal impairment, Addison's disease, preexisting hypercalcaemia, anuria, sulphonamide allergy. Pregnancy, lactation.

Special Precautions

Existing electrolyte disturbances, hepatic cirrhosis, severe heart failure, oedema, elderly, renal impairment. Monitor for signs of fluid and electrolyte disturbance. Hepatic impairment, DM, gout, hyperlipidaemia, hypercalcaemia, hyperuricaemia; ECG: LVH and/or ventricular ectopics (extrasystoles). May exacerbate or activate SLE in susceptible patients.

Adverse Drug Reactions

Volume depletion and electrolyte imbalance, dry mouth, thirst, lethargy, drowsiness, muscle pain and cramps, hypotension, hypersensitivity reactions e.g. rashes, photosensitivity, thrombocytopenia, jaundice, pancreatitis; fatigue, weakness; may precipitate an attack of gout; impotence, hyperglycaemia; anorexia, gastric irritation, nausea, vomiting, constipation, diarrhoea, sialadenitis, dizziness, raised Ca concentration.
Potentially Fatal: Hypersensitivity reactions.

Drug Interactions

May cause hyponatraemia when used with carbamazepine. May increase risk of toxicity when used withallopurinol or tetracyclines.

Potentiates hypotensive effect of a-blockers and ACE inhibitors. Diuretic-induced hypokalaemia may increase the toxicity of digitalis glycosides and risk of arrhythmias when used with drugs that prolong QT interval. May increase serum concentrations of lithium when used together. Concurrent use withalcohol, barbiturates and opioids may enhance diuretic-enhanced orthostatic hypotension. Antihypertensive effect may be reduced by corticosteroids, NSAIDs or carbenoxolone. May enhance the nephrotoxicity of NSAIDs.

Potentially Fatal: Enhances neuromuscular blocking action of competitive muscle relaxants. Impaired control of diabetes by oral hypoglycaemic agents.

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Hydrochlorothiazide inhibits the reabsorption of Na and chloride at the beginning of the distal convoluted tubule. It causes natriuretic effect mainly by decreasing Na and chloride reabsorption in the

cortical segment of the ascending limb of the loop of Henle by inhibition of a specific Na+Cl- co-transporter.
Onset: 2 hr (oral).
Duration: 6-12 hr (oral).
Absorption: Fairly absorbed from the GI tract; peak plasma concentrations after 4 hr (oral).
Distribution: Crosses the placenta; enters the breast milk; bound to RBCs.
Excretion: Urine (as unchanged drug); 5-15 hr (elimination half-life).

CIMS Class

Diuretics

ATC Classification

C03AA03 - hydrochlorothiazide; Belongs to the class of low-ceiling thiazide diuretics. Used to promote excretion of urine.

*hydrochlorothiazide information:
Note that there are some more drugs interacting with hydrochlorothiazide

hydrochlorothiazide further details are available in official CIMS India

hydrochlorothiazide

hydrochlorothiazide brands available in India

Always prescribe with Generic Name : hydrochlorothiazide, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AQUAZIDE tab BPZIDE tab ESIDREX tab HYDRIDE tab KLORZIDE tab OLMESAR-H tab OLMY-H tab THIAZIDE tab XENIA tab

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([all drugs])

hydrocortisone

CIMS Class : (Corticosteroid Hormones) , (Eye Corticosteroids) , (Topical Corticosteroids)

hydrocortisone

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related hydrocortisone information

Indication & Dosage

Oral

Replacement therapy in adrenocortical insufficiency

Adult: 20-30 mg daily in 2 divided doses.

Child: 400-800 mcg/kg/day, in 2-3 divided doses.

Intravenous

As supplement in adrenal insufficiency during minor surgery under general anaesthesia

Adult: In patients taking >10 mg of prednisolone or its equivalent by mouth daily. 25-50 mg at induction. Resume with usual oral corticosteroid after surgery.

Intravenous

As supplement in adrenal insufficiency during moderate or major surgery

Adult: In patients taking >10 mg of prednisolone or its equivalent by mouth daily. Usual oral corticosteroid dose on the morning of the surgery followed by 25-50 mg at induction, then similar doses of hydrocortisone tid for 24 hr after moderate surgery or 48-72 hr after major surgery. Resume oral therapy once injections are stopped.

Intravenous

Acute adrenocortical insufficiency

Adult: 100-500 mg 3-4 times/24 hr according to the severity of the condition and patient response. Fluids andelectrolytes should be administered as needed to correct any metabolic disorder. Doses may also be given via IM inj but the response may be slower.

Child: <1 yr: 25 mg; 1-5 yr: 50 mg; 6-12 yr: 100 mg. Fluids and electrolytes should be administered as needed to correct any metabolic disorder. Doses may also be given via IM inj but the response may be slower.

Injection

Soft tissue inflammation

Adult: As Na phosphate or Na succinate esters: 100-200 mg as local inj.

Intra-articular

Joint inflammations

Adult: As acetate: 5-50 mg depending on size of affected joint.

Topical/Cutaneous

Corticosteroid-responsive dermatoses

Adult: Apply a 0.1-2.5% cream/ointment/lotion onto affected area.

Administration

Should be taken with food.

Contraindications

Viral/fungal infections, tubercular or syphilitic lesions, bacterial infections unless used in conjunction with appropriate chemotherapy.

Special Precautions

CHF, hypertension, DM, epilepsy, elderly, patients on prolonged therapy. Gradual withdrawal, pregnancy and lactation.

Adverse Drug Reactions

Sodium and fluid retention. Potassium and calcium depletion. Muscle wasting, weakness, osteoporosis. GI disturbances and bleeding. Increased appetite and delayed wound healing. Bruising, striae, hirsutism, acne, flushing. Raised intracranial pressure, headache, depression, psychosis, menstrual irregularities. Hyperglycaemia, glycosuria, DM, obesity, moon-face, buffalo hump. Suppression of pituitary-adrenocortical system. Growth retardation in childn (prolonged therapy). Increased susceptibility for infection. Topical use: Dermal atrophy, local irritation, folliculitis, hypertrichosis. Inhaled corticosteroids: May cause

hoarseness, candidiasis of mouth and throat. Topical application to the eye: Can produce corneal ulcers, raised IOP and reduced visual function. Intralesional injection: Local hypopigmentation of deeply pigmented skin. Intra-articular injection: Joint damage, fibrosis esp in load bearing joints.

Potentially Fatal: Abrupt withdrawal leading to acute adrenal insufficiency. Rapid IV Inj may cause CV collapse.

Drug Interactions

Thiazides may enhance hyperglycaemia and hypokalaemia caused by corticosteroids. Increased incidence of peptic ulcer or GI bleeding with concurrent NSAIDs admin. Response to anticoagulants altered. Dose of antidiabetics and antihypertensives needs to be increased. Decreases serum conc of salicylates and antimuscarinic agents. Ethanol may enhance gastric mucosal irritation. Reduced efficacy with concurrent use of carbamazepine, phenytoin, primidone, barbiturates and rifampicin. Mutual inhibition of metabolism betweenciclosporin and corticosteroids increase plasma conc of both drugs. Enhanced effect in women taking oestrogens or oral contraceptives.

Food Interaction

Interferes with calcium absorption.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

in 1st trimester.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Injection: Store at 15-30°C. Intra-articular: Store at 15-30°C. Intravenous: Store at 15-30°C. Oral: Store at 15-30°C. Topical/Cutaneous: Store at 15-30°C.

Mechanism of Action

Hydrocortisone is a corticosteroid used for its anti-inflammatory and immunosuppressive effects. Its anti-inflammatory action is due to the suppression of migration of polymorphonuclear leukocytes and reversal of increased capillary permeability. It may also be used as replacement therapy in adrenocortical insufficiency.

Absorption: Readily absorbed from the GI tract (oral); sodium phosphate and sodium succinate esters are rapidly absorbed but the free alcohol and its lipid soluble ester are slowly absorbed (IM); Acetate is slowly absorbed (intra-articular inj); absorbed from the skin (denuded areas).

Distribution: Crosses the placenta. Protein-binding: >90%.

Metabolism: Hepatic (metabolised to hydrogenated and degraded forms).

Excretion: Via urine (as conjugates and glucuronide, with small portion as unchanged drug).

CIMS Class

Corticosteroid Hormones / Eye Corticosteroids / Topical Corticosteroids

ATC Classification

A01AC03 - hydrocortisone; Belongs to the class of local corticosteroid preparations. Used in the treatment of diseases of the mouth.

A07EA02 - hydrocortisone; Belongs to the class of corticosteroids acting locally. Used in the treatment of intestinal inflammation.

C05AA01 - hydrocortisone; Belongs to the class of products containing corticosteroids for topical use. Used in the treatment of hemorrhoids.

D07AA02 - hydrocortisone; Belongs to the class of weak (group I) corticosteroids. Used in the treatment of dermatological diseases.

D07XA01 - hydrocortisone; Belongs to the class of weak (group I) corticosteroids in other combinations. Used in the treatment of dermatological diseases.

H02AB09 - hydrocortisone; Belongs to the class of glucocorticoids. Used in systemic corticosteroid preparations.

S01BA02 - hydrocortisone; Belongs to the class of corticosteroids. Used in the treatment of inflammation of the eye.

S01CB03 - hydrocortisone; Belongs to the class of corticosteroids/antiinfectives/mydriatics combinations. Used in the treatment of eye diseases.

S02BA01 - hydrocortisone; Belongs to the class of corticosteroids used in the treatment of inflammation of the ear.

*hydrocortisone information:

Note that there are some more drugs interacting with hydrocortisone

hydrocortisone further details are available in official CIMS India

hydrocortisone

hydrocortisone brands available in India

Always prescribe with Generic Name : hydrocortisone, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ALCORT vial ARVISONE inj CARDOL vial CIPCORLIN inj CORTECYCLIN oint CORT-H oint CORTOLA-M eye drops CORT-S vial CORTYGARD inj DROCORT cream EFCORLIN INJ vial EFFICORT cream ELDERCOID Lipocream ENTOFOAM AEROSOL foam GEOCORT vial H.S vial H-CORT vial HISONE tab HISONE vial HOBUTIDE vial HYCORT CRM cream HYCORT vial HYCOSON vial HYDROCORTISONE SOD SUCCINATE inj HYDROCORTISONE SODIUM SUCCINATE vial HY-SONE INJ inj HYSS inj HYVER inj INTACORLIN vial LABOCORT vial LACTICARE-HC lotion LOCOID LIPOCRM cream LYCOR

cream LYCORTIN-S vial MULTICORT vial MULTIFUNGIN-H cream NISCORT vial NOVACORT vial PRIMACORT vial Q.D 4 CREAM cream SHCORTY-H17 cream SMUTH CRM cream SUCCICORT vial TENDRONE cream TOCOR inj UNICORT vial WYCORT INJ inj WYCORT vial WYCORT WITH NEOMYCIN oint

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([all drugs])

hydroquinone

CIMS Class : (Other Dermatologicals)

hydroquinone

P - Caution when used during pregnancy

L - Caution when used during lactation

related hydroquinone information

Indication & Dosage

Topical/Cutaneous

Hyperpigmentated skin conditions

Adult: Apply and rub in a thin layer of 2-4% preparation to affected area bid.

Overdosage

Tremors, seizures, and occasionally severe hemolytic anemia. Administration of activated charcoal and gastric lavage, followed by supportive therapy.

Contraindications

Hypersensitivity. Sunburn or depilatory usage. Children <12 yr.

Special Precautions

Pregnancy, lactation. Avoid contact with eyes and on abraded or sunburnt skin. Avoid unnecessary exposure to sunlight. Limit application to area no larger than face and neck or hands and arms. Not advised to use when itching, vesicle formation, or excessive inflammation occurs. Discontinue application if there is no improvement after 2 mth of treatment.

Adverse Drug Reactions

Transient erythema, mild burning sensations; hyperpigmentation. Staining and corneal opacities. Tremors and convulsions after systemic absorption. Occasionally, hypersensitivity.

Mechanism of Action

Hydroquinone is a topical depigmentating agent used in hyperpigmentation conditions by suppressing melanocyte metabolic processes. It also increases melanin excretion from melanocytes and prevents its production.

CIMS Class

Other Dermatologicals

ATC Classification

D11AX11 - hydroquinone; Belongs to the class of other dermatologicals. Used in the treatment of dermatological diseases.

*hydroquinone information:
hydroquinone
hydroquinone brands available in India
Always prescribe with Generic Name : hydroquinone, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BRITE CREAM cream CLARIPEL PLUS CREAM cream DEPIG cream DEPIG-F cream DEPIG-TM cream ESLITE cream EUKROMA cream EUKROMA-2% cream EUKROMA-SG cream EVEGLOW cream HYDE cream HYDE SOLN soln HYNE soln MELACARE FORTE cream MELACUT cream MELALITE cream MELALITE FORTE cream MELALITE PLUS cream MELALITE-XL cream MELALONG cream MELANORM cream MELANORM-HC cream MELANORM-HC FORTE cream M-LITE cream MULTI-HTM cream PINQUIN oint TINACARE oint

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([all drugs])

hydrotalcite

CIMS Class : (Antacids, Antireflux Agents & Antiulcerants)

hydrotalcite

P - Caution when used during pregnancy

related hydrotalcite information

Indication & Dosage

Oral

Dyspepsia

Adult: As suspension containing 500 mg/5 ml: 10 ml to be taken between meals and at bedtime.
Child: 6-12 yr: As suspension containing 500 mg/5 ml: 5 ml to be taken between meals and at bedtime.

Special Precautions

Pregnancy.

Adverse Drug Reactions

Diarrhoea and vomiting.

Drug Interactions

May interfere with absorption of tetracyclines.

Storage

Oral: Store between 4-25°C.

Mechanism of Action

Hydrotalcite is an antacid that is used in the treatment of dyspepsia.

CIMS Class

Antacids, Antireflux Agents & Antiulcerants

ATC Classification

A02AD04 - hydrotalcite; Belongs to the class of combinations and complexes of aluminium, calcium and magnesium-containing antacids. Used for the treatment of acid-related disorders.

*hydrotalcite information:
Note that there are some more drugs interacting with hydrotalcite
hydrotalcite
hydrotalcite brands available in India
Always prescribe with Generic Name : hydrotalcite, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : TALSIL FORTE susp TALSIL FORTE tab

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([all drugs])

hydroxyapatite compound

CIMS Class : (Agents Affecting Bone Metabolism)

hydroxyapatite compound

related hydroxyapatite compound information

Indication & Dosage

Oral

Prophylaxis of postmenopausal osteoporosis

Adult: As ossein-hydroxyapatite compound: 1660 mg bid.

Contraindications

Hypersensitivity. Children <6 yr. Prolonged immobilization accompanied by hypercalciuria.

Special Precautions

Monitor serum calcium level during treatment. To be taken with vitamin D for maximal benefit. Caution when used in renally impaired patients.

Adverse Drug Reactions

Risk of hypercalciuria.

Drug Interactions

Biphosphonates may increase the osteoconductive and regenerative properties of hydroxyapatite when used together.

Mechanism of Action

Hydroxyapatite is a natural mineral with composition similar to that of the mineral in bone. It is prepared from bovine bone and contains calcium, phosphate, trace elements, fluoride and other ions, proteins and glycosaminoglycans.

CIMS Class

Agents Affecting Bone Metabolism

*hydroxyapatite compound information:
hydroxyapatite compound

hydroxyapatite compound brands available in India

Always prescribe with Generic Name : hydroxyapatite compound, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CALCIZIN film-coated tab CALEX-1000 tab CALSTAT SYR syr CALSTRON tab NATCAL 1000 tab NATCAL SUSP susp NATCAL tab ODICAL tab ORGACAL tab OSSOPAN 1000 tab OSSOPAN 500 tab OSSOPAN SUSP susp OSSOPAN tab OSSOPAN-D susp TUF-CAL film-coated tab

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([all drugs])

hydroxycarbamide

CIMS Class : (Cytotoxic Chemotherapy)

hydroxycarbamide

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related hydroxycarbamide information

Indication & Dosage

Oral

Malignancies

Adult: Treatment of chronic myeloid leukaemia: 20-30 mg/kg/day in single doses. Treatment of solid tumours: Single doses of 80 mg/kg every 3rd day. If used with radiotherapy, treatment should be started 7 days before initiation of radiotherapy.

Renal impairment: Dose reduction may be needed.

Oral

Sickle-cell disease

Adult: Initially, 15 mg/kg daily, increased by 5 mg/kg/day every 12 wk according to response and blood counts. Max: 35 mg/kg daily.

Child: 1-18 yr: 10-20 mg/kg daily, increased by 5 mg/kg/day every 12 wk according to response and blood counts.

Max Dosage:

CrCl (ml/min)

Dosage Recommendation

<60

Initially, 7.5 mg/kg daily.

Oral

Essential thrombocythaemia

Adult: 15 mg/kg daily. Adjust subsequent doses based on platelet counts.

Overdosage

Acute mucocutaneous toxicity, soreness, stomatits, violet erythema, oedema on palms and soles followed by scaling of hands and feet and severe generalised hyperpigmentation of the skin.

Contraindications

Severe bone-marrow suppression, severe anaemia, WBC <3000/mm3 or platelet count <100,000/mm3. Pregnancy and lactation. Hypersensitivity.

Special Precautions

Regular monitoring of uric acid concentrations, blood counts, renal and hepatic function is recommended. Prior irradiation therapy. Elderly. Avoid use of live vaccines.

Adverse Drug Reactions

GI disturbances, renal impairment, pulmonary oedema, dermatological reactions, headache, dizziness. Disorientation, drowsiness, hallucinations, convulsions, alopecia.
Potentially Fatal: Bone marrow suppression.

Drug Interactions

Impairs immune response to vaccines; possible infection with live vaccines, zidovudine, zalcitabine. May alter action of oral anticoagulants and phenytoin.

Potentially Fatal: Fluorouracil may increase potential for neurotoxicity. Modulates metabolism and cytotoxicity of cytarabine. May precipitate didanosine- or stavudine-induced pancreatitis, hepatotoxicity or neuropathy.

Storage

Oral: Store at 25°C.

Mechanism of Action

Hydroxycarbamide causes inhibition of DNA synthesis during the S-phase of cell division by acting as a ribonucleotide reductase inhibitor resulting to cell death. It is S-phase specific.

Absorption: Readily absorbed from the GI tract; peak plasma concentrations after 2 hr (oral).

Distribution: Throughout the body; crosses the placenta; enters breast milk.
Metabolism: Hepatic.
Excretion: Urine; lungs (small amounts as carbon dioxide).

CIMS Class

Cytotoxic Chemotherapy

ATC Classification

L01XX05 - hydroxycarbamide; Belongs to the class of other antineoplastic agents. Used in the treatment of cancer.

*hydroxycarbamide information:
Note that there are some more drugs interacting with hydroxycarbamide
hydroxycarbamide
hydroxycarbamide brands available in India
Always prescribe with Generic Name : hydroxycarbamide, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : CYTODROX cap DUREA cap HONDREA cap HYDAB cap HYDRAN cap HYDREA cap MYELOSTAT cap NEODREA cap OXYREA cap RIBOREA cap UNIDREA cap URDOX tab

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([all drugs])

hydroxychloroquine

CIMS Class : (Antimalarials)

hydroxychloroquine

P - Caution when used during pregnancy

L - Caution when used during lactation

related hydroxychloroquine information

Indication & Dosage

Oral

Rheumatoid arthritis

Adult: Initially, 400 mg daily in divided doses. Maintenance: 200-400 mg/day. Max: 6.5 mg/kg/day or 400 mg/day whichever is lower.

Child: Up to 6.5 mg/kg/day or 400 mg/day whichever is lower. Lowest effective dose should be used.

Renal impairment: Estimation of plasma hydroxychloroquine levels to be undertaken in patients with severely compromised function and dosage adjusted accordingly.

Hepatic impairment: Estimation of plasma hydroxychloroquine levels to be undertaken in patients with severely compromised function and dosage adjusted accordingly.

Oral

Systemic lupus erythematosus

Adult: Initially, 400 mg daily in divided doses. Maintenance: 200-400 mg/day. Max: 6.5 mg/kg/day or 400 mg/day whichever is lower.

Child: Up to 6.5 mg/kg/day or 400 mg/day whichever is lower. Lowest effective dose should be used.

Renal impairment: Estimation of plasma hydroxychloroquine levels to be undertaken in patients with severely compromised function and dosage adjusted accordingly.

Hepatic impairment: Estimation of plasma hydroxychloroquine levels to be undertaken in patients with severely compromised function and dosage adjusted accordingly.

Oral

Prophylaxis of malaria

Adult: 400 mg every 7 days. Begin 2 wk before exposure, continue for 4-6 wk after leaving the endemic area.

Child: 6.5 mg/kg once wkly. Max: 400 mg/dose.

Oral

Acute malaria

Adult: Initially, 800 mg followed by 400 mg 6-8 hr later, then a further 400 mg on each of the succeeding 2 days.

Child: 13 mg/kg; followed by 6.5 mg/kg 6 hr later and repeat dose on the 2nd and 3rd days.

Administration

Should be taken with food.

Overdosage

Headache, visual disturbances, cardiovascular collapse, convulsions, hypokalaemia, and rhythm and conduction disorders, followed by sudden and early respiratory and cardiac arrest. Treatment should be prompt and symptomatic as symptoms appear quickly.. Empty stomach comtents either by emesis or by gastric lavage. If within 30 min of overdose, introduce activated charcoal in a dose at least five times of the overdose into the stomach by tube following lavage to inhibit further absorption. Admin of parenteral diazepam may be beneficial in reversing

chloroquine cardiotoxicity. Respiratory support and shock management should be instituted as needed.

Contraindications

Retinal or visual field changes, known hypersensitivity. Long-term use in children.

Special Precautions

Impaired liver or renal function, severe GI disorders, porphyria, psoriasis, neurological disorders especially a history of epilepsy, myasthenia gravis, G6PD deficiency, pregnancy, lactation. Monitor CBC in patients receiving prolonged therapy. Perform baseline and periodic 6-mth eye exams, test periodically for muscle weakness.

Adverse Drug Reactions

Retinopathy, hair loss, photosensitivity, tinnitus, myopathy (long-term therapy). Psychosis, seizures, leucopenia and rarely aplastic anaemia, hepatitis, GI upsets, dizziness, hypokalaemia, headache, pruritus, urticaria, difficulty in visual accommodation. Loss of hair, bleaching of hair pigment, bluish-black pigmentation of the mucous

membranes and skin, photosensitivity, tinnitus, reduced hearing, nerve deafness, neuromyopathy, and myopathy, including cardiomyopathy.

Drug Interactions

Cimetidine may increase serum levels of hydroxychloroquine. Its absorption may be decreased by kaolin or Mg trisilicate. Avoid digoxin and alcohol. Increased risk of ventricular arrhythmias when used with halofantrine. Concurrent use with mefloquine may increase the risk of convulsions.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store below 30°C.

Mechanism of Action

Hydroxychloroquine is a 4-aminoquinoline antimalarial with actions similar to those of chloroquine but is mainly used in the treatment of SLE and rheumatoid arthritis. It interferes with digestive vacuole function within susceptible malarial parasites by increasing pH and interrupting with lysosomal degradation of Hb thus impeding normal cell function of sensitive parasites.

Onset: Rheumatic disease: 4-6 wk may be needed for response to be observed.

Absorption: Oral absorption is rapid and complete.

Distribution: Protein binding: 55%.

Metabolism: Via liver.

Excretion: Via urine as metabolites and unchanged drug. Half-life elimination: 32-50 days.

CIMS Class

Antimalarials

ATC Classification

P01BA02 - hydroxychloroquine; Belongs to the class of aminoquinoline antimalarials. Used in the management of malarial infections.

*hydroxychloroquine information:

Note that there are some more drugs interacting with hydroxychloroquine

hydroxychloroquine further details are available in official CIMS India

hydroxychloroquine

hydroxychloroquine brands available in India

Always prescribe with Generic Name : hydroxychloroquine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : HCQS tab HQTOR tab HYDROCAD film-coated tab HYDROQUIN tab OXCQ tab OXY-Q tab WINFLAM tab ZY-Q tab

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([all drugs])

hydroxyprogesterone caproate

CIMS Class : (Oestrogens & Progesterones & Related Synthetic Drugs)

hydroxyprogesterone caproate

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related hydroxyprogesterone caproate information

Indication & Dosage

Intramuscular

Recurrent miscarriage

Adult: 250-500 mg wkly during the 1st half of pregnancy.

Intramuscular

Amenorrhoea

Adult: Single dose of 375 mg; may repeat at 4-wkly intervals if needed. After 4 days of desquamation, or if there is no bleeding within 21 days after admin of the drug, may initiate cyclic therapy that includes an oestrogen. For cyclic treatment (28-day cycle): Administer 20 mg of estradiol valerate on day 1, and on day 15, administer 250 mg of hydroxyprogesterone caproate and 5 mg of estradiol valerate. May repeat cyclic therapy at 4-wkly intervals as needed.

Intramuscular

Abnormal uterine bleeding

Adult: Single dose of 375 mg; may repeat at 4-wkly intervals if needed. After 4 days of desquamation, or if there is no bleeding within 21 days after admin of the drug, may initiate cyclic therapy that includes an oestrogen. For cyclic treatment (28-day cycle): Administer 20 mg of estradiol valerate on day 1, and on day 15, administer 250 mg of hydroxyprogesterone caproate and 5 mg of estradiol valerate. May repeat cyclic therapy at 4-wkly intervals as needed.

Intramuscular

Palliative treatment of advanced, inoperable endometrial carcinoma

Adult: Usual dose: =1 g, may repeat once or more times wkly. Usual range: 1-7 g/wk. Discontinue treatment if relapse occurs or if the objective response is not achieved after 12 wk of treatment.

Contraindications

Undiagnosed vaginal bleeding, breast cancer, pregnancy, lactation. Thrombophlebitis, thromboembolic disorders, cerebral apoplexy or a history of these conditions. Markedly impaired liver function.

Special Precautions

Physical examination is advised prior to starting therapy. Hepatic impairment, mental depression. Monitor blood glucose in diabetic patients. Discontinue treatment upon signs of thromboembolic and thrombotic disorders. Discontinue treatment if unexplained, sudden or gradual, partial or complete loss of vision, protopsis, diplopia or papilledema, retinal vascular lesions or migraine occur. Caution when used in patients with conditions that might be worsened by fluid retention (e.g. asthma, seizure disorders, migraine, cardiac or renal dysfunction).

Adverse Drug Reactions

GI disturbances, increased appetite, wt gain or loss, oedema, acne, allergic skin rashes, urticaria, mental depression, discomfort in breast; cough, dyspnoea, circulatory disturbances. Pain at site of inj.

Drug Interactions

Increased clearance when used with enzyme inducers e.g. carbamazepine and phenytoin. May inhibit metabolism of ciclosporin.

Lab Interference

May cause abnormal thyroid function test results. May alter metyrapone test and LFT.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intramuscular: Store at 15-30 °C.

Mechanism of Action

Hydroxyprogesterone caproate stimulates luteal actions, changes in uterus and vagina as seen in early pregnancy. It also has prolonged uterotrophic effect. Contractile response of the myometrium to oxytocin is inhibited.

Duration: 7-14 days.

CIMS Class

Oestrogens & Progesterones & Related Synthetic Drugs

*hydroxyprogesterone caproate information:

Note that there are some more drugs interacting with hydroxyprogesterone caproate

hydroxyprogesterone caproate

hydroxyprogesterone caproate brands available in India

Always prescribe with Generic Name : hydroxyprogesterone caproate, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ANIN INJ amp ARISAFE amp BELGEST INJ inj DARVON vial DEPOVIG amp FETUGEST amp GESTAUR-500 inj GESTIMAX amp GYNONYS INJECTION amp HIPROGRESS amp HIPROGRESS vial HPC DEPOT inj HYLEX amp HYPROGRES inj HYPROSAFE amp MAINTANE INJ. inj MALOXY vial NOVADEPOT amp NT-NATAL inj NUNEST inj PROEVE DEPOT inj PROLIN inj PROLUSTAR DEPOT inj PROLUTON DEPOT amp PROVENDEPOT amp RECOGEST-H inj SANIGEST vial

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([all drugs])

hydroxyzine

CIMS Class : (Anxiolytics) , (Antihistamines & Antiallergics)

hydroxyzine

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related hydroxyzine information

Indication & Dosage

Oral

Short-term management of anxiety

Adult: 50-100 mg 4 times daily.

Renal impairment: Moderate-severe impairment: Reduce dose by 50%.

Hepatic impairment: Reduce total daily dose by 33%.

Oral

Pruritus in acute and chronic urticaria and dermatosis

Adult: Initially, 25 mg at night increased if required up to 25 mg 3-4 times daily.

Child: 6 mth-6 yr: 5-15 mg daily, increased to 50 mg/day in divided doses; >6 yr: Initially, 15-25 mg/day, increased up to 50-100 mg/day.

Renal impairment: Moderate-severe impairment: Reduce dose by 50%.

Hepatic impairment: Reduce total daily dose by 33%.

Oral

Adjunct to pre- or post-operative sedation

Adult: 50-100 mg.

Child: 600 mcg/kg.

Renal impairment: Moderate-severe impairment: Reduce dose by 50%.

Hepatic impairment: Reduce total daily dose by 33%.

Intramuscular

Prompt control of anxiety or agitation

Adult: Initially, 50-100 mg, may repeat every 4-6 hr if necessary.

Renal impairment: Dose adjustment is required.

Hepatic impairment: Dose adjustment is required.

Incompatibility: Incompatible with aminophylline, benzylpenicillin salts, chloramphenicol sodium succinate, dimenhydrinate, liposomal doxorubicin hydrochloride, thioridazine and some soluble barbiturates.

Administration

May be taken with or without food.

Overdosage

Excessive sedation, hypotension (rare). Symptomatic and supportive treatment. Empty stomach immediately by inducing emesis or by gastric lavage. IV fluids and norepinephrine or metaraminol (do not use epinephrine) if hypotension. Haemodialysis or peritoneal dialysis is probably not effective.

Contraindications

Porphyria, neonates, pregnancy, lactation.

Special Precautions

Renal and hepatic impairment; narrow-angle glaucoma; epilepsy; prostatic hypertrophy; bladder neck obstruction; asthma; COPD. May impair ability to drive or operate machinery.

Adverse Drug Reactions

CNS depression, paradoxical CNS stimulation, dry mouth, thickened respiratory secretions, constipation, blurring of vision, tachycardia, GI disturbances, headache, hypotension, tinnitus.

Drug Interactions

Masks ototoxicity of aminoglycoside antibiotics.
Potentially Fatal: Potentiates CNS depression by barbiturates, hypnotics, opioid analgesics, sedatives and neuroleptics. MAOIs, atropine, and TCAs potentiate antimuscarinic effects.

Food Interaction

Increased CNS depression with alcohol.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intramuscular: Store at 15-30°C. Oral: Store at 15-30°C.

Mechanism of Action

Hydroxyzine blocks histamine H1-receptors on effector cells of the GI tract, blood vessels and respiratory tract; a sedating anihistamine with antimuscarinic and significant sedative properties. It also possesses skeletal muscle relaxing, bronchodilator, antiemetic and analgesic properties.
Absorption: Absorbed rapidly from the GI tract (oral).
Metabolism: Converted to cetirizine (has antihistaminic properties).
Excretion: 20 hr (elimination half-life).

CIMS Class

Anxiolytics / Antihistamines & Antiallergics

ATC Classification

N05BB01 - hydroxyzine; Belongs to the class of diphenylmethane derivatives anxiolytics. Used in the management of anxiety, agitation or tension.

*hydroxyzine information:

Note that there are some more drugs interacting with hydroxyzine

hydroxyzine further details are available in official CIMS India

hydroxyzine

hydroxyzine brands available in India

Always prescribe with Generic Name : hydroxyzine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ATARAX drops ATARAX inj ATARAX syr ATARAX tab H-RAX tab HYDIL tab HYDROZE tab KRUST tab PRU tab PRUGO tab PRV tab PSYTRAX tab REXZIN drops REXZIN tab ROXZINE drops ROXZINE syr ROXZINE tab XYCOTIC drops XYCOTIC tab

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([all drugs])

hyoscine

CIMS Class : (Antispasmodics) , (Antivertigo Drugs) , (Mydriatic Drugs) , (Muscle Relaxants)

hyoscine

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related hyoscine information

Indication & Dosage

Oral

Gastrointestinal tract spasm

Adult: As butylbromide: 20 mg 4 times daily.

Child: As butylbromide: 6-12 yr: 10 mg tid.

Oral

Genitourinary spasm

Adult: As butylbromide: 20 mg 4 times daily.

Child: As butylbromide: 6-12 yr: 10 mg tid.

Oral

Prophylaxis of motion sickness

Adult: As hydrobromide: 300 mcg 30 min before a journey, then 300 mcg every 6 hr if required. Max: 3 doses in 24 hr.

Child: As hydrobromide: 3-4 yr: 75 mcg 20 min before a journey, repeated if needed. Max dose: 150 mcg in 24 hr. 4-10 yr: 75-150 mcg, >10 yr: 150-300 mcg.

Max Dosage: 3 doses in 24 hrs.

Parenteral

Gastrointestinal tract spasm

Adult: As butylbromide: 20 mg IM/IV repeated after 30 min if needed. Max: 100 mg daily.

Max Dosage: 100 mg daily.

Parenteral

Genitourinary spasm

Adult: As butylbromide: 20 mg IM/IV repeated after 30 min if needed. Max: 100 mg daily.

Max Dosage: 100 mg daily.

Transdermal

Prophylaxis of motion sickness

Adult: As patch delivering 1 mg over 3 days: Apply 1 patch at least 4 hr before exposure to motion. To be applied behind the ear.

Subcutaneous

Prophylaxis of nausea and vomitting

Adult: As hydrobromide: 0.3-0.6 mg.

Child: As hydrobromide: 0.006 mg/kg.

Subcutaneous

Preoperative sedation

Adult: As hydrobromide: 0.6 mg 3-4 times daily.

Parenteral

Premedication before anaesthesia

Adult: As hydrobromide: 0.2-0.6 mg via SC or IM inj 30-60 minutes before induction of anesth.

Child: As hydrobromide: 15 mcg/kg via SC or IM inj, 30-60 minutes before induction of anesth.

Ophthalmic

Mydriasis and cycloplegia for refraction

Adult: As hydrobromide: Instil 1-2 drops of 0.25% soln to eye(s) 1 hr before procedure.

Child: As hydrobromide: Instil 1 drop of 0.25% soln to eye(s) bid for 2 days before procedure.

Ophthalmic

Iridocyclitis

Adult: As hydrobromide: Instil 1-2 drops of 0.25% solution to eye(s) up to 4 times daily.

Child: As hydrobromide: Instil 1 drop of 0.25% soln to eye(s) up to tid.

Overdosage

Symptoms: Dilated pupils, flushed skin, tachycardia, hypertension, ECG abnormalities, acute psychosis, CNS depression, circulatory collapse, hyperpyrexia, respiratory failure. Management: Artificial respiration with oxygen. Manage fever with ice or alcohol sponges. For severe life-threatening symptoms, give physostigmine 1-2 mg SC or IV slowly; repeat administration after 2 hr as necessary.

Contraindications

Narrow-angle glaucoma, acute haemorrhage, paralytic ileus, tachycardia due to cardiac insufficiency, myasthenia gravis.

Special Precautions

Hepatic/renal disease, pyloric stenosis, urinary retention, prostatic hyperplasia, psychosis, seizure disorders, ulcerative colitis, coronary artery disease, tachyarrhythmias, heart failure, hypertension. Elderly, children, pregnancy, lactation.

Adverse Drug Reactions

Flushing, postural hypotension, tachycardia, fibrillation. Rarely psychotic reactions. Dizziness, drowsiness, fatigue, headache,

memory loss. Dry skin, erythema, increased sensitivity to light, rash. Bloatedness, constipation, dry throat, dysphagia, nausea, vomiting, xerostomia. Dysuria, urinary retention. Tremor, weakness. Impaired accommodation, blurred vision, cycloplegia, dryness, narrow-angle glaucoma, increased intraocular pain, itching, photophobia, pupil dilation. Dry nose. Decreased diaphoresis, heat intolerance. Ophthalmic: Somnolence, dermatitis, oedema, exudate, follicular conjunctivitis, increased IOP, local irritation, photophobia, vascular and respiratory congestion.
Potentially Fatal: CNS depression, coma, circulatory and respiratory failure.

Drug Interactions

Additive sedative effects with alcohol or other CNS depressants. Reduced effects with acetylcholinesterase inhibitors (donepezil, galantamine, rivastigmine, tacrine).
Potentially Fatal: Effect potentiated by other anticholinergic drugs and TCAs.

Lab Interference

May interfere with the gastric secretion test.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Ophthalmic: Store at 8-27°C (46-80°F). Oral: Store at room temperature of 15-30°C (58-86°F). Parenteral:Store at room temperature of 15-30°C (58-86°F). Subcutaneous: Store at room temperature of 15-30°C (58-86°F). Transdermal: Store at 20-25°C (68-77°F).

Mechanism of Action

Hyoscine competitively blocks muscarinic receptors and has central and peripheral actions. It relaxes smooth muscle and reduces gastric and intestinal motility.

Onset: Oral, IM: 0.5-1 hr; IV: 10 min.

Duration: Oral, IM: 4-6 hr; IV: 2 hr.

Absorption: Tertiary salts: Readily absorbed. Quaternary salts: Poorly absorbed.

Distribution: Reversibly bound to plasma proteins.

Metabolism: Hepatic.

Excretion: Via urine (as metabolites); 4.8 hr (elimination half-life).

CIMS Class

Antispasmodics / Antivertigo Drugs / Mydriatic Drugs / Muscle Relaxants

*hyoscine information:

Note that there are some more drugs interacting with hyoscine

hyoscine

hyoscine brands available in India

Always prescribe with Generic Name : hyoscine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BELLOID inj BELLOID tab BUSCOPAN amp BUSCOPAN PLUS tab BUSCOPAN SUPP supp BUSCOPAN susp BUSCOPAN tab HYOSPAN tab HYOSPAS inj HYOSWIFT amp HYOSWIFT tab XSPAS inj

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([all drugs])

ibuprofen

CIMS Class : (Other Cardiovascular Drugs) , (Nonsteroidal Anti-inflammatory Drugs (NSAIDs))

ibuprofen

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related ibuprofen information

Indication & Dosage

Oral

Pain and inflammation

Adult: 1.2-1.8 g/day in divided doses. Maintenance: 0.6-1.2 g daily. Max: 2.4 g/day.

Oral

Juvenile idiopathic arthritis

Child: =3 mth and weighing >5 kg: 30-40 mg/kg/day in 3-4 divided doses. Max: 2.4 g/day.

Oral

Fever

Adult: 200-400 mg every 4-6 hr. Max: 1.2 g/day.

Child: 1-6 mth: 5 mg/kg 3-4 times daily, 6-12 mth: 50 mg tid, 1-2 yr: 50 mg 3-4 times daily, 2-7 yr: 100 mg 3-4 times daily, >7 yr: 200 mg 3-4 times daily. Max: 40 mg/kg/day.

Intravenous

Closure of patent ductus arteriosus

Child: Given as three IV doses infused over 15 min at 24-hr intervals. Initially 10 mg/kg followed by 2 doses of 5 mg/kg. A 2nd course may be given if ductus remains open after 48 hr. Surgery may be required if neonate is unreponsive to two courses of treatment. Dose should be based on birth weight.

Topical/Cutaneous

Pain and inflammation associated with musculoskeletal and joint disorders

Adult: As 5% or 10% gel: Apply onto affected area.

Administration

Should be taken with food.

Overdosage

Symptoms: Apnoea, metabolic acidosis, coma, nystagmus, seizures, leukocytosis and renal failure. Management: Supportive and symptomatic. Multiple doses of charcoal may be required.

Contraindications

Active peptic ulcer; hypersensitivity. Neonates with congenital heart disease, suspected necrotising enterocolitis and active bleeding (parenteral).

Special Precautions

Asthma; renal or hepatic disorders; bleeding disorders; CV disease. Pregnancy, lactation.

Adverse Drug Reactions

Oral: Dyspepsia, vomiting, abdominal pain, heartburn, nausea, diarrhoea, epigastric pain, oedema, fluid retention, dizziness, rash, tinnitus. Parenteral: Intraventricular haemorrhage, skin irritation, hypocalcaemia, hypoglycaemia, GI disorders, anaemia, apnoea, respiratory infection, sepsis.

Potentially Fatal: Severe CV thrombotic events. Severe GI bleeding, ulceration and perforation.

Drug Interactions

Reduces effects of antihypertensives. Enhanced effect with moclobemide. Increased risk of GI bleeding withwarfarin.
Potentially Fatal: Reduces antiplatelet effect of aspirin. Increases risk of methotrexate and lithium toxicity.

Food Interaction

Decreased peak serum levels if taken with food.

Pregnancy Category (US FDA)
Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

in 3rd trimester or near delivery.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Store at room temperature of 20-25°C (68-77°F). Oral: Cap/Gelcap/Tab: Store at room temperature of 20-25°C (68-77°F). Susp/Drops: Store at room temperature of 15-30°C (59-86°F).

Mechanism of Action

Ibuprofen exhibits anti-inflammatory, analgesic and antipyretic activities. Its analgesic effect is independent of anti-inflammatory activity and has both central and peripheral effects. It potently inhibits the enzyme cyclooxygenase resulting in the blockage of prostaglandin synthesis. It also prevents formation of thromboxane A2 by platelet aggregation.

Onset: Analgesic: 30-60 min. Anti-inflammatory: =7 days.

Duration: 4-6 hr.

Absorption: Oral: Peak plasma concentrations after 1-2 hr. Topical: Minimal.
Distribution: Protein-binding: 90-99%.
Metabolism: Hepatic via oxidation.
Excretion: Via urine (1% as free drug), some feces; 2 hr (plasma half-life).

CIMS Class

Other Cardiovascular Drugs / Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

ATC Classification

C01EB16 - ibuprofen;
G02CC01 - ibuprofen; Belongs to the class of antiinflammatory products for vaginal administration used in the treatment and prevention of inflammation.
M01AE01 - ibuprofen; Belongs to the class of propionic acid derivatives of non-steroidal antiinflammatory and antirheumatic products. Used in the treatment of inflammation and rheumatism.

M02AA13 - ibuprofen; Belongs to the class of non-steroidal antiinflammatory preparations for topical use. Used in the treatment of joint and muscular pains.

*ibuprofen information:

Note that there are some more drugs interacting with ibuprofen

ibuprofen further details are available in official CIMS India

ibuprofen

ibuprofen brands available in India

Always prescribe with Generic Name : ibuprofen, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ALFAM tab BREN tab BRENFED FORTE film-coated tab BRENFED tab BRUFEN film-coated tab BRUFEN SOFTRA softgel CIPGESIC tab CODISTAR PLUS tab DECOFED-DS tab DOLOMED GEL gel EFEN tab IBRUMAC susp IBRUMAC tab IBU tab IBUBID SR-cap IBUBID TR-cap IBUCON film-coated tab IBUDOL film-coated tab IBUF tab IBUGESIC film-coated tab IBUGESIC SR-cap IBUGESIC susp IBUGESIC-M tab IBUGIN tab IBUPAL tab IBU-PROXYVON cap IBUSPAN SR tab IBUSYNTH F-tab IBUSYNTH tab INFLAPEN CR-cap LOBAIN cap MYBU tab MYOFEN tab NORSWEL tab NUREN

tab PARVON FORTE cap SUGAFEN F-tab SUGAFEN tab TABALON tab TRICOFEN tab

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([all drugs])

ibuprofen + paracetamol

CIMS Class : (Analgesics (Non-Opioid) & Antipyretics) , (Nonsteroidal Anti-inflammatory Drugs (NSAIDs))

ibuprofen + paracetamol

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related ibuprofen + paracetamol information

Indication & Dosage

Oral

Pain and inflammation associated with musculoskeletal and joint disorders

Adult: (Ibuprofen 400 mg + Paracetamol 325/500 mg) 1 tab 3-4 times daily.

Child: (Ibuprofen 100mg + Paracetamol 125mg) 1 dose tid or as required.

Contraindications

Active peptic ulcer, history of hypersensitivity to either component, recent GI bleeding, neonates.

Special Precautions

Bronchial asthma, renal or hepatic disorders, bleeding disorders, CV diseases, hypertension, patients on anticoagulants, aspirin/NSAIDs induced allergy, pregnancy & lactation.

Adverse Drug Reactions

Dyspepsia, heart burn, GI bleeding, rash, asthmatic attacks, thrombocytopenia, drug induced ulcer, drowsiness, hepatic necrosis, renal papillary necrosis, vision disturbances & disorientation; rarely nausea & vomiting can occur.
Potentially Fatal: Hematemesis, agranulocytosis, severe allergic reaction.

Drug Interactions

Ibuprofen antagonises the effects of furosemide & thiazides. Pethidine & propanthelene reduce absorption of paracetamol. Aspirin displaces ibuprofen from binding sites. NSAIDs blunt the effects of antihypertensives.
Potentially Fatal: Increased risk of GI ulceration & bleeding with anticoagulants. Paracetamol increases the risk of liver damage in chronic alcoholics. Ibuprofen increases the risk of methotrexate toxicity & lithium toxicity.

Food Interaction

Food interferes with the rate of ibuprofen absorption.

Mechanism of Action

Ibuprofen is a potent anti-inflammatory with analgesic and antipyretic action. Its analgesic and antipyretic effects are further reinforced by paracetamol.

CIMS Class

Analgesics (Non-Opioid) & Antipyretics / Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

ATC Classification

C01EB16 - ibuprofen;

G02CC01 - ibuprofen; Belongs to the class of antiinflammatory products for vaginal administration used in the treatment and prevention of inflammation.

M01AE01 - ibuprofen; Belongs to the class of propionic acid derivatives of non-steroidal antiinflammatory and antirheumatic products. Used in the treatment of inflammation and rheumatism.

M02AA13 - ibuprofen; Belongs to the class of non-steroidal antiinflammatory preparations for topical use. Used in the treatment of joint and muscular pains.

N02BE01 - paracetamol; Belongs to the class of anilide preparations. Used to relieve pain and fever.

*ibuprofen + paracetamol information:

Note that there are some more drugs interacting with ibuprofen + paracetamol

ibuprofen + paracetamol

ibuprofen + paracetamol brands available in India

Always prescribe with Generic Name : ibuprofen + paracetamol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ABUFEN-C tab ACTIMOL-F tab ADIFLAM PLUS tab ALCOFEN SUSP susp ALCOFEN TAB tab ANAFLAM syr ANAFLAM tab ANSWELL tab ARCURE tab ARMIX tab ARPA tab ARTIFEN PLUS susp ARTIFEN PLUS tab ARTIGESIC susp ARTIGESIC tab BESTOFEN tab BESTOFLAME syr BREN PLUS susp BREN PLUS tab BRIFLAM tab BRUACE susp BRUACE tab BRUCET tab BRUFAMOL KID dispertab BRUFAMOL PLUS tab BRUFAMOL tab BRUFAMOL-M tab BRUPAL dispertab BRUPAL film-coated tab BRUPAL tab BRUSTIN tab BUFEX KID tab BUFEX PLUS tab BUWIN PLUS tab CALPOL PLUS cap C-GESIC tab CIPGESIC PLUS tab COMBIFLAM susp COMBIFLAM tab DOLOCRAT tab DOLOMED susp DOLOMED tab DT-IBUFLAM tab DUALFLAM F tab DUALFLAM tab DUOFLAM KID- tab DUOFLAM PLUS tab DUOFLAM tab EMFLAM PLUS tab FENCETA susp FENCETA tab FENTREX tab FITFLAM tab FLEXON susp FLEXON tab FLOZEN-AA tab IBEN FORTE tab IBEN PLUS tab IBUBID PLUS tab IBUCET tab IBUCLIN JR tab IBUCLIN tab IBUCON PLUS film-coated tab IBUCON PLUS P- film-coated tab IBUCON PLUS susp IBUDOL-A KID tab IBUFLAMAR-P film-coated tab IBUFLAMAR-P susp IBUGESIC

PLUS susp IBUGESIC PLUS tab IBUMAC PLUS tab IBUMET P tab IBUMOL-500 tab IBUN tab IBUNIJ-A tab IBUNIJ-KID dispertab IBUPAR-M tab IBURA tab IBURIC PLUS KID-tab IBURIC PLUS tab IBUSPAN-P tab IBUTOP susp IBUWIN FORTE tab IBUWIN susp IBUWIN tab ICPARIL tab IMOL PLUS tab IMOL susp IMOL tab IPECEE tab IPM tab LEDERFLAM PLUS tab LUPIFLAM tab LUPIFLAM-C tab MAGADOL KID-tab MAGADOL susp MAXOFEN susp MAXOFEN tab NEW ARTIFEN PLUS susp NEW ARTIFEN PLUS tab NUREN-ACE susp NUREN-ACE tab ORTHODEX tab OSPIDYNE tab OSYFEN PLUS KID-tab OSYFEN PLUS tab PD-FLAM tab PGI DISTAB dispertab PROCIDER EF tab PYROFEN tab REACTINE FORTE tab REGAFLAM tab REGALAM-C tab RELIFEN PLUS tab RENOFEN tab RUPAR tab TAURFLAM tab TOLFEN DT-tab TOLFEN tab TRIBUSYNTH tab TRIFLAM tab XTRAGESIC-A.F. tab ZUPAR captab ZUPAR susp

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([all drugs])

idoxuridine

CIMS Class : (Eye Anti-infectives & Antiseptics) , (Topical Antibiotics)

idoxuridine

P - Caution when used during pregnancy

L - Caution when used during lactation

related idoxuridine information

Indication & Dosage

Ophthalmic

Herpes simplex keratitis

Adult: As 0.1% soln: Instill 1 drop in the affected eye(s) every hr. Taper to every 2 hr or 4 times daily. Continue treatment for at least 7 days.

Topical/Cutaneous

Cutaneous herpes simplex and herpes zoster

Adult: As 5% preparation: Paint onto the lesions 4 times daily for 4 days.

Contraindications

Hypersensitivity.

Special Precautions

Deep ulceration of the stromal layers of the cornea. Avoid prolonged use. Pregnancy and lactation.

Adverse Drug Reactions

Ophthalmic: Irritation; inflammation of the eye or eyelids; pain; photophobia; pruritus; conjunctivitis; oedema. Rarely, lachrymal duct occlusion and hypersensitivity reactions. Corneal damage (prolonged use). Topical: Irritation; stinging; hypersensitivity reactions; corneal punctate defects or skin maceration (when applied excessively).

Drug Interactions

Corticosteroids may accelerate spread of viral infection.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Ophthalmic: Store between 36-80°F.

Mechanism of Action

Idoxuridine, a pyrimidine nucleoside structurally related to thymidine, inhibits viral replication by substituting itself for thymidine in viral DNA. It is active against herpes simplex and varicella zoster viruses, and has also been shown to inhibit vaccinia virus, cytomegalovirus and adenovirus.

Absorption: Poor penetration into the skin and cornea.

Metabolism: Metabolised rapidly in the body to iodouracil, uracil and iodide.

Excretion: Metabolites are excreted in the urine.

CIMS Class

Eye Anti-infectives & Antiseptics / Topical Antibiotics

ATC Classification

D06BB01 - idoxuridine; Belongs to the class of topical antivirals used in the treatment of dermatological diseases.

J05AB02 - idoxuridine; Belongs to the class of nucleosides and nucleotides excluding reverse transcriptase inhibitors. Used in the systemic treatment of viral infections.

S01AD01 - idoxuridine; Belongs to the class of antiinfectives, antivirals. Used in the treatment of eye infections.

*idoxuridine information:

Note that there are some more drugs interacting with idoxuridine

idoxuridine

idoxuridine brands available in India

Always prescribe with Generic Name : idoxuridine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : IDURIN eye drops TOXIL eye drops TOXIL eye oint

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([all drugs])

ifosfamide

CIMS Class : (Cytotoxic Chemotherapy)

ifosfamide

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related ifosfamide information

Indication & Dosage

Intravenous

Solid tumours

Adult: Different licensed dosage regimens are available. Regimen 1: 8-12 g/m2 divided over 3-5 days, repeat course every 2-4 wk. Regimen 2: 6 g/m2 divided over 5 days, repeat course every 3 wk. Regimen 3: 5-6 g/m2(max: 10 g), give as a single 24-hr infusion, repeat course every 3-4 wkly.

CrCl (ml/min)

Dosage Recommendation

<10

Administer 75% of dose.

Intravenous

Sarcoma

Adult: Different licensed dosage regimens are available. Regimen 1: 8-12 g/m2 divided over 3-5 days, repeat course every 2-4 wk. Regimen 2: 6 g/m2 divided over 5 days, repeat course every 3 wk. Regimen 3: 5-6 g/m2(max: 10 g), give as a single 24-hr infusion, repeat course every 3-4 wkly.

CrCl (ml/min)

Dosage Recommendation

<10

Administer 75% of dose.

Intravenous

Lymphoma

Adult: Different licensed dosage regimens are available. Regimen 1: 8-12 g/m2 divided over 3-5 days, repeat course every 2-4 wk. Regimen 2: 6 g/m2 divided over 5 days, repeat course every 3 wk. Regimen 3: 5-6 g/m2(max: 10 g), give as a single 24-hr infusion, repeat course every 3-4 wkly.

CrCl (ml/min)

Dosage Recommendation

<10

Administer 75% of dose.

Intravenous

Germ cell testicular carcinoma

Adult: 1.2 g/m2/day for 5 days via slow infusion over at least 30 minutes, repeat treatment every 3 wk or after recovery from haematological toxicity. To be given with mesna and adequate hydration of at least 2 L of oral or IV fluid per day.

CrCl (ml/min)

Dosage Recommendation

<10

Administer 75% of dose.

Reconstitution: Add 20 ml of sterile water for inj or sterile bacteriostatic water for inj containing benzyl alcohol or parabens for each 1 g of the drug to produce solutions of 50 mg/ml.

Incompatibility: Y-site admin: Cefepime, methotrexate. Admixture or in syringe: Mesna with epirubicin.

Contraindications

Hypersensitivity; severe bone-marrow depression. Pregnancy, lactation.

Special Precautions

Hepatic or renal dysfunction, compromised bone marrow reserve. Use with mesna and ensure high oral/IV fluid intake to reduce urotoxic effects.

Adverse Drug Reactions

Confusion, alopoecia, nausea, vomiting, phloebitis, somnolence, depression, hallucinations. Wound healing may be impaired during ifosfamide use.
Potentially Fatal: Severe myelosuppression, haemorrhagic cystitis, nephrotoxicity, cardiotoxicity, coma.

Drug Interactions

Causes enhanced toxicity with allopurinol, cisplatin. Ifosfamide enhances the anticoagulant effect of warfarin. CYP2A6 inducers (e.g. amobarbital, pentobarbital, phenobarbital, rifampin and secobarbital) may reduce serum levels of ifosfamide while the inhibitors (e.g. isoniazid, methoxsalen and miconazole) may increase its serum levels. CYP3A4 inducers (e.g. aminoglutethimide, carbamazepine, nafcillin, nevirapine, phenobarbital,phenytoin, and rifamycins) may reduce serum levels of ifosfamide while the inhibitors (e.g. azole antifungals, clarithromycin, diclofenac, doxycycline, erythromycin, imatinib, isoniazid) may increase its serum levels.

Food Interaction

St John's wort may reduce its serum levels.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Store at 20-25°C.

Mechanism of Action

Ifosfamide is converted to its active metabolites via hepatic microsomal enzymes. These active metabolites act as alkylating agents, disrupting DNA and protein synthesis of the target cells. It is routinely given with mesna to reduce urothelial toxicity.

Absorption: Well absorbed from the GI tract (oral).

Metabolism: It is a prodrug that is extensively hepatically metabolised to a mixture of active and inactive metabolites.

Excretion: Urine (as unchanged drug and metabolites).

CIMS Class

Cytotoxic Chemotherapy

ATC Classification

L01AA06 - ifosfamide; Belongs to the class of alkylating agents, nitrogen mustard analogues. Used in the treatment of cancer.

*ifosfamide information:
Note that there are some more drugs interacting with ifosfamide
ifosfamide
ifosfamide brands available in India
Always prescribe with Generic Name : ifosfamide, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : HOLOXAN vial HOLOXAN-UROMITEXAN pack IFEX-M inj IFEX-M vial IFOCIP vial IFOMID-M vial IFOXAN WITH MESNA INJ COMBI-pack IPAMIDE vial ISOXAN combipackvial
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([all drugs])

imatinib

CIMS Class : (Targeted Cancer Therapy)

imatinib

P - Caution when used during pregnancy

L - Contraindicated in lactation

related imatinib information

Indication & Dosage

Oral

Chronic myeloid leukaemia

Adult: Chronic phase: 400 mg daily, increased to 600 mg daily or 400 mg bid. Blast crisis or accelerated phase: 600 mg daily, increased to 400 mg bid as required.

Child: Chronic or advanced phase: 340 mg/m2 daily. Max Dose: 600 mg. May be given once daily ordivided into morning and evening doses.

Hepatic impairment: Severe: Reduce dose by 25%.

Oral

Acute lymphoblastic leukaemia

Adult: 600 mg daily with induction, consolidation or maintenance chemotherapy.

Hepatic impairment: Severe: Reduce dose by 25%.

Oral

As monotherapy in relapsed or refractory acute lymphoblastic leukaemia

Adult: 600 mg daily with induction, consolidation or maintenance chemotherapy.

Hepatic impairment: Severe: Reduce dose by 25%.

Oral

Myelodysplastic disease

Adult: 400 mg daily. For eosinophilic syndrome: Start with 100 mg daily in patients with FIP1L1-platelet-derived growth factor receptor-a fusion kinase, may increase to 400 mg if response is insufficient.

Hepatic impairment: Severe: Reduce dose by 25%.

Oral

Hypereosinophilic syndrome

Adult: 400 mg daily. For eosinophilic syndrome: Start with 100 mg daily in patients with FIP1L1-platelet-derived growth factor receptor-a fusion kinase, may increase to 400 mg if response is insufficient.

Hepatic impairment: Severe: Reduce dose by 25%.

Oral

Unresectable, metastatic malignant gastrointestinal stromal tumours

Adult: 400 or 600 mg daily.

Hepatic impairment: Severe: Reduce dose by 25%.

Oral

Mastocytosis

Adult: 400 mg daily. Start with 100 mg daily if there is associated eosinophilia.

Hepatic impairment: Severe: Reduce dose by 25%.

Oral

Dermatofibrosarcoma protuberans

Adult: 400 mg bid.

Hepatic impairment: Severe: Reduce dose by 25%.

Special Populations: Recommended dose in patients on potent CYP3A4 inducers: Increase dose by 50%; careful monitoring is recommended.

Administration

Should be taken with food.

Contraindications

Lactation.

Special Precautions

Cardiac disease or increased risk for CHF. Monitor for signs of severe fluid retention. Monitor CBC regularly. Renal and hepatic impairment. Monitor LFTs. Pregnancy.

Adverse Drug Reactions

Fluid retention/oedema, nausea and vomiting, muscle cramps, musculoskeletal pain, diarrhoea, rash. Fatigue, asthenia, headache, dizziness, insomnia, depression, anxiety, joint pain, arthralgia, myalgia, back pain, abdominal pain, flatulence, dyspepsia, loose stools, anorexia, constipation, taste disturbance, nasopharyngitis, cough, pharyngolaryngeal pain, pharyngitis, sinusitis, upper respiratory tract infection, pneumonia, influenza, dyspnoea, haemorrhage, pyrexia, increased wt, night sweats, rigors, hepatotoxicity, hypokalaemia, pruritus, chest pain, increased lacrimation.

Drug Interactions

Increased blood levels with CYP3A4 inhibitors (azole antifungals, macrolide antibiotics). Reduced blood levels with CYP3A4 inducers

(carbamazepine, dexamethasone, St John's wort, phenobarbital, phenytoin, rifampicin). May increase blood levels of substrates of CYP3A4 (ciclosporin, pimozide, triazolo-benzodiazepines, dihydropyridine calcium-channel blockers, certain statins), CYP2C9 (warfarin) and CYP2D6.

Mechanism of Action

Imatinib, a tyrosine kinase inhibitor, inhibits the Bcr-Abl tyrosine kinase which is created by the Philadelphia chromosome abnormality in chronic myeloid leukaemia (CML). It blocks proliferation and induces apoptosis in BCR-ABL positive cell lines, as well as fresh leukaemic cells from Philadelphia chromosome positive CML.

Absorption: Mean bioavailability: approx 98%; peak blood concentrations reached after 2-4 hr.

Distribution: Protein-binding: Approx 95%.

Metabolism: Major isoenzyme responsible for metabolism is CYP3A4; isoenzymes CYP1A2, CYP2D6, CYP2C9 and CYP2C19 also play a minor role.

Excretion: Elimination half-life: 18 hr (imatinib), 40 hr (N-demethylated piperazine derivative). About 81% is eliminated

within 7 days in the faeces (68%) and urine (13%). Excreted mostly as metabolites, with only 25% as unchanged drug.

CIMS Class

Targeted Cancer Therapy

ATC Classification

L01XE01 - imatinib;

*imatinib information:
Note that there are some more drugs interacting with imatinib
imatinib further details are available in official CIMS India
imatinib
imatinib brands available in India
Always prescribe with Generic Name : imatinib, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : CELONIB film-coated tab GLIVEC tab IMALEK cap IMALEK tab MESYLONIB film-coated tab MITINAB tab SHANTINIB cap VEENAT film-coated tab

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([all drugs])

imidapril

CIMS Class : (ACE Inhibitors)

imidapril

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related imidapril information

Indication & Dosage

Oral

Hypertension

Adult: Initially, 5 mg once daily. 1st dose preferably given at bedtime. Maintenance: 10 mg daily. Max: 20 mg/day.

Elderly: Initially, 2.5 mg daily. Max Dose: 10 mg daily.

Renal impairment: Initially, 2.5 mg daily.

Hepatic impairment: Initially, 2.5 mg daily.

Special Populations: Recommended dose in patients on diuretics: 2.5 mg daily.

Administration

Should be taken on an empty stomach. (Take 15 mins before meals. However, when initiating therapy, 1st dose should be given at bedtime.)

Contraindications

Aortic stenosis or outflow tract obstruction; renovascular disease; ascites. Pregnancy and lactation.

Special Precautions

Peripheral vascular diseases, generalised atherosclerosis, idiopathic or hereditary angioedema, heart failure, patients likely to be salt or water depleted. Assess renal function before and during therapy; monitor for proteinuria. Conduct regular WBC counts in SLE and scleroderma patients. Liver cirrhosis. Discontinue diuretics 2-3 days before starting therapy and resume later if required. Elderly.

Adverse Drug Reactions

Dizziness, headache, fatigue, GI and taste disturbances, persistent dry cough and other upper respiratory tract symptoms, skin rash, angioedema, photosensitivity, renal impairment, hyperkalaemia, hyponatraemia, blood disorders, proteinuria, chest pain, palpitations, tachycardia, stomatitis, pancreatitis, cholestatic jaundice, alopecia, muscle cramps, paraesthesias, mood and sleep disturbances, impotence.

Potentially Fatal: Excessive hypotension, which could result in MI or stroke in patients with ischaemic heart disease or cerebrovascular disease.

Drug Interactions

Additive hyperkalaemic effects with potassium-sparing diuretics, potassium supplements, and other hyperkalaemic drugs. Reduced antihypertensive effects or additive adverse renal effects with NSAIDs.

Potentially Fatal: Marked hypotension with diuretics, other antihypertensives, alcohol, other agents that lower BP.

Storage

Oral: Store below 25°C.

Mechanism of Action

Imidapril prevents the conversion of angiotensin I to angiotension II by inhibiting ACE. It may also inhibit the degradation of bradykinin. It reduces preload and afterload in heart failure, and reduces left ventricular remodelling in MI.

Absorption: Absorption of imidapril is about 70%; peak plasma levels of imidaprilat reached in about 7 hr.

Distribution: Protein-binding: 85% (imidapril); 53% (imidaprilat).

Metabolism: Imidapril is hydrolysed to imidaprilat in the liver.

Excretion: 40% of an oral dose is excreted renally, the remaining dose in the faeces. Terminal half-life: >24 hr (imidaprilat).

CIMS Class

ACE Inhibitors

ATC Classification

C09AA16 - imidapril; Belongs to the class of ACE inhibitors. Used in the treatment of cardiovascular disease.

*imidapril information:

Note that there are some more drugs interacting with imidapril

imidapril further details are available in official CIMS India

imidapril

imidapril brands available in India

Always prescribe with Generic Name : imidapril, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : TANATRIL tab

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([all drugs])

imipenem + cilastatin

CIMS Class : (Other Beta-lactams)

imipenem + cilastatin

P - Caution when used during pregnancy

L - Caution when used during lactation

related imipenem + cilastatin information

Indication & Dosage

Intravenous

Susceptible infections

Adult: In terms of imipenem, 1-2 g daily in divided doses every 6-8 hr, given via IV infusion. Doses 250 or 500 mg are infused over 20-30 minutes, and doses of 750 mg or 1 g over 40-60 minutes.
Child: >40 kg: same as adult dose. >3 mth and <40 kg: 15-25 mg/kg every 6 hr by IV infusion. Up to 90 mg/kg may be given to older children with cystic fibrosis. Neonates and infants <3 mth: 4 wk-3 mth, 25 mg/kg every 6 hr; 1-4 wk, 25 mg/kg every 8 hr; up to 1 wk, 25 mg/kg every 12 hr.
Max Dosage: Adults and children >40 kg: 4 g/day or 50 mg/kg. Children <40 kg: 2 g/day.

CrCl (ml/min)
Dosage Recommendation
31-70
500 mg every 6-8 hr
21-30
500 mg every 8-12 hr
6-20
250 mg or 3.5 mg/kg (whichever is lower) every 12 hr
=5
Only give if haemodialysis started within 48 hr
Intravenous
Prophylaxis of surgical infections

Adult: In terms of imipenem, 1 g given on induction of anaesthesia, followed by 1 g 3 hr later, with additional doses of 500 mg at 8 and 16 hr after induction if necessary.

Intramuscular

Mild to moderate susceptible infections

Adult: In terms of imipenem, 500 mg or 750 mg every 12 hr.

Intramuscular

Uncomplicated gonorrhoea

Adult: In terms of imipenem: A single 500 mg dose may be used.

Contraindications

Hypersensitivity.

Special Precautions

Caution when used in patients with known hypersensitivity to other ß-lactams due to possibility of cross-sensitivity. CNS disorders such as epilepsy; renal, hepatic impairment; pregnancy, lactation.

Adverse Drug Reactions

Skin rashes, urticaria, eosinophilia, fever, nausea, vomiting, diarrhoea, tooth or tongue discoloration and altered taste. Erythema multiforme, exfoliative dermatitis. Pain and thrombophlebitis may occur at the inj site.
Potentially Fatal: Stevens-Johnson syndrome, toxic epidermal necrolysis.

Drug Interactions

Concurrent admin with probenecid may increase the half-life of cilastatin. Increased risk of generalised seizures when used concurrently with ganciclovir.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.
Mechanism of Action

Imipenem is a potent inhibitor of bacterial cell wall synthesis and is bactericidal against a broad spectrum of pathogens. It is resistant to

degradation by bacterial ß-lactamases. Cilastatin is an inhibitor of dehydropeptidase I, an enzyme found in the brush border of the renal tubules. It is given as the sodium salt with imipenem to prevent its renal metabolism and protect against nephrotoxic effects.

Absorption: IM admin: 60-75% (imipenem); 95-100% (cilastatin).

Distribution: Rapidly and widely distributed to most tissues and fluids. Protein binding: 20% (imipenem) and 40% (cilastatin).

Metabolism: Imipenem: Metabolised renally by dehydropeptidase I; cilastatin: Partly metabolised renally.

Excretion: Via urine (about 70% as unchanged drug). Half-life: 2-3 hr (imipenem after IM admin).

CIMS Class

Other Beta-lactams

*imipenem + cilastatin information:

Note that there are some more drugs interacting with imipenem + cilastatin

imipenem + cilastatin

imipenem + cilastatin brands available in India

Always prescribe with Generic Name : imipenem + cilastatin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CILANEM vial CILASPENE vial CIMISPECT vial IME-CILA 1V-vial IME-CILA IV-vial IMELASTIN vial IMINEM vial IMITOP vial I-NEM vial LASTINEM vial ZIENAM vial

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([all drugs])

imipramine

CIMS Class : (Antidepressants)

imipramine

P - Caution when used during pregnancy

L - Caution when used during lactation

related imipramine information

Indication & Dosage

Oral

Depression

Adult: As hydrochloride: Initially, 75 mg daily in divided doses increased gradually to 150-200 mg daily if necessary; 300 mg daily given in severely depressed patients.

Elderly: As hydrochloride: Initially, 10 mg at night gradually increased to 30-50 mg daily.

Oral

Nocturnal enuresis

Child: As hydrochloride: 6-7 yr (20-25 kg): 25 mg; 8-11 yr (25-35 kg): 25-50 mg; >11 yr (35-54 kg): 50-75 mg. Dose to be taken once daily before bedtime for up to 3 mth.

Administration

May be taken with or without food.

Overdosage

Symptoms include CNS stimulation followed by severe CNS depression; tachycardia and conduction disturbances; peripheral anticholinergic effects and seizures.

Contraindications

Post MI, heart block/arrhythmias; mania; porphyria; severe hepatic impairment.

Special Precautions

Epilepsy; children, elderly, pregnancy and lactation; cardiac disease; DM; prostatic hyperplasia; angle-closure glaucoma; phaeochromocytoma. Monitor for increased suicidality during early treatment. Withdraw gradually.

Adverse Drug Reactions

Sinus tachycardia, AV/bundle-branch block, postural hypotension, dry mouth, wt loss/gain, constipation, urinary hesitancy/retention, impotence; blurring of vision, exacerbation of glaucoma, liver dysfunction, tremors.
Potentially Fatal: Rarely, agranulocytosis.

Drug Interactions

Increased plasma levels and effects with quinidine, cimetidine, SSRIs, propafenone, flecainide. Reduced plasma levels with barbiturates, phenytoin. May increase effects of anticholinergic drugs. Severe orthostatic hypotension with altretamine. Causes drowsiness and impaired performance in combination with alcohol.

Potentially Fatal: Severe hypertension with adrenaline, noradrenaline and methylphenidate. Reduces hypotensive effects of guanethidine, bethanidine, debrisoquine, bretylium, methyldopa and clonidine. Possible serotonin syndrome with MAOIs, separate admin by 3 wk.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Mechanism of Action

Imipramine inhibits noradrenaline re-uptake and, to a lesser extent, that of serotonin.

Absorption: Readily absorbed from the GI tract (oral). Peak plasma concentrations are achieved within 1-2 hr after oral admin.

Distribution: Extensively protein-bound and widely distributed with an average volume of distribution of 21 l/kg. Both imipramine and desipramine cross the blood-brain barrier; the placenta and can enter breast milk.

Metabolism: Converted to primary active metabolite desipramine by demethylation during extensive first-pass hepatic metabolism.
Excretion: Via urine (as metabolites), faeces (small amounts); 9-28 hr (elimination half-life).

CIMS Class

Antidepressants

ATC Classification

N06AA02 - imipramine; Belongs to the class of non-selective monoamine reuptake inhibitors. Used in the management of depression.

*imipramine information:
Note that there are some more drugs interacting with imipramine
imipramine
imipramine brands available in India
Always prescribe with Generic Name : imipramine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : ANTIDEP tab ANTIPRES film-coated tab ANXITAB film-coated tab DEPIK FORTE tab DEPIK PLUS tab DEPIK tab DEPRANIL film-coated tab DEPSODEP tab DEPSOL tab DEPSONIL tab DEPSONIL-PM cap DIAMIN PLUS tab DIAMIN tab ELAMIN tab ELDEP tab IMPRAMINE cap IMPRAMINE tab IMPRINE film-coated tab MICRODEP tab ULTRA DEP tab

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([all drugs])

indapamide

CIMS Class : (Diuretics)

indapamide

P - Caution when used during pregnancy

L - Caution when used during lactation

related indapamide information

Indication & Dosage

Oral

Hypertension

Adult: 1.25-2.5 mg once daily, alone or in conjunction with other antihypertensives.

Oral

Oedema

Adult: 2.5 mg once daily increased to 5 mg daily after 1 wk if needed.

Administration

Should be taken with food.

Overdosage

Nausea, vomiting, weakness, GI disorders, electrolyte imbalance. In severe cases, hypotension and respiratory depression. Stomach emptying recommended.

Contraindications

Anuria, severe hepatic impairment.

Special Precautions

Pregnancy, lactation, elderly, renal impairment, fluid or electrolyte imbalance, hyperuricaemia, DM, lupus erythematosus.

Adverse Drug Reactions

Headache, dizziness, weakness, drowsiness, fatigue, agitation, nervousness, anorexia, nausea, vomiting, pain, diarrhoea, constipation, orthostatic hypotension, palpitations, hypokalaemia, hyponatraemia, metabolic alkalosis.

Drug Interactions

Additive effect with other antihypertensive agents and diuretics. Increased chance of hypokalaemia with corticosteroids, corticotropin and amphotericin.
Potentially Fatal: Increased risk of lithium toxicity. Hypokalaemia enhances digitalis toxicity with cardiac gycosides.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

if used in pregnancy-induced hypertension.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store at 20-25°C.

Mechanism of Action

Indapamide enhances excretion of sodium, chloride and water by interfering with the transport of sodium ions across the renal tubular epithelium.

Absorption: Rapidly and completely absorbed from the GI tract (oral). Peak plasma levels are achieved within 2-2.5 hr.

Distribution: Widely distributed, preferentially and reversibly bound to erythrocytes.

Metabolism: Extensively metabolised in the liver.

Excretion: Via urine (60-70% as metabolites, 5-7% as unchanged), via faeces (16-23% remaining dose); 14 hr (elimination half-life).

CIMS Class

Diuretics

ATC Classification

C03BA11 - indapamide; Belongs to the class of low-ceiling sulfonamide diuretics. Used to promote excretion of urine.

*indapamide information:
Note that there are some more drugs interacting with indapamide
indapamide further details are available in official CIMS India
indapamide
indapamide brands available in India
Always prescribe with Generic Name : indapamide, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : CGMIDE tab DIURIX SR-tab DIURIX tab DIVRET tab FANTON SR-film-coated tab FANTON sugar-coated tab INAT film-coated tab INDACARD SR-tab INDAP SR-tab INDAP tab IND-SR SR-tab IN-SR SR-tab INZU SR-tab LORVAS SR-tab LORVAS tab NATRILIX SR-tab NATRILIX tab PERIFER tab

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([all drugs])

indinavir

CIMS Class : (Antivirals)

indinavir

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related indinavir information

Indication & Dosage

Oral

HIV infection

Adult: 800 mg every 8 hr. Dose reduction may be required when used with delavirdine, itraconazole, ketoconazole and rifabutin.

Child: >4 yr: 500 mg/m2 every 8 hr without exceeding adult dose.

Hepatic impairment: Mild-moderate (due to cirrhosis): 600 mg every 8 hr.

Overdosage

Symptoms: Renal and GI disturbances (doses >2400 mg). Management: Supportive and symptomatic.

Contraindications

Hypersensitivity. Severe hepatic impairment.

Special Precautions

Increased risk of urolithiasis/nephrolithiasis. Ensure adequate hydration. Hyperbilirubinaemia may be exacerbated. Diabetes; haemophilia. Monitor for signs of lipodystrophy. Pregnancy and lactation.

Adverse Drug Reactions

Flank pain, abdominal pain, nephrolithiasis, malaise, nausea, vomiting, diarrhoea, elevated liver enzymes, hyperbilirubinaemia, raised creatinine phosphokinase and blood lipids, back pain, lipodystrophy, alopecia, acid regurgitation, dyspepsia, dry mouth, dysuria, dry skin, hyperpigmentation, headache, dizziness, somnolence, cough, dyspnoea.
Potentially Fatal: Acute haemolytic anemia; acute hepatitis.

Drug Interactions

Reduced absorption with antacids. Increased concentrations with ketoconazole, delavirdine, nelfinavir andritonavir. Reduced efficacy with nevirapine, efavirenz or rifampicin. Increased risk of myopathy with statins. Increased concentrations of phosphodiesterase-5 inhibitors.

Potentially Fatal: Increased risk of cardiac arrhythmias with amiodarone, pimozide or cisapride. Increased sedation and respiratory depression with midazolam, alprazolam and triazolam. Increased risk of ergotism with ergot derivatives. Increased toxicity of drugs with narrow therapeutic index.

Food Interaction

Reduced concentrations with grapefruit juice. Reduced antiviral response with St. John's wort.

Storage

Oral: Store at 15-30°C (59-86°F).

Mechanism of Action

Indinavir binds reversibly to HIV-protease which prevents cleavage of the viral precursor polyproteins. As a result, immature viral particles incapable of infecting other cells are formed.

Absorption: Absorbed rapidly from the GIT (oral); peak plasma concentrations after 0.8 hr. May be reduced by intake of high-calorie meals.

Distribution: Protein-binding: 60%

Metabolism: Oxidation by CYP3A4 and glucuronidation.

Excretion: Via urine (<20%, half as unchanged drug), via faeces (remaining dose); 1.8 hr (elimination half-life).

CIMS Class

Antivirals

ATC Classification

J05AE02 - indinavir ; Belongs to the class of protease inhibitors. Used in the systemic treatment of viral infections.

*indinavir information:

Note that there are some more drugs interacting with indinavir indinavir

indinavir brands available in India

Always prescribe with Generic Name : indinavir, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : INBEC cap IND cap INDEASE cap INDIVAN cap VIRODIN tab

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([all drugs])

indometacin

CIMS Class : (Ophthalmic Decongestants, Anesthetics, Anti-inflammatories) , (Nonsteroidal Anti-inflammatory Drugs (NSAIDs)) , (Other Cardiovascular Drugs)

indometacin

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related indometacin information

Indication & Dosage

Oral

Pain and inflammation associated with musculoskeletal and joint disorders

Adult: Initially, 25 mg bid-tid, increased if necessary by 25-50 mg daily at wkly intervals to 150-200 mg daily.

Oral

Acute gout

Adult: 150-200 mg daily in divided doses until signs and symptoms disappear.

Oral

Dysmenorrhoea

Adult: 75 mg daily.

Oral

Night pain and morning stiffness

Adult: Up to 100 mg/day, on retiring. May also be given as rectal suppository. Total combined oral and rectal doses should not exceed 200 mg/day.

Oral

Juvenile rheumatoid arthritis

Child: 2-14 yr: start with 1-2 mg/kg/day in divided doses. Max: 3 mg/kg/day or 150-200 mg/day, whichever is lower.

Intravenous

Closure of patent ductus arteriosus

Child: Given as 3 IV doses at 12-24 hr intervals. First dose: start with 0.2 mg/kg. Second and third doses (based on neonatal age at first dose): if <48 hr old, use 0.1 mg/kg/dose; if 2-7 days old, use 0.2 mg/kg/dose; if >7 days old, use 0.25 mg/kg/dose. Withhold treatment if urine output is <0.6 ml/kg/hr. Infuse each dose over 20-30 min. Second course of 1-3 doses may be repeated if ductus arteriosus remains open or re-opens 48 hr after the first course. Surgery may be required if neonate is unreponsive to 2 courses of treatment.

Ophthalmic

Prophylaxis of miosis during cataract surgery

Adult: As 0.5 or 1% solution: Instill 2 drops, repeat 2 hr later on the day before surgery, followed by 2 drops 3 hr before and 2 drops 1 hr before procedure. May instill up to 6 times/day post-operatively to prevent cystoid macular oedema, continue treatment until inflammatory signs have resolved.

Reconstitution: Add 1-2ml of preservative free 0.9% sodium chloride or water for injection. Further dilution of the reconstituted injection in IV infusions is not recommended. Reconstitution to be performed prior to injection and unused portion should be discarded.

Incompatibility: Glucose solution. Reconstituting in solutions

Contraindications

Active peptic ulcer; pregnancy (3rd trimester), hypersensitivity to aspirin and other NSAIDs; treatment of perioperative pain in CABG surgery; severe renal impairment; rectal admin in patients with proctitis and haemorrhoids; neonates with necrotizing enterocolitis, active bleeding, thrombocytopenia, coagulation defects and untreated infections.

Special Precautions

Hypertension; congestive heart failure; fluid retention; epilepsy, parkinsonism, psychiatric disorders; may affect performance of skilled tasks. Prolonged treatment duration may increase risk of CV thrombotic events. Monitor ophthalmologic, blood, electrolytes and renal function regularly; lactation.

Adverse Drug Reactions

GI upsets, headache, dizziness, tinnitus, lightheadedness, depression, insomnia, psychiatric disturbances, peripheral

neuropathy, blurred vision, confusion; hyperglycaemia, hyperkalaemia.
Potentially Fatal: Renal failure.

Drug Interactions

Increased risk of hyperkalaemia when used with ACE inhibitors or potassium sparing diuretics; increased risk of nephrotoxicity with ACE inhibitors, ciclosporin and tacrolimus; increased risk of bleeding with warfarin and other NSAIDs. Concurrent use may increase plasma concentration of digoxin, lithium and metrotrexate. Concurrent use with probenecid may cause indometacin toxicity. Aluminum- or magnesium-containing antacids may delay absorption.
Potentially Fatal: Concurrent use with diflunisal increases plasma concentrations of indometacin.

Food Interaction

Rate of absorption delayed by food.

Lab Interference

False-negative results in dexamethasone suppression test.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

if used for > 48 hr or after 34 wks' gestation or close to delivery.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Store below 30°C. Protect from light.

Mechanism of Action

Indometacin has anti-inflammatory, analgesic and antipyretic actions. It inhibits cyclooxygenase thus reducing prostaglandin synthesis.

Onset: 30 min after oral admin.

Absorption: >90 % absorbed from the GIT (oral); peak plasma concentrations after 2 hr. Poor and incomplete (premature neonates). 80-90% absorbed after rectal admin.

Distribution: Synovial fluid, CNS, placenta; enters breast milk (small amounts). Protein-binding: 99%

Metabolism: Hepatic via glucuronidation and demethylation; undergoes enterohepatic recirculation.

Excretion: Urine: 60% as drug and metabolites, approximately 33% in faeces. Terminal half-life: 2.6-11.2 hr (adult) and 12-28 hr (neonate).

CIMS Class

Ophthalmic Decongestants, Anesthetics, Anti-inflammatories / Nonsteroidal Anti-inflammatory Drugs (NSAIDs)/ Other Cardiovascular Drugs

ATC Classification

C01EB03 - indometacin; Belongs to the class of other preparations used in cardiac therapy.

M01AB01 - indometacin; Belongs to the class of acetic acid derivatives and related substances of non-steroidal antiinflammatory and antirheumatic products. Used in the treatment of inflammation and rheumatism.

M02AA23 - indometacin; Belongs to the class of non-steroidal antiinflammatory preparations for topical use. Used in the treatment of joint and muscular pains.

S01BC01 - indometacin; Belongs to the class of non-steroidal antiinflammatory agents. Used in the treatment of inflammation of the eye.

*indometacin information:

Note that there are some more drugs interacting with indometacin

indometacin

indometacin brands available in India

Always prescribe with Generic Name : indometacin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ARTISID cap DUCAIN cap IDICIN cap INDOCAP suscap INDOCID SR-cap INDOFLAM cap INDOFLAM EYE eye

drops INDOFLAM TR-cap INDORIV cap INMECIN cap INMECIN ER-cap INMECIN-P cap INOCIN cap MICROCID cap MICROCID SR-cap RECTICIN susp

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([all drugs])

infliximab

CIMS Class : (Immunosuppressants) , (Disease-Modifying Anti-Rheumatic Drugs (DMARDs))

infliximab

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related infliximab information

Indication & Dosage

Intravenous

Crohn's disease

Adult: Initially, 5 mg/kg as IV infusion over at least 2 hr. Responding patients: Maintenance: 5 mg/kg at 2 and 6 wk after initial dose then every 8 wk thereafter or further dose of 5 mg/kg if disease recurs. May increase dose to 10 mg/kg in responders who subsequently lose response. Consider discontinuing treatment if there is no response by wk 14.

Intravenous

Rheumatoid arthritis

Adult: Initially 3 mg/kg as an IV infusion over at least 2 hr. Repeat at 2 and 6 wk after 1st dose then every 8 wk thereafter. May increase dose to 10 mg/kg if needed or increase dosing frequency to every 4 wk for patients with incomplete response.

Intravenous

Fistulising Crohn's disease

Adult: 5 mg/kg over a period of not <2 hr. Repeat at 2 and 6 wk after 1st infusion. Responding patients: 5 mg/kg every 8 wk or readministration if disease recurs, followed by 5 mg/kg every 8 wk.

Intravenous

Ankylosing spondylitis

Adult: 5 mg/kg over a period of 2 hr, followed by 5 mg/kg at 2 and 6 wk after 1st infusion, then every 8 wk thereafter. For ankylosing spondylitis: Stop treatment if there is no response by wk 6. For plaque psoriasis and psoriatic arthritis: Stop treatment if there is no response by wk 14.

Intravenous

Plaque psoriasis

Adult: 5 mg/kg over a period of 2 hr, followed by 5 mg/kg at 2 and 6 wk after 1st infusion, then every 8 wk thereafter. For ankylosing spondylitis: Stop treatment if there is no response by wk 6. For

plaque psoriasis and psoriatic arthritis: Stop treatment if there is no response by wk 14.

Intravenous

Psoriatic arthritis

Adult: 5 mg/kg over a period of 2 hr, followed by 5 mg/kg at 2 and 6 wk after 1st infusion, then every 8 wk thereafter. For ankylosing spondylitis: Stop treatment if there is no response by wk 6. For plaque psoriasis and psoriatic arthritis: Stop treatment if there is no response by wk 14.

Intravenous

Acute ulcerative colitis

Adult: 5 mg/kg over a period of 2 hr, followed by 5 mg/kg at 2 and 6 wk after 1st infusion, then every 8 wk thereafter. For ankylosing spondylitis: Stop treatment if there is no response by wk 6. For plaque psoriasis and psoriatic arthritis: Stop treatment if there is no response by wk 14.

Contraindications

Active TB, moderate or severe CHF, severe infection. Pregnancy and lactation.

Special Precautions

Discontinue use if severe infections develop. Heart failure, history of recurrent infections, demyelinating disorders, risk of infections, acute suppurative fistula. Patients undergoing surgery. Child and elderly. Monitor for signs of infection for 6 mth before, during and for 6 mth after treatment. Monitor hepatic function.

Adverse Drug Reactions

Acute infusion reactions e.g. fever, chills, pruritus, urticaria, dyspnoea, chest pain, changes in BP; fatigue, dizziness, headache, back pain; delayed hypersensitivity e.g. fever rash, headache, myalgia; opportunistic infection; flushing; GI disturbances; blood dyscrasia ; worsening heart failure; arrhythmias; lymphoproliferative disorders. Rarely, lupus-like syndrome. TB.

Drug Interactions

Increased risk of serious infections with anakinra, abatecept, live vaccines. Reduced formation of antibodies against infliximab and increased infliximab concentrations with methotrexate.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Intravenous: Store in a refrigerator (2-8°C); do not freeze.

Mechanism of Action

Infliximab is a chimeric monoclonal antibody to tumour necrosis factor a (TNFa). It forms stable complexes with TNFa, resulting in loss of TNFa bioactivity.

Onset: Crohn's disease: Approx 2 wk.

Distribution: Vol of distribution: 3-6 L. Distributed mainly within the vascular compartment.

Excretion: Half-life elimination: 7-12 days.

CIMS Class

Immunosuppressants / Disease-Modifying Anti-Rheumatic Drugs (DMARDs)

ATC Classification

L04AB02 - infliximab;

*infliximab information:
Note that there are some more drugs interacting with infliximab
infliximab
infliximab brands available in India
Always prescribe with Generic Name : infliximab, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : REMICADE vial
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([all drugs])
insulin
CIMS Class : (Insulin Preparations)
insulin
P - Caution when used during pregnancy

L - Caution when used during lactation

related insulin information

Indication & Dosage

Intramuscular

Diabetic ketoacidosis

Adult: As soluble insulin, initial loading dose of 20 units, followed by 6 units/hr until blood glucose drops to 10 mmol/l, when the dose is given 2 hrly.

Renal impairment: Dose reduction may be needed.

Hepatic impairment: Dose reduction may be needed.

Intravenous

Diabetic ketoacidosis

Adult: As soluble insulin, given in concentration of 1 unit/ml using an infusion pump: Initially infuse at a rate of 6 units/hr, double or quadruple the rate if blood glucose concentration do not decrease by about 5 mmol/l/hr. If blood glucose concentrations have decreased to 10 mmol/l, reduce the infusion rate to 3 units/hr and continue with 5% glucose to prevent hypoglycaemia, until the patient can eat orally. Do not stop the insulin infusion before SC insulin is started. Ensure adequate fluid replacement and include potassium chloride in the infusion to prevent insulin-induced hypokalaemia.

Child: As soluble insulin, given in concentration of 1 unit/ml using an infusion pump: Initially infuse at a rate of 0.1 units/kg/hr, double or quadruple the rate if blood glucose concentration do not decrease by about 5 mmol/l/hr. If blood glucose concentrations have decreased to 10 mmol/l, reduce the infusion rate to 0.05 units/kg/hr and continue with 5% glucose to prevent hypoglycaemia, until the patient can eat orally. Do not stop the insulin infusion before SC insulin is started. Ensure adequate fluid replacement and include potassium chloride in the infusion to prevent insulin-induced hypokalaemia.

Renal impairment: Dose reduction may be needed.

Hepatic impairment: Dose reduction may be needed.

Subcutaneous

Diabetes mellitus

Adult: Admin according to requirements; inject into thighs, upper arms, buttocks, or abdomen.

Renal impairment: Dose adjustments may be needed.

Hepatic impairment: Dose adjustments may be needed.

Overdosage

Symptoms: Hypoglycaemia. Management: In mild hypoglycaemic episodes, treat with oral glucose. In severe hypoglycaemic

episodes, where the patient has become unconscious, treat with IM/SC glucagon (0.5-1 mg) or IV glucose. If the patient does not respond to glucagon within 10-15 minutes, IV glucose must be given. Once consciousness is regained, admin oral carbohydrates to prevent a relapse.

Contraindications

Hypoglycaemia.

Special Precautions

Pregnancy (insulin requirements tend to fall during the 1st trimester, increase during the 2nd and 3rd) and lactation. Regular monitoring of HbA1c and blood glucose concentrations.

Adverse Drug Reactions

Hypoglycaemia, insulin resistance, lipoatrophy, hypokalaemia, blurred vision.

Drug Interactions

Possible absence of hypoglycaemic warning symptoms with ß-blockers. Decreased hypoglycaemic effect with corticosteroids, danazol, diazoxide, diuretics, glucagon, isoniazid, phenothiazine derivatives, somatropin, sympathomimetic agents, thyroid hormones, oestrogens, progestins (e.g. in oral contraceptives), protease inhibitors and atypical antipsychotic (e.g. olanzapine and clozapine). Increased hypoglycaemic effect with oral antidiabetic agents, ACE inhibitors, disopyramide, fibrates, fluoxetine, MAOIs, pentoxifylline, propoxyphene, salicylates and sulfonamide antibiotics. Decreased insulin resistance with octreotide and lanreotide. Increased risk of wt gain and peripheral oedema with pioglitazone, rosiglitazone. Decreased effect of sermorelin.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Insulin lowers blood glucose levels. It regulates carbohydrate, protein and fat metabolism by inhibiting hepatic glucose production and lipolysis, and enhancing peripheral glucose disposal. The various insulin formulations are classified according to their durations of action after SC Inj. They are divided into short-, intermediate-, or long-acting insulin. Soluble insulin (also known as 'neutral insulin' or 'regular insulin') is a short-acting preparation. To extend the duration of action of insulin, preparations are formulated as suspensions in 2 methods. The 1st method involves complexing insulin with a protein so that it is slowly released, e.g. protamine zinc insulin (contains an excess of protamine) and isophane insulin (or NPH insulin which contains equal amounts of protamine and insulin). An alternative method is particle size modification e.g. insulin zinc suspensions. While all the formulations can be admin by SC inj, most by IM inj, only soluble insulin can be admin by IV. Compared to SC inj, IM admin usually has a faster onset of action, with a shorter duration of action.

Onset: 0.5-1 hr (short-acting e.g. soluble insulin); 2 hr (intermediate-acting e.g. biphasic insulin, isophane insulin, amorphous insulin zinc suspensions); 2-3 hr (mixed-insulin Zn suspension); 4 hr (long-acting e.g. insulin zinc suspensions, protamine zinc insulins).

Duration: 6-8 hr (short-acting e.g. soluble insulin); 24 hr (intermediate-acting e.g. biphasic insulin, isophane insulin, amorphous insulin zinc suspensions); 30 hr (mixed-insulin Zn suspension); 36 hr (long-acting e.g. insulin zinc suspensions, protamine zinc insulins).
Absorption: Inactivated (oral); fairly rapid (SC); rapid (IM); increased by exercise.
Metabolism: Mainly in liver, also in kidneys and muscle tissue.
Excretion: Small amount excreted as unchanged drug in urine.

CIMS Class

Insulin Preparations

*insulin information:
Note that there are some more drugs interacting with insulin
insulin
insulin brands available in India
Always prescribe with Generic Name : insulin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : ACTRAPID HM-penfill ACTRAPID Novoletinj ACTRAPID vial APIDRA SOLOSTAR PF-syringe B-D MICRO-FINE syringe BOVINE FASTACT vial BOVINE LONGACT vial BOVINE-MIXACT vial HUMALOG cartridge HUMALOG MIX- 50 cartridge HUMALOG MIX- 50 pen HUMALOG MIX-25 cartridge HUMALOG MIX-25 pen HUMALOG vial HUMALOG-PEN pen HUMAN MONOTARD vial HUMAN ACTRAPID vial HUMAN FASTACT vial HUMAN INSULATARD HM-penfill HUMAN INSULATARD vial HUMAN INSUNORM vial HUMAN LONGACT vial HUMAN MIXTARD 50 penfill HUMAN MIXTARD 50 vial HUMAN MIXTARD vial HUMAN PRODICA inj HUMAN RAPIDICA inj HUMAN RAPIMIX inj HUMAN ZINULIN inj HUMANEXT N vial HUMAN-MIXACT vial HUMAPEN pen HUMINSULIN 30/70 cartridge HUMINSULIN 30/70 vial HUMINSULIN 50:50 vial HUMINSULIN N 40 vial HUMINSULIN-L vial HUMINSULIN-N vial HUMINSULIN-R inj HUMSTARD 30/70 vial HUMSTARD vial ILETIN N inj ILETIN R inj INJECTION HUMINSULIN 50/50 inj INSUCARE-N inj INSUGEN-30/70 inj INSUGEN-50/50 inj INSUGEN-N inj INSUGEN-R vial INSULATARD HM PENFILL inj INSULATARD INJ inj INSULATARD NOVOLET inj INSULINOX cap INSUMAN 25/75 OptiPen INSUMAN 50/50 OptiPen INSUMAN 50/50 vial INSUMAN BASAL vial INSUMAN RAPID inj LANTUS

AUTOPEN cartridge LANTUS CARTRIDGE cartridge LANTUS OPTISETS OptiPen LANTUS SOLOSTAR PF-syringe LANTUS vial LENTARD 40 vial LENTISULIN CPI inj LENTISULIN HPI 400 inj LENTISULIN HPI inj LENTSULIN HPI 400 vial LUPISULIN-N vial MIXTARD 30 NOVOLET inj MIXTARD-30 HM penfill MIXTARD-50 HM NOVOLET Novolet MIXTARD-50 HM penfill MIXTARD-HM PENFILL inj MIXULIN 100 vial MIXULIN HPI 30/70 inj MIXULIN HPI inj NOVOMIX-30 FlexPen NOVOMIX-30 penfill NOVORAPID FLEXPEN FlexPen NOVORAPID FLEXPEN penfill NOVORAPID FLEXPEN vial PORCINE MIXACT vial PROCINE-FASTACT vial PRODICA inj RAPIDICA inj RAPIMIX inj RAPISULIN CPI inj RAPISULIN HPI 400 inj RAPISULIN HPI inj RECOSULIN-M 30 vial RECOSULIN-N vial RECOSULIN-R vial WOSULIN 30/70 vial WOSULIN 50/50 vial WOSULIN N vial WOSULIN R vial ZINULIN inj

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([all drugs])

insulin aspart

CIMS Class : (Insulin Preparations)

insulin aspart

P - Caution when used during pregnancy

L - Caution when used during lactation

related insulin aspart information

Indication & Dosage

Subcutaneous

Diabetes mellitus

Adult: Administer 5-10 min before meal. Usual range: 0.5-1 units/kg/day. When used in a meal-related SC inj treatment regimen, insulin aspart may provide 50-70% of total insulin requirement with the remainder provided by an intermediate-acting or long-acting insulin.

Renal impairment: Decreased dose may be necessary.

Hepatic impairment: Decreased dose may be necessary.

Administration

Should be taken with food. (Administer immediately before a meal.)

Contraindications

Hypoglycaemia

Special Precautions

Renal or hepatic impairment; pregnancy; lactation. Transferring from other insulin. Monitor serum glucose, potassium, electrolytes, HbA1c and lipid profile. Concomitant illness esp infections; hypokalaemia.

Adverse Drug Reactions

Hypoglycaemia; oedema; pruritus; rash; hypersensitivity reactions; lipoatrophy or lipohypertrophy with SC Inj (rotate Inj site).

Drug Interactions

Effects may be increased by: oral antidiabetic agents, ACE inhibitors, disopyramide, fibrates, fluoxetine, MAOIs, propoxyphene, salicylates, somatostatin analog (e.g., octreotide), sulfonamide antibiotics. Effects may be decreased by: corticosteroids, niacin, danazol, diuretics, sympathomimetic agents, isoniazid, phenothiazine derivatives, somatropin, thyroid hormones, oral contraceptives, lithium. Signs of hypoglycaemia may be masked by ß-blockers, clonidine.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Insulin aspart, a rapid-acting analog of human insulin, lowers blood glucose levels; it regulates carbohydrate, protein and fat metabolism by inhibiting hepatic glucose production and lipolysis, and enhancing peripheral glucose disposal.

Onset: 0.5 hr.

Duration: 3-5 hrs.

CIMS Class

Insulin Preparations

ATC Classification

A10AB05 - insulin aspart; Belongs to the class of fast-acting insulins and analogues. Used in the treatment of diabetes.

A10AD05 - insulin aspart; Belongs to the class of intermediate-acting combined with fast-acting insulins and analogues. Used in the treatment of diabetes.

*insulin aspart information:

Note that there are some more drugs interacting with insulin aspart

insulin aspart

insulin aspart brands available in India

Always prescribe with Generic Name : insulin aspart, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : FLEXPEN FlexPen

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([all drugs])

insulin detemir

CIMS Class : (Insulin Preparations)

insulin detemir

P - Caution when used during pregnancy

L - Caution when used during lactation

related insulin detemir information

Indication & Dosage

Subcutaneous

Diabetes mellitus

Adult: In insulin-naive patients with type 2 DM who are not well controlled on oral antidiabetic drugs: Initial dosage of 0.1-0.2 units/kg given once daily in the evening or 10 units given once or twice daily, with subsequent dosage adjusted based on glycaemic control. In patients on basal insulin only: Insulin detemir may be substituted on a unit-for-unit basis for the basal insulin currently in use, adjust dose to achieve glycaemic targets. Inj may be given once daily at evening meal or at bedtime or twice daily in the morning and the second dose admin after the evening meal, at bedtime, or 12 hr after the morning dose.

Renal impairment: Dose adjustment may be needed.

Hepatic impairment: Dose adjustment may be needed.

Incompatibility: Do not mix with other insulin preparations.

Administration

May be taken with or without food. (For patients treated w/ once daily regimen, administer w/ evening meal or at bedtime. For

patients who need twice daily dosing, the evening dose can be administered either w/ the evening meal or at bedtime or 12 hr after the morning dose.)

Overdosage

Symptoms: Hypoglycaemia. Management: In mild hypoglycaemic episodes, treat with oral glucose. In severe hypoglycaemic episodes, where the patient has become unconscious, treat with IM/subcutaneous glucagon (0.5-1 mg) or IV glucose. If the patient does not respond to glucagon within 10-15 minutes, IV glucose must be given. Once consciousness is regained, admin oral carbohydrates to prevent a relapse.

Contraindications

Do not admin by IV, IM or via insulin infusion pump.

Special Precautions

Renal or hepatic impairment. Regular monitoring of blood glucose and HbA1c. Continuous rotation of the inj site within a given area to reduce inj site reactions. Pregnancy, lactation

Adverse Drug Reactions

Hypoglycaemia, lipodystrophy, pruritus, rash, wt gain, sodium retention and oedema. Inj site reactions e.g. pain, itching, hives, swelling and inflammation.

Drug Interactions

Possible absence of hypoglycaemic warning symptoms with ß-blockers. Increased blood sugar with thiazide diuretics, corticosteriods, chlorpromazine, tibolone, isoniazid, niacin, some calcium-channel blockers such as diltiazem or nifedipine, diazoxide, lithium and thyroid hormones. Increased risk of hypoglycemia withdisopyramide, larges doses of aspirin, gatifloxacin, MAOIs, mebanazine, nandrolone, pegvisomant,testosterone. Decreased insulin resistance with octreotide and lanreotide. Increased risk of wt gain and peripheral oedema with pioglitazone, rosiglitazone. Decreased effect of sermorelin.

Storage

Subcutaneous: Unopened preparation: Store between 2-8°C (36-46° F). Do not freeze. Once opened, the vial should be kept in refrigerator (do not freeze) or at room temperature, below 30°C (86°F) for up to 42 days. Once opened, cartridge or a prefilled syringe to be stored at room temperature, below 30°C (86°F) up to 42 days (do not refrigerate).

Mechanism of Action

Insulin detemir is a recombinant human insulin analogue which is long-acting. It is prepared using recombinant DNA technology and genetically modified cultures of Saccharomyces cerevisiae. Slow systemic absorption and reversible binding to albumin may account for the prolonged duration of action of insulin detemir.
Duration: 24 hr
Absorption: Max plasma concentration: 6-8 hr (SC admin). Absolute bioavailability: 60%.
Distribution: Protein binding: 98% (albumin). Volume of distribution: 0.1 L/kg. Terminal half-life: 5-7 hr (after SC admin).

CIMS Class

Insulin Preparations

ATC Classification

A10AE05 - insulin detemir;

*insulin detemir information:

Note that there are some more drugs interacting with insulin detemir

insulin detemir

insulin detemir brands available in India

Always prescribe with Generic Name : insulin detemir, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : LEVEMIR FLEXPEN FlexPen

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([all drugs])

interferon alfa-2a

CIMS Class : (Antivirals) , (Immunological Chemotherapy)

interferon alfa-2a

P - Caution when used during pregnancy

L - Caution when used during lactation

related interferon alfa-2a information

Indication & Dosage

Subcutaneous

Renal cell carcinoma

Adult: As an adjunct to cytotoxic chemotherapy: In an escalating dose of 3 million units 3 times wkly for 1 wk, then 9 million units 3 times wkly for 1 wk, then 18 million units 3 times wkly thereafter for 3-12 mth.

Subcutaneous

Chronic hepatitis B

Adult: 2.5-5 million units/m2 3 times/wk for 4-6 mth.

Subcutaneous

Chronic hepatitis C

Adult: 3-4.5 million units 3 times wkly for 6 mth when used with ribavirin. As monotherapy: Initial: 3-6 million units 3 times wkly for 6 mth followed by 3 million units 3 times wkly for an additional 6 mth, or 3 million units 3 times wkly for 12 mth.

Subcutaneous

Hairy cell leukaemia

Adult: 3 million units daily for 16-24 wk. Maintenance: 3 million units 3 times/wk. May continue treatment for up to 24 wk.

Subcutaneous

AIDS-related Kaposi's sarcoma

Adult: In an escalating dose of 3 million units daily for 3 days, 9 million units daily for 3 days, 18 million units daily for 3 days, and 36 million units daily, if tolerated, on days 10-84. thereafter the max tolerated dose (up to 36 million units) may be given 3 times wkly.

Subcutaneous

Chronic myeloid leukaemia

Adult: In an escalating dose of 3 million units daily for 3 days, 6 million units daily for 3 days, and 9 million units daily thereafter. For responders after 12 wk: Continue treatment until a complete haematological response is achieved or for a max of 18 mth; for those who achieve a complete haematological response: Continue on 9 million units daily (at least 9 million units 3 times wkly) in order to achieve a cytogenetic response.

Subcutaneous

Follicular lymphoma

Adult: As an adjunct to chemotherapy: 6 million units/ m2 daily on days 22-26 of each 28-day chemotherapy cycle.

Subcutaneous

Cutaneous T-cell lymphoma

Adult: In an escalating dose of 3 million units daily for 3 days, then 9 million units daily for 3 days, and then 18 million units daily to

complete 12 wk of treatment. Thereafter, the max tolerated dose (up to 18 million units) is given 3 times wkly for at least 12 mth in responders.

Subcutaneous

Melanoma

Adult: 3 million units 3 times/wk for 18 mth. Start treatment no later than 6 wk after surgery.

Overdosage

Symptoms may include profound lethargy, fatigue, prostration and coma.

Contraindications

Hypersensitivity. Autoimmune hepatitis, hepatic decompensation.

Special Precautions

History of depression (monitor for signs). Perform regular neuropsychiatric monitoring. Seizure disorders and/or compromised CNS function. Preexisting or any history of cardiac disease. Monitor CBC prior to and during therapy.

Myelosuppression or concurrent use of myelosuppressive drugs. Hypothyroidism, hyperthyroidism, DM. Perform ophthalmological exam on patients with preexisting ophthalmologic disorders (e.g. diabetic or hypertensive retinopathy). Monitor patients with impaired renal function. Creatinine clearance <50 ml/min. May impair ability to drive or operate machinery. Pregnancy and lactation.

Adverse Drug Reactions

Depressive illness, suicidal behaviour, irritability, insomnia, anxiety. Flu-like symptoms. Headache, dizziness, paraesthesia, confusion, impaired concentration, alteration in taste or smell. GI disturbances. Dryness of oropharynx, epistaxis, rhinitis, arrhythmia, sinusitis. Inj site reaction, alopecia, rash, dry skin or pruritus. Conjunctivitis, menstrual irregularity, visual disturbances. Coughing, dyspnoea. Myalgia, joint or bone pain, arthritis or polyarthritis. Bone marrow depression.
Potentially Fatal: Marked increase in triglyceride levels, GI haemorrhage, severe infections, pulmonary infiltrates or pulmonary function impairment.

Drug Interactions

Reduces clearance of theophylline. Enhanced myelosuppression with other myelosuppressive drugs (e.g. zidovudine). Drugs metabolised by CYP450 pathway (monitor for changes in pharmacologic or adverse effects of concomitant drug). Increased risk of toxicity of centrally acting drugs. Increased risk of renal failure with interleukin-2.

Storage

Subcutaneous: Store in a refrigerator at 2-8°C (36-46°F).

Mechanism of Action

Interferon alfa-2a has antiviral, antitumour and immunomodulatory activity. It inhibits replication of a wide range of RNA and DNA viruses. It also exerts antiproliferative effects on normal and malignant cells. Interferon alfa-2a suppresses antibody formation through an effect on B-lymphocytes and inhibits onset of delayed hypersensitivity.

Absorption: >80% is absorbed (IM); peak plasma concentrations within 4-8 hr (IM).

Metabolism:

Excretion: Via urine (negligible amounts); 3.7-8.5 hr (elimination half-life).

CIMS Class

Antivirals / Immunological Chemotherapy

*interferon alfa-2a information:
Note that there are some more drugs interacting with interferon alfa-2a
interferon alfa-2a
interferon alfa-2a brands available in India
Always prescribe with Generic Name : interferon alfa-2a, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ALFERON vial INRON-A inj INTALFA PF-syringe LG INTERMAX ALPHA inj ROFERON-A amp ROFERON-A vial ZAVINEX inj
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([all drugs])
interferon alfa-2b

CIMS Class : (Immunological Chemotherapy) , (Antivirals)

interferon alfa-2b

P - Caution when used during pregnancy

L - Caution when used during lactation

related interferon alfa-2b information

Indication & Dosage

Parenteral

Chronic active hepatitis B

Adult: 5-10 million units IM/SC 3 times wkly for 4-6 mth, or 5 million units daily for 16 wk.

Parenteral

Chronic hepatitis C

Adult: 3 million units IM/SC 3 times wkly for 6-12 mth (depending on genotype) when used with ribavirin, or for 6-18 mth (up to 24 mth) when used as monotherapy.

Parenteral

AIDS-related Kaposi's sarcoma

Adult: 30 million units/m2 IM/SC 3 times wkly.

Parenteral

Hairy cell leukaemia

Adult: 2 million units/m2 IM/SC 3 times wkly for up to 6 mth or more.

Subcutaneous

Chronic myeloid leukaemia

Adult: 4-5 million units/m2 daily; continue at the max tolerated dose to maintain remission.

Max Dosage: 4-10 million units/m2 daily.

Subcutaneous

Follicular lymphoma

Adult: As an adjunct to chemotherapy: 5 million units 3 times wkly for 18 mth.

Subcutaneous

Carcinoid tumours

Adult: 3-9 million units (usually 5 million units) 3 times wkly. Advanced disease: 5 million units daily.

Parenteral

Melanoma

Adult: Initially, 20 million units/m2 daily for 5 days each wk for 4 wk by IV infusion over 20 minutes. Maintenance: 10 million units/m2 via SC inj 3 times wkly for 48 wk.

Subcutaneous

Multiple myeloma

Adult: Maintenance dose following chemotherapy induction: 3 million units/m2 3 times wkly.

Injection

Condyloma acuminata

Adult: Inject 1 million units into each lesion 3 times wkly for 3 wk; repeat after 12-16 wk as needed. Max: 5 lesions per treatment course.

Contraindications

Hypersensitivity. Hepatic decompensation, autoimmune hepatitis or a history of autoimmune disease, immunosuppressed transplant recipients.

Special Precautions

History of pulmonary disease (e.g. COPD) or DM prone to ketoacidosis. Coagulation disorders or severe myelosuppression. Monitor patients with history of MI and/or arrhythmic disorders. Preexisting or history of psychiatric disorder, particularly depression. Poorly controlled thyroid abnormalities. Perform ophthalmological exam on patients with preexisting ophthalmologic disorders (e.g. diabetic or hypertensive retinopathy). Monitor WBC count in myelosuppressed patients and in those receiving other myelosuppressive agents. Preexisting

psoriasis. May impair ability to drive or operate machinery. Pregnancy and lactation.

Adverse Drug Reactions

Flu-like symptoms; alopecia; hypersensitivity reactions; nausea; anorexia; myelosuppression; lethargy; ocular side effects; depression; CV problems; nephrotoxicity; hypertriglyceridaemia; thyroid abnormalities; hyperglycaemia; psoriasiform rash; confusion; coma; seizures.
Potentially Fatal: Hepatotoxicity, pulmonary infiltrates, pneumonitis and pneumonia, autoimmune diseases.

Drug Interactions

Reduces clearance of theophylline. Enhanced myelosuppression with other myelosuppressive drugs (e.g. zidovudine).

Storage

Injection: Store at 2-8°C (36-46°F). Parenteral: Store at 2-8°C (36-46°F). Subcutaneous: Store at 2-8°C (36-46°F).

Mechanism of Action

Interferon alfa-2b binds to a specific cell surface protein. Once bound, it initiates a series of intracellular activities including induction of certain enzymes, suppression of cell proliferation, enhancement of phagocytic activity of macrophages, augmentation of cytotoxicity of lymphocytes for target cells, and inhibition of viral replication.

Absorption: Peak plasma concentrations in 3-12 hr (IM/SC); 30 min (IV).

Excretion: Elimination half-life: 2-3 hr (IM/SC); 2 hr (IV).

CIMS Class

Immunological Chemotherapy / Antivirals

ATC Classification

L03AB05 - interferon alfa-2b; Belongs to the class of interferons. Used as immunostimulants.

*interferon alfa-2b information:

Note that there are some more drugs interacting with interferon alfa-2b

interferon alfa-2b

interferon alfa-2b brands available in India

Always prescribe with Generic Name : interferon alfa-2b, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : INTRON A pen REALFA-2B inj SHANFERON vial VIRAFERON vial

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([all drugs])

iohexol

CIMS Class : (Miscellaneous)

iohexol

Lab ¤ - Lab interference

related iohexol information

Indication & Dosage

Oral

Gastrointestinal tract examination

Adult: Use 350 mg iodine/ml solution: 50-100 ml.

Child: <3 mth: 180 mg iodine/ml: 5-30 ml. 3 mth-3 yr: 180, 240 or 300 mg iodine/ml: up to 60 ml; 4-10 yr: 180, 240 or 300 mg iodine/ml: up to 80 ml; >10 yr: 180, 240 or 300 mg iodine/ml: up to 100 ml.

Oral

Contrast-enhanced computerized tomography of the abdomen

Adult: Solutions diluted to 6-9 mg iodine/ml solution: 500-1000 ml.

Child: Solutions diluted to 9-21 mg iodine/ml solution: 180-750 ml; given at once or over 30-45 min. Max: <3 mth: 5 g iodine; 3-18 yr: 10 g iodine.

Intrathecal

Contrast-enhanced computerized tomography

Adult: Lumbar (via lumbar inj): 180 mg iodine/ml: 10-17 ml; 240 mg iodine/ml: 7-12.5 ml. Thoracic (via lumbar or cervical inj): 240 mg iodine/ml: 6-12.5 ml; 300 mg iodine/ml: 6-10 ml. Cervical (via lumbar inj): 240 mg iodine/ml: 6-12.5 ml; 300 mg iodine/ml solution: 6-10 ml. Cervical (via C1-2 inj): 180 mg iodine/ml: 7-10 ml; 240 mg iodine/ml: 6-12.5 ml; 300 mg iodine/ml: 4-10 ml. Total columnar (via lumbar inj): 240 mg iodine/ml: 6-12.5 ml; 300 mg iodine/ml: 6-10 ml.

Child: Use 180 mg iodine/ml solution. 0-<3 mth: 240 ml; 3-<36 mth: 4-8 ml; 3-<7 yr: 5-10 ml; 7-<13 yr: 5-12 ml; 13-18 yr: 6-15 ml.

Injection

Angiocardiography

Adult: Ventriculography: 350 mg iodine/ml: 30-60 ml, usual: 40 ml, may be repeated as necessary. If with selective coronary arteriography: max 250 ml. Selective coronary arteriography: 350 mg iodine/ml: 3-14 ml per inj, usual: 5 ml. Aortic root and arch study when used alone: 350 mg iodine/ml: 20-75 ml, usual 50 ml. Multiple procedures: 350 mg iodine/ml: max 250 ml.

Child: Ventriculography: 350 mg iodine/ml: 1-1.5 ml/kg, usual: 1.25 ml/kg; 300 mg iodine/ml: 1.5-2 ml/kg, usual 1.75 ml/kg. Max: 5 ml/kg; 350 mg iodine/ml: 250 ml; 300 mg iodine/ml: 291 ml. Pulmonary angiography: 350 mg iodine/ml: 1 ml/kg. Multiple procedures: Max: 5 ml/kg; 350 mg iodine/ml: 250 ml; 300 mg iodine/ml: 291 ml.

Injection

Aortography and selective visceral arteriography

Adult: Use 300 or 350 mg iodine/ml solution, single inj. Aorta: 50-80 ml; major branches: 30-60 ml; renal arteries: 5-15 ml. Repeat as necessary. Max: 300 mg iodine/ml: 291 ml; 350 mg iodine/ml: 250 ml.

Child: Use 350 mg iodine/ml solution: 1 ml/kg, single dose. Max: 5 ml/kg up to 250 ml.

Intra-arterial

Cerebral arteriography

Adult: Use 300 mg iodine/ml solution: Common carotid artery: 6-12 ml; internal carotid artery: 8-10 ml; external carotid artery: 6-9 ml; vertebral artery: 6-10 ml.

Intravenous

Contrast-enhanced computerized tomography

Adult: Head imaging by inj: 300 mg iodine/ml: 70-150 ml; 350 mg iodine/ml: 80 ml. Head imaging by infusion: 240 mg iodine/ml: 120-250 ml. Body imaging by inj: 300 mg iodine/ml: 50-200 ml; 350 mg iodine/ml: 60-100 ml.

Child: Head imaging: 240 or 300 mg iodine/ml: 1-2 ml/kg. Max: 28 g iodine with 240 mg iodine/ml solution or 35 g iodine with 300 mg iodine/ml solution.

Intravenous

Digital subtraction angiography

Adult: 350 mg iodine/ml: 30-50 ml, as a bolus at 7.5-30 ml/second using a pressure injector, usually for 3 or more inj; max: 250 ml.

Intra-arterial

Digital subtraction angiography

Adult: Use 140 mg iodine/ml solution: Aorta: 20-45 ml at 8-20 ml/sec; carotid: 5-10 ml at 3-6 ml/sec; femoral: 9-20 ml at 3-6 ml/sec; vertebral: 4-10 ml at 2-8 ml/sec; renal: 6-12 ml at 3-6

ml/sec; other branches of the aorta (includes subclavian, axillary, innominate and iliac): 8-25 ml at 3-10 ml/sec.

Intra-arterial

Peripheral arteriography

Adult: Aortofemoral runoffs: 350 mg iodine/ml: 20-70 ml; 300 mg iodine/ml: 30-90 ml. Selective arteriograms (femoral/iliac): 350 mg iodine/ml: 10-30 ml; 300 mg iodine/ml: 10-60 ml. Venography (per leg): 240 mg iodine/ml: 20-150 ml; 300 mg iodine/ml: 40-100 ml.

Injection

Excretory urography

Adult: Use 300 or 350 mg iodine/ml solution: 200-350 mg iodine/kg.

Child: Use 300 mg iodine/ml solution: 0.5-3 ml/kg, usual: 1-1.5 ml/kg; max: 3 ml/kg.

Intravenous

Contrast-enhanced computerized tomography of the abdomen

Adult: In conjunction with dilute oral admin, use 300 mg iodine/ml solution: 100-150 ml. The oral dose is administered 20-40 min prior to IV dose and image acquisition.

Child: In conjunction with dilute oral admin, use 240 or 300 mg iodine/ml solution: 1-2 ml/kg; max 3 ml/kg. The oral dose is administered 30-60 min prior to IV dose and image acquisition.

Injection

Voiding cystourethrography

Adult: Use diluted solutions using sterile water for inj to concentrations of 50-100 mg iodine/ml. Usual volume: 50 mg iodine/ml solution: 50-600 ml; 100 mg iodine/ml: 50-300 ml.

Child: Children: Use diluted solutions using sterile water for inj to concentrations of 50-100 mg iodine/ml: 50-300 ml.

Injection

Arthrography

Adult: Knee: 240 mg iodine/ml: 5-15 ml; 300 mg iodine/ml: 5-15 ml; 350 mg iodine/ml: 5-10 ml. Shoulder: 240 mg iodine/ml: 3 ml; 300 mg iodine/ml: 10 ml. Temporomandibular: 300 mg iodine/ml: 0.5-1 ml. Lower volumes are recommended for double-contrast examinations; higher volumes are recommended fro single-contrast examinations.

Injection

Endoscopic retrograde pancreatography (ERP)

Adult: Use 240 mg iodine/ml: 10-50 ml.

Injection

Endoscopic retrograde cholangiopancreatography (ERCP)

Adult: Use 240 mg iodine/ml: 10-50 ml.

Injection

Hysterosalpingography

Adult: 240 mg iodine/ml: 15-20 ml; 300 mg iodine/ml: 15-20 ml.
Injection
Herniography
Adult: 240 mg iodine/ml: 50 ml.

Contraindications

Procedure-specific. Intrathecal: Myelography in significant local or systemic infection where bacteremia is likely; concurrent use with corticosteroids; repeat myelography in the event of technical failure (risk of overdosage). Hysterosalpingography: During menstrual period or when menstrual flow in imminent; presence of infection; pregnancy, 6 mth after termination of pregnancy or 30 days after conization or curettage.

Special Precautions

Asthma or a history of allergies (risk of anaphylactoid reactions is increased); compromised blood-brain barrier (severe neurotoxicity after intrathecal use); epilepsy and brain tumour (higher risk of convulsions); severe hepatic or renal impairment, diabetics with renal impairment, dehydration and others who may be at increased risk of renal failure; multiple myeloma (dehydration from use may

cause precipitation of protein in the renal tubules, leading to anuria and fatal renal failure); severe hypertension; advanced cardiac disease; phaeochromocytoma; sickle-cell disease; hyperthyroidism; debilitated, severely ill, very old, or very young patients; occlusive vascular disease. Special care to ensure that 140 and 350 mg iodine/ml solutions are not given intrathecally. Adequate resuscitative facilities should be available when radiographic procedures are undertaken, and patients should be kept under observation for a suitable period after the procedure.

Adverse Drug Reactions

Flushing or a sensation of heat; pain, extravasation, thrombophlebitis at the inj site; nausea, vomiting, headache, and dizziness; urticaria, pruritus, pallor, sweating, metallic taste, weakness, coughing, rhinitis, sneezing, lachrymation, visual disturbances; hypotension, tachycardia, bradycardia, transient ECG abnormalities, haemodynamic disturbances; dyspnoea, bronchospasm, angioedema, severe urticaria; convulsions, paraesthesia, paralysis; acute renal failure; thromboembolism, disseminated intravascular coagulation, thrombocytopenia; hyperthyroidism, thyroid storm thyrotoxicosis.

Potentially Fatal: Profound hypotension, pulmonary oedema, respiratory arrest, ventricular fibrillation, circulatory failure, cardiac arrest, coma.

Lab Interference

Thyroid function, blood coagulation and certain urine tests.

Storage

Injection: Store at 20-25°C. Protect from light. Do not freeze. Intra-arterial: Store at 20-25°C. Protect from light. Do not freeze. Intrathecal: Store at 20-25°C. Protect from light. Do not freeze. Intravenous: Store at 20-25°C. Protect from light. Do not freeze. Oral: Store at 20-25°C. Protect from light. Do not freeze.

Mechanism of Action

Iohexol is a nonionic water-soluble radiographic contrast medium. It allows visualisation of internal body structures by opacifying the path of its flow. It contains a high concentration of organically bound iodine (140-350 mg iodine/ml).

Distribution: Binding of iohexol to human plasma proteins: About 1.5%.
Excretion: Via urine (90%, as unchanged drug); 121-150 minutes (elimination half-life).

CIMS Class

Miscellaneous

ATC Classification

V08AB02 - iohexol; Belongs to the class of watersoluble, nephrotropic, low osmolar preparations used as X-ray contrast media.

*iohexol information:
Note that there are some more drugs interacting with iohexol
iohexol
iohexol brands available in India
Always prescribe with Generic Name : iohexol, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : RADIOPAQUE inj

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([all drugs])

iopromide

CIMS Class : (Miscellaneous)

iopromide

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related iopromide information

Indication & Dosage

Intravenous

Cardiac chambers and related arteries

Child: >2 yr: 370 mg iodine/ml as 1-2 ml/kg. Max dose for procedure: 4 ml/kg.

Intravenous

Contrast-enhanced computerized tomography

Adult: 300 mg iodine/ml. Head: 50-200 ml; max dose for procedure: 200 ml. Body: 50-200 ml as bolus inj, rapid infusion or both (usual dose for infusion: 100-200 ml); max dose for procedure: 200 ml. Max dose of iodine: 86 g.

Child: >2 yr: 300 mg iodine/ml as 1-2 ml/kg. Max dose for procedure: 3 ml/kg.

Intravenous

Excretory urography

Adult: 300 mg iodine/ml. Max dose for procedure: 100 ml. Max dose of iodine: 86 g.

Child: >2 yr: 300 mg iodine/ml as 1-2 ml/kg. Max dose for procedure: 3 ml/kg.

Intravenous

Peripheral venography

Adult: 240 mg iodine/ml. Max dose for procedure: 250 ml. Max dose of iodine: 86 g.

Intra-arterial

Aortography and visceral angiography

Adult: 370 mg iodine/ml. Max dose for procedure: 225 ml. Max dose of iodine: 86 g.

Intra-arterial

Cerebral arteriography

Adult: 300 mg iodine/ml. Max dose for procedure: 150 ml. Carotid artery: 4-12 ml. Vertebral artery: 4-12 ml. Aortic arch inj: 20-50 ml. Max dose of iodine: 86 g.

Intra-arterial

Coronary arteriography and left ventriculography

Adult: 370 mg iodine/ml. Max dose for procedure: 225 ml. Left coronary: 3-14 ml. Right coronary: 3-14 ml. Left ventricle: 30-60 ml. Max dose of iodine: 86 g.

Intra-arterial

Intra-arterial digital subtraction angiography

Adult: 150 mg iodine/ml. Max dose for procedure: 250 ml. Carotid arteries: 6-10 ml. Vertebral: 4-8 ml. Aorta: 20-50 ml. Major branches of the abdominal aorta: 2-20 ml. Max dose of iodine: 86 g.

Intra-arterial

Peripheral arteriography

Adult: 300 mg iodine/ml. Max dose for procedure: 250 ml. Artery needs a pulse to be injected. Subclavian or femoral artery: 5-40 ml. Aortic bifurcation for distal runoff: 25-50 ml. Max dose of iodine: 86 g.

Overdosage

Dialysable.

Contraindications

Not for intrathecal use.

Special Precautions

Ensure adequate hydration. Increased risk of immune reaction with previous contrast sensitivity, allergy to iodine, asthma, hay fever and food allergies. Renal impairment, combined renal and hepatic disease, combined renal and cardiac disease, DM, sickle-cell disease, severe thyrotoxicosis, myelomatosis or anuria. Pregnancy and lactation.

Adverse Drug Reactions

Vasodilatation, chest pain, hypertension, headache, pain, dizziness, nausea, vomiting, abnormal taste, urinary urgency, inj site reactions, back pain, abnormal vision.
Potentially Fatal: Anaphylaxis and thrombosis.

Drug Interactions

Increased risk of delayed hypersensitivity with interleukins. May cause renal impairment and induce lactic acidosis with metformin.

Lab Interference

May interfere with thyroid function, urine and blood coagulation tests.

Storage

Intra-arterial: Store at 25°C (77°F). Intravenous: Store at 25°C (77°F).

Mechanism of Action

Iopromide is a nonionic iodinated radiographic contrast medium. It allows visualisation of internal body structures by opacifying the path of its flow.
Distribution: Vol of distribution: 16 L. Protein-binding: 1%.
Excretion: Via urine (97%, as unchanged drug). 2 hr (elimination half-life).

CIMS Class

Miscellaneous

ATC Classification

V08AB05 - iopromide; Belongs to the class of watersoluble, nephrotropic, low osmolar preparations used as X-ray contrast media.

*iopromide information:

Note that there are some more drugs interacting with iopromide

iopromide

iopromide brands available in India

Always prescribe with Generic Name : iopromide, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ULTRAVIST-300 vial ULTRAVIST-370 vial

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([all drugs])

ipratropium bromide

CIMS Class : (Antiasthmatic & COPD Preparations) , (Nasal Decongestants & Other Nasal Preparations)

ipratropium bromide

P - Caution when used during pregnancy

L - Caution when used during lactation

related ipratropium bromide information

Indication & Dosage

Nasal

Rhinorrhoea associated with rhinitis

Adult: As metered-dose nasal spray (0.06%): 42 mcg into each nostril bid/tid, up to 84 mcg into each nostril 3-4 times daily for up to 4 days when rhinorrhoea is associated with common cold or up to 3 wk in seasonal allergic cases.

Child: As metered-dose nasal spray: =6 yr: 42 mcg into each nostril bid/tid.

Nasal

Seasonal allergic rhinitis

Adult: As metered-dose nasal spray (0.06%): 42 mcg into each nostril bid/tid, up to 84 mcg into each nostril 3-4 times daily for up to 4 days when rhinorrhoea is associated with common cold or up to 3 wk in seasonal allergic cases.

Child: As metered-dose nasal spray: =6 yr: 42 mcg into each nostril bid/tid.

Inhalation

Chronic obstructive pulmonary disease

Adult: As metered-dose aerosol: 20 or 40 mcg 3 or 4 times daily. Max: 12 inhalations daily. As dry powder: 40 mcg 3 or 4 times daily.

Max: 320 mcg daily. As nebulised solution: 500 mcg (1 unit dose vial) 3-4 times daily.
Child: As metered-dose aerosol: <6 yr: 20 mcg tid; 6-12 yr: 20 or 40 mcg tid. As nebulised solution: <6 yr: 125-250 mcg; 6-12 yr: 250 mcg at intervals of at least 6 hr up to 1 mg daily.

Special Precautions

Bladder neck obstruction, narrow-angle glaucoma or patients susceptible to glaucoma, prostatic hyperplasia. Protect patient's eyes from nebulised drug. Renal and hepatic impairment. Pregnancy, lactation, children, elderly.

Adverse Drug Reactions

Dry mouth, urinary retention, buccal ulceration, paralytic ileus, headache, nausea, constipation, paradoxical bronchospasm, immediate hypersensitivity reactions (urticaria, angioedema), acute angle-closure glaucoma, nasal dryness and epistaxis (nasal spray).
Potentially Fatal: Anaphylactic reactions, atrial fibrillation, supraventricular tachycardia.

Drug Interactions

Increased toxicity with other anticholinergic drugs.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Inhalation: Aerosol: Store at 25°C (77°F). Do not expose above 49°C (120°F). Solution: Store at 15-30°C (59-86°F). Nasal: Store tightly closed at 25°C (77°F).

Mechanism of Action

Ipratropium bromide blocks the action of acetylcholine at parasympathetic sites in bronchial smooth muscle causing bronchodilation.

Absorption: Poorly absorbed from the GIT.

Distribution: Minimally protein-bound.
Excretion: Via urine and faeces (as unchanged drug and metabolites).

CIMS Class

Antiasthmatic & COPD Preparations / Nasal Decongestants & Other Nasal Preparations

ATC Classification

R01AX03 - ipratropium bromide; Belongs to the class of other topical preparations used as nasal decongestants.
R03BB01 - ipratropium bromide; Belongs to the class of other inhalants used in the treatment of obstructive airway diseases, anticholinergics.

*ipratropium bromide information:
Note that there are some more drugs interacting with ipratropium bromide
ipratropium bromide
ipratropium bromide brands available in India

Always prescribe with Generic Name : ipratropium bromide, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : IPNEB liqd IPRAMIST SOLN. soln IPRANASE AQ spray IPRATOP inhaler IPRAVENT inhalation soln IPRAVENT inhaler IPRAVENT respules IPRAVENT rotacap

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([all drugs])

irbesartan

CIMS Class : (Angiotensin II Antagonists)

irbesartan

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related irbesartan information

Indication & Dosage

Oral

Hypertension

Adult: 150 mg once daily, increased to 300 mg once daily if necessary. For patients with intravascular volume depletion: Initially, 75 mg once daily.

Child: 6-16 yr: 75 mg once daily increased to 150 mg if necessary.
Elderly: >75 yr: Initially 75 mg once daily.
Renal impairment: Haemodialysis: Initially, 75 mg once daily.
Oral
Diabetic nephropathy in Type 2 diabetes mellitus
Adult: 150 mg once daily, increased to 300 mg once daily if necessary.

Administration

May be taken with or without food.

Contraindications

Hypersensitivity; pregnancy and lactation.

Special Precautions

Child <6 yr. Unilateral or bilateral renal artery stenosis; vol or Na depletion; aortic or mitral valve stenosis, hypertrophic cardiomyopathy.

Adverse Drug Reactions

Diarrhoea, dizziness, fatigue, headache, hyperkalaemia. Dyspepsia, oedema, myalgia, insomnia, nasal congestion, 1st dose orthostatic hypotension, rash, pharyngitis, urticaria, angioedema, anxiety/nervousness, tachycardia.

Drug Interactions

Potassium or potassium-sparing diuretics may increase risk of hyperkalaemia. NSAIDs may reduce antihypertensive response. Excretion of lithium may be reduced, monitor lithium concentrations.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

in 2nd & 3rd trimesters.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite

the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Mechanism of Action

Irbesartan is an angiotensin II type I receptor antagonist and therefore blocks the vasoconstricting and aldosterone-secreting effects of angiotensin II.

Absorption: Rapidly absorbed from the GIT (oral); peak plasma concentrations are achieved after 1.5-2 hrs.

Distribution: Protein-binding around 96%

Metabolism: Some hepatic metabolism via cytochrome P450 isoenzyme CYP2C9 to inactive metabolites.

Excretion: Via bile and urine (as unchanged drug and metabolites); via urine (20% of IV dose, <2% as unchanged). 11-15 hrs (elimination half-life).

CIMS Class

Angiotensin II Antagonists

ATC Classification

C09CA04 - irbesartan; Belongs to the class of angiotensin II antagonists. Used in the treatment of cardiovascular disease.

*irbesartan information:

Note that there are some more drugs interacting with irbesartan

irbesartan further details are available in official CIMS India

irbesartan

irbesartan brands available in India

Always prescribe with Generic Name : irbesartan, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : APROVEL tab COAPROVEL tab IRBEST tab IROVEL tab IROVEL-H tab XARB tab XARB-H tab

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([all drugs])

irinotecan

CIMS Class : (Cytotoxic Chemotherapy)

irinotecan

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related irinotecan information

Indication & Dosage

Intravenous

Refractory colorectal malignancies

Adult: 125 mg/m2 infused IV over 90 min once wkly for 4 wk followed by a 2 wk rest period. Or, 350 mg/m2infused IV over 90 min repeated once every 3 wk.

Hepatic impairment: Dose reduction may be necessary.

Intravenous

Metastatic colorectal cancer

Adult: As 1st line treatment: 125 mg/m2 infused IV over 90 min on days 1,8,15 and 22 of a 6 wk cycle. Alternatively 180 mg/m2 infused IV over 90 min on days 1,15 and 29 of a 6 wk cycle.

Hepatic impairment: Dose reduction may be necessary.

Reconstitution: Dilute in 5% dextrose injection (preferred) or 0.9% sodium chloride injection to a final concentration of 0.12-2.8 mg/ml.

Contraindications

Inflammatory bowel disease, bowel obstruction, severe hepatic impairment. Pregnancy and lactation.

Special Precautions

Previous pelvic/abdominal irradiation; elderly; Raised plasma-bilirubin concentration; severe myelosuppression. Avoid extravasation.

Adverse Drug Reactions

Neutropenia, anaemia, thrombocytopenia; acute diarrhoea, sweating, hypersalivation, abdominal cramps, lachrymation, miosis, weakness; nausea, vomiting, alopecia and skin reactions; cardiovascular toxicity.
Potentially Fatal: Fatal sepsis due to myelosuppression; severe, chronic diarrhoea.

Drug Interactions

Diuretics increase risks of dehydration secondary to vomiting/diarrhoea; prophylactic dexamethasone as an antiemetic may enhance lymphocytopenia; prochlorperazine may increase incidence of akathisia; antineoplastic agents (myelosuppression

and diarrhoea). St John's wort, ketoconazole may reduce irinotecan exposure.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Mechanism of Action

Irinotecan, a derivative of camptothecin, works by inhibiting the enzyme topoisomerase I thereby interfering with the coiling and uncoiling of DNA during replication and causing irreparable damage.

Distribution: Irinotecan is moderately bound to plasma albumin (approx 65%) and SN-38 is extensively bound (approx 95%).

Metabolism: Converted to active metabolite SN-38 via hydrolysis in the liver.

Excretion: Both biliary and urinary excretion. SN-38 primarily removed by glucuronidation. Elimination half life of 6-12 hr.

CIMS Class

Cytotoxic Chemotherapy

ATC Classification

L01XX19 - irinotecan; Belongs to the class of other antineoplastic agents. Used in the treatment of cancer.

*irinotecan information:
Note that there are some more drugs interacting with irinotecan
irinotecan
irinotecan brands available in India
Always prescribe with Generic Name : irinotecan, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : CAMPTO vial IRINOTEL vial IRNOCAM vial RINOTEC vial TORSIRIN vial
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([all drugs])
iron polymaltose

CIMS Class : (Vitamins & Minerals (Pre & Post Natal) / Antianemics)

iron polymaltose

related iron polymaltose information

Indication & Dosage

Oral

Iron-deficiency anaemia

Adult: As chewable tablet/syrup/drops: Doses equivalent to 100 mg of elemental iron daily, up to 300 mg daily.

Intramuscular

Iron-deficiency anaemia

Adult: As inj containing 100 mg iron as iron polymaltose/2 ml: Admin by ventro-gluteal inj according to Hochstetter method (refer to package insert for details). Total dose of iron needed (mg): Wt (kg) x (normal haemoglobin - actual haemoglobin in g/L) x 0.24 + iron depot. Iron depot calculated as 15 mg/kg up to a wt of about 34 kg, max of 500 mg for body wt =34 kg. May give dose as alternate day inj of 2 ml (or 4 ml at longer interval) until total dose is reached. Max single daily dose: >10-45 kg: 2 ml; >45 kg: 4 ml.

Child: As inj containing 100 mg iron as iron polymaltose/2 ml: Admin by ventro-gluteal inj according to Hochstetter method (refer to package insert for details).Total dose of iron needed (mg): Wt

(kg) x (normal haemoglobin - actual haemoglobin in g/L) x 0.24 + iron depot. Iron depot calculated as 15 mg/kg up to a wt of about 34 kg, max of 500 mg for body wt = 34 kg. Max single daily dose: >10-45 kg: 2 ml; 5-10 kg: 1 ml; infants (up to 5 kg): 0.5 ml.

Intravenous

Iron-deficiency anaemia

Adult: As inj containing 100 mg iron as iron polymaltose/2 ml: Total dose of iron needed (mg): Wt (kg) x (normal haemoglobin - actual haemoglobin in g/L) x 0.24 + iron depot. Iron depot calculated as 15 mg/kg up to a wt of about 34 kg, max of 500 mg for body wt = 34 kg. Refer to product insert for dosage table. 1st 50 ml to be infused slowly (5-10 drops/minute) and observe patient closely. If well tolerated, increase rate to 30 drops/minute (based on drop volume of 0.067ml).

Child: As inj containing 100 mg iron as iron polymaltose/2 ml: Total dose of iron needed (mg): Wt (kg) x (normal haemoglobin - actual haemoglobin in g/L) x 0.24 + iron depot. Iron depot calculated as 15 mg/kg up to a wt of about 34 kg, max of 500 mg for body wt = 34 kg. Refer to product insert for dosage table. 1st 50 ml to be infused slowly (5-10 drops/minute) and observe patient closely. If well tolerated, increase rate to 30 drops/minute (based on drop volume of 0.067ml).

Reconstitution: IV infusion: Total dose to be admin to be added to 500 ml of normal saline (max 2500 mg in 500 ml).
Incompatibility: Do not mix with acidic substance or substances with a strong reducing effect.

Contraindications

Hypersensitivity or intolerance to iron and overloading of iron in the body. Anaemia not caused by iron deficiency. Disturbances in iron utilisation, thalassemia. Patients receiving repeated blood transfusion. Parenteral: Iron overload, Ostler-Rendu-Weber syndrome, chronic polyarthritis, bronchial asthma, inflammation or infection of kidney or liver, uncontrolled hyperparathyroidism, decompensated liver cirrhosis. Pregnancy (1st trimester).

Special Precautions

Avoid concomitant parenteral and oral iron admin, oral iron therapy should start at least 1 wk after last iron inj. Parenteral: Pregnancy (2nd and 3rd trimester), allergies, hepatic and liver insufficiency, low iron binding capacity and or folic acid deficiency. Facilities for CPR should be available during admin. Excessive IV infusion rate may cause nausea and epigastric upset. IV infusion

route should be used only if IM route is unacceptable and when there is no stored iron in the bone marrow.

Adverse Drug Reactions

GI irritation, epigastric pain, stomach cramping, constipation, nausea, vomiting, diarrhoea, dark stools, heart burn, discoloured urine, teeth staining. IM: pain at inj site, abdominal pain at lower quadrant and local inflammation with inguinal lymphadenopathy. IV: Joint and muscle pain, bronchospasm, hypotension, tachycardia, flushing, sweating, dizziness.
Potentially Fatal: Parenteral: Anaphylactoid reactions, circulatory collapse.

Drug Interactions

Concurrent use with psychotropic drugs may worsen constipation. Increased systemic side effects with concomitant ACE inhibitors and parenteral iron admin.

Storage

Intramuscular: Store below 25°C. Do not freeze. Intravenous: Store below 25°C. Do not freeze. Oral: Store below 25°C.

Mechanism of Action

Iron polymaltose is a water soluble, macro-molecular complex of iron (III) hydroxide and isomaltose. It is used in the treatment of iron-deficiency anaemia.

CIMS Class

Vitamins & Minerals (Pre & Post Natal) / Antianemics

*iron polymaltose information:
Note that there are some more drugs interacting with iron polymaltose
iron polymaltose
iron polymaltose brands available in India
Always prescribe with Generic Name : iron polymaltose, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : 3-UP SYR syr 3-UP TAB tab CARBIRAN syr FERICH DPS drops FERICIP DROPS drops FERICIP SYRUP syr FERID DPS drops FERID SYR syr FERIGIL oralliqd FERITAS SYR syr FERIUM-100 chewable tab FERIUM-50 chewable tab FEROCID syr FERON tab FEROSE DPS drops FERRASIA syr FERRO HEPATINE syr FERRON syr FERST DPS drops FERST SYR syr FETON SYR syr GILFER liqd GLOBIRON drops GLOBIRON SYR syr HAEMARANGE cap HAEMARANGE IPC syr HBRON syr HEMGLO DROPS drops HEMSUB syr MALTO-MIX syr MUMFER DPS drops MUMFER SYR syr OROFER DPS drops PHOSFOMINTM IRON liqd POLYFER SYRUP syr SIORON drops TRIFER DROPS drops TRIFER SYRUP syr ZENGLOBIN SYR syr

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([all drugs])

isoniazid

CIMS Class : (Anti-TB Agents)

isoniazid

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related isoniazid information

Indication & Dosage

Oral

Tuberculosis

Adult: 5 mg/kg daily. Max: 300 mg daily. For intermittent treatment: 10 mg/kg 3 times a wk or 15 mg/kg twice wkly. Similar doses may also be given via IM admin. For latent tuberculosis: 300 mg daily for 6 mth; alternatively, 5 mg/kg daily or 15 mg/kg twice wkly for 9 mth.

Child: 10-15 mg/kg/day in 1-2 divided doses (max: 300 mg/day). Alternatively, intermittent therapy can be given at 20-40 mg/kg (max: 900 mg) 2-3 times wkly. For latent tuberculosis: 10-20 mg/kg/day or 20-40 mg/kg twice wkly for 9 mth. Max: 300 mg/dose for daily regimen and 900 mg/dose for intermittent regimens.

Renal impairment: Reduce dose in severe renal impairment.

Oral

Nontuberculous mycobacterial infections

Adult: 5 mg/kg/day for at least 12 mth of culture-negative sputum; usually used with ethambutol and rifampin. Max: 300 mg/day. Similar doses may also be given via IM admin.

Administration

Should be taken on an empty stomach. (Best taken on an empty stomach 1 hr before or 2 hr after meals. May be taken w/ meals to reduce GI discomfort.)

Overdosage

Symptoms: Slurred speech, metabolic acidosis, hallucinations, hyperglycaemia, respiratory distress or tachypnoea, convulsions, coma.

Contraindications

Acute liver disease or history of hepatic damage during INH therapy; hypersensitivity.

Special Precautions

Renal or hepatic impairment; convulsive disorders; history of psychosis; patients at risk of neuropathy or pyridoxine deficiency eg, diabetic, alcoholic, malnourished, uraemic, infected with HIV. Careful monitoring of hepatic function is necessary for black and

hispanic women. Check hepatic function before and during treatment. Pregnancy and lactation.

Adverse Drug Reactions

Peripheral neuritis, optic neuritis; psychotic reactions, convulsions, nausea, vomiting, fatigue, epigastric distress, visual disturbances, fever, rash, pyridoxine deficiency.
Potentially Fatal: Hepatotoxicity.

Drug Interactions

May increase toxicity of carbamazepine, ethosuximide, phenytoin, diazepam and triazolam, chlorzoxazone,theophylline, clofazimine, cycloserine and warfarin. May increase metabolism of enflurane resulting in nephrotoxic fluoride levels. Reduced efficacy and increased risk of peripheral neuropathies and hepatotoxicity with alcohol. Reduced absoprtion with aluminium-containing antacids; give at least 1 hr before the antacid. Decreased serum levels with ketoconazole, zalcitabine. Increased risk of peripheral neuropathy with stavudine and zalcitabine.

Potentially Fatal: Increased risk of hepatotoxicity with rifampicin and other hepatotoxic drugs.

Food Interaction

Decreased serum levels if taken with food. Avoid tyramine-containing foods e.g. cheese, red wine and some fish as severe elevations in BP may occur.

Lab Interference

False-positive urinary glucose with cupric sulfate solution.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 20-25°C.

Mechanism of Action

Isoniazid is active against M tuberculosis, M bovis and some strains of M kansasii. One of its main mechanisms appears to be mycolic acid synthesis inhibition resulting in loss of acid-fastness and bacterial cell wall disruption.

Absorption: Absorbed readily from the GIT (oral) and after parenteral admin (IM); peak plasma concentrations after 1-2 hr (oral). Rate and extent may be reduced by the presence of food.

Distribution: Body tissues and fluids, CSF, crosses the placenta and enters breast milk.

Metabolism: Hepatic and enteral; acetylation by N-acetyltransferase to acetylisoniazid followed by hydrolysis to isonicotinic acid and monoacetylhydrazine, then conjugated with glycine to isonicotinyl glycine and monoacetylhydrazine is further acetylated to diacetylhydrazine.

Excretion: Via urine (as metabolites), via faeces (small amounts); 1-6 hr (elimination half-life), removed by dialysis.

CIMS Class

Anti-TB Agents

ATC Classification

J04AC01 - isoniazid; Belongs to the class of hydrazides. Used in the treatment of tuberculosis.

*isoniazid information:
Note that there are some more drugs interacting with isoniazid
isoniazid further details are available in official CIMS India
isoniazid
isoniazid brands available in India
Always prescribe with Generic Name : isoniazid, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : INAPAS powd IPCAZIDE LIQUID liqd ISOKIN liqd ISOKIN tab ISOKIN-300 tab ISOKIN-T FORTE tab ISONEX FORTE tab ISONEX tab MYCOPAS GRANULES granules MYCOPAS TABLETS tab SIOZIDE syr SOLONEX dispertab SOLONEX tab TUBERNEX FORTE tab
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([all drugs])
isoprenaline

CIMS Class : (Cardiac Drugs) , (Antiasthmatic & COPD Preparations)

isoprenaline

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related isoprenaline information

Indication & Dosage

Intravenous

Bronchospasm during anaesthesia

Adult: 0.01-0.02 mg (0.5-1 ml of a 1:50,000 dilution), repeat when necessary.

Elderly: Lower doses may be required.

Intravenous

Emergency treatment of cardiac arrhythmias

Adult: IV bolus inj: Initially, 0.02-0.06 mg (1-3 ml of a 1:50,000 dilution). Subsequent dose range: 0.01-0.2 mg. IV infusion: Initially, 5 mcg/minute. Adjust subsequent doses based on patient's response; usual range: 2-20 mcg/minute.

Child: Initially, 0.1 mcg/kg/minute. Subsequent dose range: 0.1-1 mcg/kg/minute.

Parenteral

Postoperative cardiac patients with bradycardia

Adult: For less urgent situations. Initial: 0.2 mg via IM or SC admin. Subsequent dose ranges: 0.02-1 mg (via IM admin) or 0.15-0.2 mg (via SC admin).

Child: 0.029 mcg/kg/minute via IV infusion.

Intravenous

For temporary use in 3rd degree atrioventricular block until pacemaker insertion

Adult: 2-10 mcg/minute via IV infusion. Adjust subsequent rate based on patient's heart rate and rhythm response.

Intravenous

Complete heart block following closure of ventricular septal defects

Adult: 0.04-0.06 mg (2-3 mL of a 1:50,000 dilution) as bolus doses.

Child: Infants: 0.01-0.03 mg (0.5-1.5 mL of a 1:50,000 dilution) as bolus dose.

Intravenous

Adjunct in shock

Adult: 0.5-5 mcg/minute, adjust subsequent rate based on patient's response. In advanced stages: rates >30 mcg/minute have been used. Not recommended for >1 hr usage in patients with septic shock.

Intravenous

As a diagnostic agent

Adult: For diagnosing etiology of mitral regurgitation: 4 mcg/minute as infusion. For diagnosis of coronary artery disease or lesions: 1-3 mcg/minute as infusion.

Reconstitution: Reconstitute with supplied diluent only.

Overdosage

Symptoms: Tachycardia or other arrhythmias, palpitations, angina, BP changes, dizziness, headache, nausea or vomiting, restlessness, weakness, flushing. Management: Supportive and symptomatic; monitor BP and ECG. Not known if dialysable.

Contraindications

Tachyarrhythmias; tachycardia or heart block due to digitalis intoxication; ventricular arrhythmias which require inotropic therapy; angina pectoris.

Special Precautions

Coronary artery disease, coronary insufficiency, diabetes, hyperthyroidism. Pregnancy and lactation. Parenteral: May

paradoxically worsen heart block or precipitate Adams-Stokes attacks during normal sinus rhythm or transient heart block. Doses which can increase heart rate to >130 beats/min may increase the risk of inducing ventricular arrhythmias; caution in patients with failing heart or in those with significant degree of arteriosclerosis. Monitor response to therapy by frequent determination of the central venous pressure and blood gases. Ensure adequate ventilation. Monitor acid-base balance and correct any electrolyte disturbances. Inhalation: Severe paradoxical airway resistance may occur with repeated and excessive use. Carefully instruct the patient in the proper technique of admin.

Adverse Drug Reactions

Nervousness, restlessness, insomnia, anxiety, tension, blurring of vision, fear, excitement. Rarely, sweating, weakness, pallor, dizziness, mild tremor, headache, flushing of the face or skin, nausea, vomiting, tinnitus, lightheadedness, asthenia. Swelling of the parotid glands (prolonged use). Pulmonary oedema, dyspneoa. Palpitation and ventricular tachycardia. Transient myocardial ischaemia or myocardial dysfunction in children.
Potentially Fatal: Ventricular arrhythmias.

Drug Interactions

Additive peripheral vasoconstriction may occur with ergot alkaloids. Cardiac, bronchodilating and vasodilating effects may be antagonised by ß-blockers e.g. propranolol.

Potentially Fatal: IV: Severe arrhythmias may occur with epinephrine, digitalis, cyclopropane, halogenated hydrocarbon anaesthetics.

Lab Interference

May cause false elevations of bilirubin as measured in vitro by a sequential multiple analyser. May produce elevated values for urinary epinephrine.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intravenous: Store at controlled room temperature 20-25°C (68-77°F). Reconstituted solutions: To be used within 24 hr. Parenteral: Store at controlled room temperature 20-25°C (68-77°F). Reconstituted solutions: To be used within 24 hr.

Mechanism of Action

Isoprenaline is a sympathomimetic that acts directly on ß-adrenergic receptors. It stimulates the CNS, has powerful stimulating action on the heart, and has bronchodilating properties.
Duration: Inhalation: About 2 hr.
Absorption: Less active after oral admin than after parenteral admin due to sulfate conjugation in the gut. Also absorbed through the oral mucosa.
Metabolism: Resistant to metabolism by monoamine oxidase. Metabolised by catechol-O-methyltransferase in the liver, lungs, and other tissues.
Excretion: Via urine (as unchanged drug and metabolites). Plasma half-life: IV: 1 to several min depending on rate of inj. Oral: More extended initial half-life. Inhalation: 5 min.

CIMS Class

Cardiac Drugs / Antiasthmatic & COPD Preparations

ATC Classification

C01CA02 - isoprenaline; Belongs to the class of adrenergic and dopaminergic cardiac stimulants excluding glycosides. Used in the treatment of heart failure.
R03AB02 - isoprenaline; Belongs to the class of adrenergic inhalants, non-selective beta-adrenoreceptor agonists. Used in the treatment of obstructive airway diseases.
R03CB01 - isoprenaline; Belongs to the class of adrenergics for systemic use, non-selective beta-adrenoreceptor agonists. Used in the treatment of obstructive airway diseases.

*isoprenaline information:
Note that there are some more drugs interacting with isoprenaline
isoprenaline
isoprenaline brands available in India
Always prescribe with Generic Name : isoprenaline, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : AUTOHALER accuhaler ISOLIN amp ISOSOL amp NEO-EPININE tab

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([all drugs])

isosorbide dinitrate

CIMS Class : (Anti-Anginal Drugs)

isosorbide dinitrate

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related isosorbide dinitrate information

Indication & Dosage

Oral

Management of angina

Adult: 20-120 mg daily in divided doses. Gradually increase according to patient's response. Max dose: 240 mg daily.

Oral

Heart failure

Adult: 30-160 mg daily in divided doses. Max dose: 240 mg daily.

Sublingual

Heart failure

Adult: 5-15 mg every 2-3 hr.

Sublingual

Acute angina

Adult: As tablet: 2.5-10 mg placed under the tongue. As spray: 1-3 sprays (1.25 mg/spray) directed under the tongue.

Intravenous

Unstable angina

Adult: 2-12 mg/hr titrated according to patient's response. Max dose: 20 mg/hr.

Intravenous

Heart failure

Adult: 2-12 mg/hr titrated according to patient's response. Max dose: 20 mg/hr.

Intracoronary

Percutaneous transluminal coronary angioplasty

Adult: 1 mg as a bolus before balloon inflation. Max dose within a 30-min period: 5 mg.

Administration

Should be taken on an empty stomach. (Take on an empty stomach ½ hr before meals.)

Overdosage

Symptoms: Increased intracranial pressure, throbbing headache, confusion, moderate fever; vertigo; palpitations; visual disturbances; nausea and vomiting; syncope; air hunger and dyspnoea; diaphoresis; heart block and bradycardia; paralysis; coma; seizures; and death. Methaemoglobinaemia.

Contraindications

Severe hypotension or anaemia, hypovolaemia, heart failure due to obstruction, or raised intracranial pressure due to head trauma or cerebral haemorrhage.

Special Precautions

Raised intracranial pressure, hypotension, hypovolaemia. Mitral valve prolapse, arterial hypoxaemia, glaucoma, elderly, hypothyroidism, malnutrition, pregnancy, lactation.

Adverse Drug Reactions

Hypotension, tachycardia, flushing, headache, dizziness, palpitation, syncope, confusion. Nausea, vomiting, abdominal pain. Apprehension, restlessness, weakness and vertigo.
Potentially Fatal: Severe hypotension, circulatory collapse.

Drug Interactions

Increased hypotensive effects with alcohol or vasodilators. Marked orthostatic hypotension may occur when used with calcium channel blockers. Vasodilatory effect may be reduced with dihydroergotamine. Ergotamineeffects may be enhanced. Reduced effectiveness of sublingual form with disopyramide.
Potentially Fatal: Significant hypotension may occur with phosphodiesterase-5 inhibitors.

Lab Interference

False decrease in serum cholesterol.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals

are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at room temperature (25°C). Sublingual: Store at room temperature (25°C).

Mechanism of Action

Isosorbide dinitrate relaxes vascular smooth muscles by stimulating cyclic-GMP. It decreases left ventricular pressure (preload) and arterial resistance (afterload).

Onset: 2-5 min (sublingual); <1 hr (oral as conventional tab).

Duration: 2 hrs (sublingual); 4-6 hr (oral as conventional tab).

Absorption: Readily absorbed from the oral mucosa (sublingual) and from the GIT (oral); absorbed from the skin (topical).

Distribution: Widely distributed: Smooth muscle cells of the blood vessels.

Metabolism: Extensive hepatic first-pass metabolism; converted to isosorbide-2-mononitrate and isosorbide-5-mononitrate.

Excretion: Elimination half-life: 45-60 min (sublingual); 20 min-4 hr (IV, oral).

CIMS Class

Anti-Anginal Drugs

ATC Classification

C01DA08 - isosorbide dinitrate; Belongs to the class of organic nitrate vasodilators. Used in the treatment of cardiac disease.
C05AE02 - isosorbide dinitrate;

*isosorbide dinitrate information:
Note that there are some more drugs interacting with isosorbide dinitrate
isosorbide dinitrate
isosorbide dinitrate brands available in India
Always prescribe with Generic Name : isosorbide dinitrate, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ANZIDIN tab CARDICAP tab CARDICAP TR-cap ISORDIL SL-tab ISORDIL tab SORBITRATE tab
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([all drugs])

isosorbide mononitrate

CIMS Class : (Anti-Anginal Drugs)

isosorbide mononitrate

L - Caution when used during lactation

Lab ¤ - Lab interference

related isosorbide mononitrate information

Indication & Dosage

Oral

Management of angina, Heart failure

Adult: 20 mg 2-3 times daily. Dose may range from 20-120 mg daily.

Elderly: Intiate at lower doses.

Administration

Should be taken on an empty stomach (i.e. At least one hour before food or two hours after food).

Overdosage

Symptoms: Increased intracranial pressure, with or without persistent throbbing headache, confusion and moderate fever, vertigo, palpitations, visual disturbances, nausea and vomiting.

Contraindications

Severe hypotension or anaemia, hypovolaemia, heart failure due to obstruction, or raised intracranial pressure due to head trauma or cerebral haemorrhage.

Special Precautions

Severe renal or severe hepatic impairment, hypothyroidism, malnutrition, or hypothermia. Caution in patients who are already hypotensive. May aggravate angina caused by hypertrophic cardiomyopathy. Tolerance may develop after long-term treatment. Lactation.

Adverse Drug Reactions

Hypotension, tachycardia, flushing, headache, dizziness, palpitation, syncope, confusion. Nausea, vomiting, abdominal pain. Restlessness, weakness and vertigo. Dry mouth, chest pain, back

pain, oedema, fatigue, abdominal pain, constipation, diarrhoea, dyspepsia and flatulence.
Potentially Fatal: Severe hypotension and cardiac failure.

Drug Interactions

Hypotensive effects may be increased when used with alcohol or vasodilators. Concurrent use with calcium channel blockers may lead to marked orthostatic hypotension.
Potentially Fatal: Significant hypotension may occur when used with phosphodiesterase-5 inhibitors.

Lab Interference

False decrease in serum cholesterol.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.
Storage

Oral: Store at 20-25°C.

Mechanism of Action

Isosorbide mononitrate relaxes vascular smooth muscles by stimulating cyclic-GMP. It decreases left ventricular pressure (preload) and arterial resistance (afterload).
Onset: 20 min (oral as conventional tab).
Duration: 8-10 hr (oral as conventional tab).
Absorption: Readily absorbed from the GIT (oral); peak plasma concentrations after 1 hr.
Distribution: Widely distributed: Smooth muscle cells of the blood vessels.
Metabolism: Converted to inactive metabolites including isosorbide and isosorbide glucuronide.
Excretion: Via urine (2% as unchanged); 4-5 hr (elimination half-life).

CIMS Class

Anti-Anginal Drugs

ATC Classification

C01DA14 - isosorbide mononitrate; Belongs to the class of organic nitrate vasodilators. Used in the treatment of cardiac disease.

*isosorbide mononitrate information:

Note that there are some more drugs interacting with isosorbide mononitrate

isosorbide mononitrate

isosorbide mononitrate brands available in India

Always prescribe with Generic Name : isosorbide mononitrate, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : 5-MONO SR-tab 5-MONO tab ANGICOR SR-tab ANGICOR tab ANGINEX tab ANGITAB SR-tab ANGITAB tab DILTRATE tab IHD SR-tab IHD tab IMDUR tab IMNIT SR-tab ISMO RETARD tab ISMO tab ISOACT tab ISOCOR-20 tab ISOMIN-20 tab ISONORM tab MONET tab MONICOR tab MONIT SR-tab MONIT tab MONN tab MONOCONTIN-25 tab MONOMEN-20 tab MONOPARK tab MONOSORBITRATE tab MONOTRACE tab MONOTRATE OD tab MONOTRATE tab NICAN-CR CR-cap NITROFIX SR-tab NITROFIX

tab NITROVAS SR SR-tab SOLOTRATE tab SORB tab SORBICAP cap SORBIDAY tab SORMO tab SYNOTRATE tab VASONIT tab VASONIT-OD suscap VASOTRATE OD-tab VASOTRATE tab

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([all drugs])

isosorbide mononitrate + aspirin

CIMS Class : (Anti-Anginal Drugs)

isosorbide mononitrate + aspirin

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related isosorbide mononitrate + aspirin information

Indication & Dosage

Oral

Prophylaxis of angina, Prophylaxis of myocardial infarction

Adult: Starting dose of ISMN and aspirin (60 mg/75 mg) is one or two tablets in the morning and of ISMN and aspirin (60 mg/150 mg) is one tablet in the morning.

Contraindications

Aspirin: Active gastro-ulceration, hypothrombinaemia, hypersensitivity, patients with history of ulceration or dyspepsia, children <12 yr, bleeding diathesis (like haemophilia) and concurrent use of anticoagulants. ISMN: hypersensitivity, acute circulatory failure, cardiogenic shock, severe hypotension, obstructive hypertrophic cardiomyopathy, pericardiac tamponade, low filling pressure, aortic and/or mitral valve stenosis, diseases associated with raised intracranial pressure, glaucoma, arterial hypoxemia and cor pulmonale, constructive pericarditis, orthostatic disturbances of circulatory regulation.

Special Precautions

Infants with hyperbilirubinuria because of risk of kernicterus resulting from displacement of bilirubin from plasma albumin. Neonates, children, nursing mothers, elderly, volume depletion, hypotension. Hypotension induced by ISMN may be accompanied by paradoxical bradycardia and increased angina pectoris. Nitrate therapy may aggravate the angina caused by hypertrophic cardiomyopathy.

Adverse Drug Reactions

Aspirin: Epigastric discomfort, gastric bleeding, rhinitis, urticaria, angioneurotic oedema, worsening of asthma, elevation of transaminases, hepatomegaly. Isosorbide mononitrate: Nausea, vomiting, urinary and faecal incontinence, abdominal pain, headache, apprehension, restlessness, weakness, vertigo, dizziness, tachycardia, palpitation, orthostatic hypotension.

Drug Interactions

Aspirin: Caution to be exercised while using aspirin with anticoagulants. Large doses of salicylates including aspirin may exert hypoglycaemic action and may enhance the effect of the oral hypoglycaemics. If necessary, the dosage of the hypoglycaemic agent must be reduced while the salicylate is given. This hypoglycaemic action may also affect the insulin requirements of diabetics. Aspirin may decrease the effects of probenecid,sulfinpyrazone and phenylbutazone. Sodium excretion produced by spironolactone may be decreased in the presence of salicylates. Alcohol and aspirin exhibit synergistic effect in causing GI bleeding. Risk of GI ulceration may be seen following concomitant admin of pyrazolone derivatives (phenylbutazone, oxyphenylbutazone and possibly, dipyrone) with aspirin. Urinary alkalisers may decrease aspirin effectiveness.

Phenobarbital is likely to decrease aspirin effectiveness by enzyme induction. Aspirin is likely to increase the serum phenytoin levels. Aspirin's anti-inflammatory action may be decreased by propanolol probably by competing for the same receptors. Isosorbide mononitrate: Orthostatic hypotension may occur with combined use of calcium channel blockers, antihypertensive agents, phenothiazines and TCAs. Use of ISMN with alcoholmay produce severe hypotension and collapse.

Lab Interference

Aspirin interferes with various urine tests for catecholamines, dopa, glucose, ketones, hippuric acid and pregnancy tests. It is also reported to interfere with some serum or plasma tests for albumin, barbiturates, calcium, propylthiouracil, tyrosine and uric acid.

Mechanism of Action

Aspirin, an antithrombotic agent, is widely used in the prophylaxis of angina and myocardial infarction. Aspirin induces a long-lasting functional defect in platelets, clinically detectable as prolongation in bleeding time. Isosorbide mononitrate (ISMN) relaxes the vascular smooth muscle via stimulation of intracellular cyclic

guanosine monophosphate (cGMP) production. ISMN and aspirin interfere with different regulatory pathways and thus the combination effectively gives a more efficacious and safer therapeutic option. Combination reduces the chances of GI side effects. Patient compliance is better with once-daily admin of sustained-release formulation of ISMN than with thrice-daily admin of conventional release ISMN.

CIMS Class

Anti-Anginal Drugs

ATC Classification

C01DA14 - isosorbide mononitrate; Belongs to the class of organic nitrate vasodilators. Used in the treatment of cardiac disease.

*isosorbide mononitrate + aspirin information:
Note that there are some more drugs interacting with isosorbide mononitrate + aspirin
isosorbide mononitrate + aspirin
isosorbide mononitrate + aspirin brands available in India

Always prescribe with Generic Name : isosorbide mononitrate + aspirin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ASPITRATE tab ECOSMIN tab ISMORIN tab MONIT-AS cap MONO-A tab MONOSPRIN tab NITREN cap NITROFIX-AS tab NITROPRIN tab SOLOSPRIN tab VASOPRIN LS tab VASOPRIN SD tab VASOPRIN tab

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([all drugs])

isotretinoin

CIMS Class : (Acne Treatment Preparations)

isotretinoin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related isotretinoin information

Indication & Dosage

Oral

Acne

Adult: Initially, 0.5-1 mg/kg daily in 2 divided doses. Usual duration of treatment: 15-20 wk; may be discontinued if number of cysts is reduced by >70% (whichever is sooner). Patients intolerant to initial dose: Continue treatment at a lower dose. Patients with very severe acne or acne evident on the body instead of face: Up to 2 mg/kg daily. There should be a 2-mth drug-free interval if a 2nd course is necessary.

Renal impairment: Dose reduction may be needed.

Hepatic impairment: Dose reduction may be needed.

Topical/Cutaneous

Acne

Adult: As 0.05% gel: Apply sparingly once or twice daily. Effect may not be evident for 6-8 wk.

Administration

Should be taken with food.

Contraindications

Pregnancy, lactation.

Special Precautions

Preexisting or predisposition to hypertriglyceridaemia (e.g. DM, obesity or increased alcohol intake). Monitor triglyceride levels. Monitor blood lipids and LFTs at wkly or bi-wkly intervals. Monitor blood glucose in known or suspected DM patients. Genetic predisposition for age-related osteoporosis, history of childhood osteoporosis, osteomalacia or other bone metabolism disorders. Anorexia nervosa. History of psychiatric disorder. May impair night vision. Avoid wax epilation and skin resurfacing procedures for at least 6 mth. Avoid prolonged exposure to UV light or sunlight. Discontinue if hearing impairment, abdominal pain, rectal bleeding, severe diarrhoea or adverse ocular effects occur. Patient should not donate blood during therapy and for at least 1 mth following drug discontinuation.

Adverse Drug Reactions

Dryness of mucous membranes, dryness of skin with scaling, fragility, erythema, cheilitis, pruritus, epistaxis, conjunctivitis, dry sore mouth and palmo-plantar exfoliation. Corneal opacities, dry eyes, visual disturbances, skeletal hyperostosis and musculoskeletal symptoms. Elevation of serum triglycerides, LFTs, ESR and blood glucose. Hair thinning, photosensitivity, changes in

skin pigmentation, paronychia. GI disturbances, hepatitis. Headache, drowsiness, sweating, mood changes, psychotic symptoms, depression, suicidal tendencies, benign intracranial hypertension, seizures. Vasculitis, hypersensitivity reactions, IBS.
Potentially Fatal: Anaphylaxis. Haemorrhagic pancreatitis.

Drug Interactions

Additive toxicity with vitamin A or its derivatives. Decreased efficacy of microdosed progesterone (use 2 forms of contraception). May increase risk of bone loss with phenytoin. May increase risk of osteoporosis with systemic corticosteroids. Reduces plasma levels of carbamazepine.
Potentially Fatal: Increased risk of pseudotumor cerebri with tetracyclines.

Food Interaction

Avoid or limit ethanol intake. Avoid dong quai, St John's wort.

Pregnancy Category (US FDA)
Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal

risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.

Storage

Oral: Store at 15-30°C (59-86°F). Topical/Cutaneous: Store below 25°C (77°F).

Mechanism of Action

Isotretinoin is a synthetic retinoid which reduces sebaceous gland size and sebum production. It also regulates cell proliferation and differentiation.

Absorption: Low oral bioavailability. Peak plasma concentrations in 1-4 hr (oral).

Distribution: Protein-binding: 99.9%, mainly to albumin.

Metabolism: Hepatic, via CYP450 isoenzyme pathway.

Excretion: Via urine and faeces.

CIMS Class

Acne Treatment Preparations

ATC Classification

D10AD04 - isotretinoin; Belongs to the class of topical retinoid preparations used in the treatment of acne.
D10BA01 - isotretinoin; Belongs to the class of systemic retinoid preparations used in the treatment of acne.

*isotretinoin information:
Note that there are some more drugs interacting with isotretinoin
isotretinoin
isotretinoin brands available in India
Always prescribe with Generic Name : isotretinoin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ACNEX-20 cap ACNO gel ACUTRET cap ADCLIN softgel CUTRET cap ELVAC soft-gelatin caps IRET cap ISAC cap ISO-ARET softgel ISOBEST cap ISOFACT soft-gelatin caps ISORET cap ISOTANE soft-gelatin caps ISOTIN soft-gelatin caps ISOTRIZ soft-gelatin caps ISOTROIN soft-gelatin caps NEXTIN cap RETO cream SOTRET cap SOTRET gel TRETIVA tab TUFACNE cap ZITAN cap

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([all drugs])

isoxsuprine

CIMS Class : (Peripheral Vasodilators & Cerebral Activators) , (Drugs Acting on the Uterus)

isoxsuprine

P - Caution when used during pregnancy

L - Caution when used during lactation

related isoxsuprine information

Indication & Dosage

Oral

Peripheral vascular disease

Adult: 10-20 mg 3 or 4 times daily.

Elderly: Initiate with lower doses.

Parenteral

To arrest premature labour

Adult: 200-500 mcg/minute as IV infusion; adjust according to response until control is achieved. Monitor maternal BP and hydration, maternal and foetal heart rates during the infusion. Once labour has been arrested, administer 10 mg every 3-8 hr for several

days via IM inj. May continue prophylaxis orally by giving 30-90 mg daily in divided doses.

Administration

May be taken with or without food. (May be taken w/ meals, milk or antacids to minimise GI discomfort.)

Contraindications

Recent arterial haemorrhage. Do not give immediately postpartum and do not use in premature labour if there is an infection.

Special Precautions

Pregnancy, lactation.

Adverse Drug Reactions

Hypotension, dizziness, palpitation, nausea, vomiting, abdominal distress, severe rash, flushing, tachycardia. Maternal pulmonary oedema and foetal tachycardia (IV).

Drug Interactions

May potentiate effects of other vasodilators/hypotensive agents.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at room temperature, 15-30°C (59-86°F). Parenteral: Store at room temperature, 15-30°C (59-86°F).

Mechanism of Action

Isoxsuprine is an a-receptor antagonist with ß-receptor agonist action. It causes peripheral and cerebral vasodilatation by directly acting on vascular smooth muscle. It also causes cardiac and uterine relaxation.

Absorption: Well absorbed from the GI tract (oral); peak plasma concentrations after 1 hr.

Excretion: Via urine (as conjugates); 1.5 hr (elimination half-life).

CIMS Class

Peripheral Vasodilators & Cerebral Activators / Note that there are some more drugs Acting on the Uterus

ATC Classification

C04AA01 - isoxsuprine; Belongs to the class of 2-amino-1-phenylethanol derivative agents used as peripheral vasodilators.

*isoxsuprine information:
isoxsuprine
isoxsuprine brands available in India
Always prescribe with Generic Name : isoxsuprine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ADILIN SR-tab B-PROX SR-tab CUPROX SR-tab CUPROX tab DULOVAS SR-tab DULOVAS tab DUVABEL-SR tab DUVADILAN amp DUVADILAN RETARD cap DUVADILAN SR-cap DUVADILAN tab ELPROX-SR tab FEPROX-SR tab FISOX SR-

tab IDILAN TAB SR-tab IDILAN TAB tab IORIL tab ISARIN-SR tab ISCOM inj ISOPREG INJ amp ISORIV tab ISOWIN SRtab ISOX tab ISOXSAN SR-tab MYPROX SR-tab PERIVALAN tab PREGNIN RETARD cap PREGNIN tab PRIDILAN SRtab PRIDILAN tab SERVOLAX tab SUPREX SR-tab SUPREX tab SUPRIME-40 tab SUPROX inj SUPROX SR-tab SUPROX tab TIDILAN inj TIDILAN RTD-tab TIDILAN tab TOCKISO SR-tab TOCOLYTE amp TOCOLYTE SR-tab TOCOLYTE tab TPDILAN tab TRISNOX SR-tab UDILAN SR-tab UDILAN tab UTORAX tab VASODILAN extentab VASODILAN tab X-RIDE SR-cap

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([all drugs])

itopride

CIMS Class : (GIT Regulators, Antiflatulents & Anti-inflammatories)

itopride

P - Caution when used during pregnancy

L - Contraindicated in lactation

related itopride information

Indication & Dosage

Oral

Antiemetic, Prokinetic agent

Adult: 50 mg tid. Reduce dose depending on the patient?s age and symptoms.

Administration

Should be taken on an empty stomach (i.e. At least one hour before food or two hours after food). (Take before meals.)

Contraindications

Hypersensitivity; lactation. GI haemorrhage, obstruction or perforation.

Special Precautions

Pregnancy, elderly.

Adverse Drug Reactions

Rash, diarrhoea, constipation, abdominal pain, headache, sleeping disorders, dizziness, galactorrhea, gynecomastia.

Potentially Fatal: Leucocytopenia.

Drug Interactions

Anticholinergic agents reduce the action of itopride.

Mechanism of Action

Itopride increases acetylcholine concentrations by inhibiting dopamine D2 receptors and acetylcholinesterase. Higher acetylcholine increases GI peristalsis, increases the lower oesophageal sphincter pressure, stimulates gastric motility, accelerates gastric emptying, and improves gastro-duodenal coordination.

CIMS Class

GIT Regulators, Antiflatulents & Anti-inflammatories

*itopride information:
itopride
itopride brands available in India

Always prescribe with Generic Name : itopride, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AMPTY film-coated tab GANATON film-coated tab GANATON-OD cap GEPRIDE-50 tab GIMATE tab GITRAK tab GI-TUNE MPS tab GI-TUNE SR SR-tab GI-TUNE tab ITCAN film-coated tab ITCAN suscap ITOKINE tab ITONORM tab ITOPRID film-coated tab ITOTOR-OD tab ITOZ tab MOTIZA tab MOTIZA-MPS film-coated tab RETUNE tab TONATE tab ZETO tab

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([all drugs])

itraconazole

CIMS Class : (Antifungals)

itraconazole

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related itraconazole information

Indication & Dosage

Oral

Oesophageal candidiasis

Adult: As oral liquid: 200 mg daily in 1 or 2 divided doses held in the mouth for 20 sec before swallowing. Double the dose in resistant infections.

Oral

Oral candidiasis

Adult: As oral liquid: 200 mg daily in 1 or 2 divided doses held in the mouth for 20 sec before swallowing. Double the dose in resistant infections.

Oral

Prophylaxis of fungal infections in immunocompromised patients

Adult: As oral liquid: 5 mg/kg daily in 2 divided doses.

Oral

Oropharyngeal candidiasis

Adult: As capsule: 100 mg daily for 15 days.

Oral

Vulvovaginal candidiasis

Adult: As capsule: 200 mg bid for 1 day.

Oral

Pityriasis versicolor

Adult: As capsule: 200 mg daily for 7 days.

Oral

Tinea cruris

Adult: As capsule: 100 mg daily for 15 days or 200 mg daily for 7 days.

Oral

Tinea corporis

Adult: As capsule: 100 mg daily for 15 days or 200 mg daily for 7 days.

Oral

Nail fungal infections

Adult: As capsule: 200 mg daily for 3 mth. Alternatively, pulse therapy with 200 mg bid for 7 days, repeated once for fingernail infections and twice for toenail infections after drug-free intervals of 21-days.

Oral

Systemic fungal infections

Adult: As capsule: 100-200 mg once daily, increased to 200 mg bid for invasive or disseminated infections. For life-threatening infections: Loading dose of 200 mg tid for 3 days has been given.

Oral

Primary or secondary prophylaxis of infections in neutropenic or AIDS patients

Adult: As capsule: 200 mg daily increased to 200 mg bid if necessary.

Oral

Tinea manuum

Adult: As capsule: 100 mg daily for 30 days or 200 mg bid for 7 days

Oral

Tinea pedis

Adult: As capsule: 100 mg daily for 30 days or 200 mg bid for 7 days

Intravenous

Systemic fungal infections

Adult: 200 mg infused bid over 1 hr for 2 days. Maintenance: 200 mg daily.

Special Populations: Treatment of oropharyngeal candidiasis in patients with AIDS or neutropenia: Increase dose to 200 mg as capsules daily for 15 days.

Administration

Oral soln: Should be taken on an empty stomach. (Take on an empty stomach & refrain from eating for at least 1 hr after intake.)

Cap: Should be taken with food. (Take immediately after a full meal.)

Contraindications

Hypersensitivity to azole antifungals; pregnancy and lactation; hepatic disease. IV: CrCl: <30 ml/min.

Special Precautions

Renal insufficiency; CHF, history of CHF, COPD; monitor liver function.

Adverse Drug Reactions

Dyspepsia, abdominal pain, nausea, vomiting, diarrhoea; menstrual disorders; constipation, rash, pruritus, urticaria; angioedema, anaphylaxis. Increased liver enzyme values, jaundice, Stevens-Johnson syndrome, hypokalaemia.
Potentially Fatal: Liver failure; heart failure; pulmonary oedema; CV disease.

Drug Interactions

Concentration increased by: clarithromycin, erythromycin, HIV protease inhibitors. Concentration decreased by: carbamazepine, phenobarbital, phenytoin, isoniazid, rifabutin, rifampin, nevirapine. Capsule absorption may be decreased by antacids, H2-receptor antagonists, proton pump inhibitors.

Potentially Fatal: Itraconazole is an inhibitor of CYP3A4 and plasma concentrations of many drugs includingciclosporin, digoxin and warfarin may be increased.

Food Interaction

Increase in absorption rate when capsule form is taken with or just after a meal; decreased when taken as a liquid in the presence of food.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intravenous: Store at =25°C. Protect from light and freezing. Oral: Store at 15-25°C.

Mechanism of Action

Itraconazole decreases ergosterol biosynthesis by interfering with cytochrome P450 activity. This inhibits cell membrane function of susceptible fungi including Microsporum species, Trichophyton species, Candidaspecies, Cryptococcus neoformans, Histoplasma capsulatum, Blastomyces dermatitidis and Paracoccidiodes brasiliensis. It also has antiprotozoal activity against Leishmania major.

Absorption: Absorbed from the GIT, capsule enhanced by acidic gastric environment or when taken with food; oral liquid better absorbed during fasting state. Peak plasma concentrations are achieved after 1.5-5 hr.

Distribution: Itraconazole is extensively bound (99.8%) to plasma protein. Widely distributed in skin, sebum, pus and other tissues and organs (higher concentrations compared to plasma). Small amounts are distributed in CSF and breast milk.

Metabolism: Undergoes saturable hepatic metabolism (via cytochrome P450 isoenzyme CYP3A4); converted to

hydroxyitraconazole (antifungal activity comparable to the parent drug) and other metabolites.
Excretion: Via urine or bile (as inactive metabolites), via faeces (3-18% as unchanged), stratum corneum and hair (small amounts); not removed by dialysis.

CIMS Class

Antifungals

ATC Classification

J02AC02 - itraconazole; Belongs to the class of systemic triazole derivative antimycotics. Used in the treatment of mycotic infections.

*itraconazole information:
Note that there are some more drugs interacting with itraconazole
itraconazole further details are available in official CIMS India
itraconazole
itraconazole brands available in India
Always prescribe with Generic Name : itraconazole, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BIOSPORE cap CANDISTAT CAP cap CANDITRAL cap FULCOVER cap FUNGICAP cap ITASPOR cap ITASPOR vial ITRAZEN cap ITROLE cap SPORANOX cap

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([all drugs])

ivermectin

CIMS Class : (Anthelmintics)

ivermectin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related ivermectin information

Indication & Dosage

Oral

Onchocerciasis

Adult: =15 kg: 150 mcg/kg as a single dose; retreatment may be given every 6-12 mth until adult worms die.

Child: >5 yr and =15kg: 150 mcg/kg as a single dose every 6-12 mth until adult worms die.

Oral

Strongyloidiasis

Adult: 200 mcg/kg as a single dose for 1-2 days.

Child: >15 kg: 200 mcg/kg as a single dose for 1-2 days.

Oral

Filariasis

Adult: Dosing regimen depends on the causative agent. Mansonella streptocerca 150 mcg/kg as a single dose; Mansonella ozzardi 200 mcg/kg as a single dose.

Child: =15 kg: Dosing regimen depends on the causative agent. Mansonella streptocerca 150 mcg/kg as a single dose; Mansonella ozzardi 200 mcg/kg as a single dose.

Oral

Ascariasis

Adult: Ascaris lumbricoides 150-200 mcg/kg as a single dose.

Child: =15 kg: Ascaris lumbricoides 150-200 mcg/kg as a single dose.

Oral

Gnathostomiasis

Adult: Gnathostoma spinigerum: 200 mcg/kg once daily for 2 days.

Child: =15 kg: Gnathostoma spinigerum: 200 mcg/kg once daily for 2 days.

Oral

Scabies

Adult: Sarcoptes scabiei 200 mcg/kg as a single dose, repeat dose in 2 wk.

Child: =15 kg: Sarcoptes scabiei 200 mcg/kg as a single dose, repeat dose in 2 wk.

Administration

Should be taken on an empty stomach. (Take on an empty stomach.)

Contraindications

Hypersensitivity. Pregnancy and lactation. Childn <15 kg body weight.

Special Precautions

Concurrent Loa loa infection, impaired blood-brain barrier function due to infection.

Adverse Drug Reactions

Diarrhoea, nausea, vomiting, dizziness, pruritus, urticaria, rash, arthralgia, fever, myalgia, asthenia, postural hypotension, tachycardia, oedema, lymphadenopathy, sore throat, cough, headache, somnolence, transient eosinophilia, raised liver enzyme values.

Drug Interactions

Bioavailability may be increased by alcohol, levamisole.

Food Interaction

Orange juice slightly reduces bioavailability of ivermectin.

Mechanism of Action

Ivermectin selectively binds and with high affinity to glutamate-gated chloride ion channels, which occur in invertebrate nerve and muscle cells leading to an increase in the permeability of cell membranes to chloride ions with hyperpolarization of the nerve or muscle cell and, ultimately, death of the parasite.

Absorption: Absorbed from the GI tract (oral); peak plasma concentrations after 4 hr.

Distribution: Enters breast milk (<2%). Protein-binding: About 93%.
Excretion: Via faeces (as metabolites), via urine (<1%). Plasma elimination half-life: 12 hr.

CIMS Class

Anthelmintics

ATC Classification

P02CF01 - ivermectin; Belongs to the class of avermectine agents used as antinematodal.

*ivermectin information:
Note that there are some more drugs interacting with ivermectin
ivermectin further details are available in official CIMS India
ivermectin
ivermectin brands available in India
Always prescribe with Generic Name : ivermectin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : ASCAPIL dispertab ECTIN tab ECTOVER tab ELECT dispertab IMECTIN tab IVECOP dispertab IVECOP tab IVERSAN tab IVER-SOL tab IVERSTAR dispertab IVOR tab IVORI tab MACBI tab MECTIN tab SCABICARE tab SCAVISTA tab STARMEC tab TERGUM tab TINVER tab TROMER tab VERCO tab VERMAC tab VERMECTIN tab VERMIN tab VERMISCAB tab VERSIL-6 tab

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([all drugs])

ivermectin + albendazole

CIMS Class : (Anthelmintics)

ivermectin + albendazole

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related ivermectin + albendazole information

Indication & Dosage

Oral

Nematode infestations

Adult: Per tab contains ivermectin 3 or 6 mg and albendazole 400 mg: 1 tab once daily.

Contraindications

Hypersensitivity. Pregnancy, lactation. child <5 yrs or <15 kg body weight.

Adverse Drug Reactions

Diarrhoea, nausea, vomiting, dizziness, pruritus, urticaria, rash, arthralgia, fever, myalgia, asthenia, postural hypotension, tachycardia, oedema, lymphadenopathy, sore throat, cough, headache, somnolence, transient eosinophilia, raised liver enzyme values.

Drug Interactions

Cimetidine increases albendazole metabolism. Serum levels are increased if taken with dexamethasone andpraziquantel agent.

Mechanism of Action

Ivermectin selectively binds and with high affinity to glutamate-gated and GABA (GABA)-gated chloride ion channels. This increases the permeability of the cell membrane to chloride ions

leading to hyperpolarisation of muscles and nerve cells, thus ultimately causing paralysis and death of the parasites. Albendazole causes degenerative alterations in the intestinal cells of the worm by inhibiting polymerisation or assembly of tubules into microtubules. The loss of the cytoplasmic microtubules leads to impaired uptake of glucose by the larval and adult stages of the susceptible parasites and depletes their glycogen stores. Degenerative changes in the endoplasmic reticulum, the mitochondria of the germinal layer and subsequent release of lysosomes result in decreased production of ATP (ATP), which is the energy required for the survival of the helminth. Due to diminished energy production, the parasite is immobilised and eventually dies.

CIMS Class

Anthelmintics

ATC Classification

P02CA03 - albendazole; Belongs to the class of benzimidazole derivative agents used as antinematodal.

P02CF01 - ivermectin; Belongs to the class of avermectine agents used as antinematodal.

*ivermectin + albendazole information:
Note that there are some more drugs interacting with ivermectin + albendazole
ivermectin + albendazole
ivermectin + albendazole brands available in India
Always prescribe with Generic Name : ivermectin + albendazole, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ABLAZE-IM tab ABRA-IM tab ABZ PLUS tab ALBACOS-IR tab ALBACTIN PLUS tab ALBENTIN chewable tab ALBOSYM-IR tab ALFORD-I tab ALVECT tab ANTHEL-UP susp ANTHEL-UP tab APPBEN syr APPBEN tab ARIBAN PLUS tab ASCAPIL-A dispertab BANDY PLUS tab BENROD-I tab BENZOLE susp BENZOLE tab ECTIN-A tab ELECT-A tab ERIS PLUS susp ERIS PLUS tab GETRID-I tab HYMIN PLUS tab IMECTIN FORTE tab IVECOP-AB tab IVERZOLE tab MACBI PLUS tab NETWORM susp NETWORM tab NETWORM-DS tab REMOWOR chewable tab SOZIBENDAL PLUS tab STARMEC-A tab SYMBEND-IR tab TROMER-A tab VERMAC-A

tab VERMIN-A susp VERMIN-A tab VERMISCAB-A susp VERMISCAB-A tab VERMIZ tab WARMACT tab WORMICARE FORTE tab WORMICARE PLUS syr WORMICARE PLUS tab

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([all drugs])

kanamycin

CIMS Class : (Aminoglycosides)

kanamycin

P - Caution when used during pregnancy

L - Caution when used during lactation

related kanamycin information

Indication & Dosage

Oral

Suppression of intestinal flora

Adult: Pre-operative use: 1 g every hr for 4 hr, then 1 g every 6 hr for 36-72 hr.

Renal impairment: Adjustments in dose and/or dosing frequency may be required.

Oral

Hepatic encephalopathy

Adult: 8-12 g daily in divided doses.

Renal impairment: Adjustments in dose and/or dosing frequency may be required.

Parenteral

Susceptible Gram-negative and staphylococcal infections

Adult: 15 mg/kg daily IM or as IV infusion of a 0.25-0.5% solution over 30-60 minutes. Max: 1.5 g daily in 2-4 divided doses. Recommended treatment duration: Not more than 7-10 days for acute infections. Not to exceed a cumulative dose of 10 g. For chronic bacterial infections: 3-4 g wkly, given as 1 g on alternate days or 1 g bid on 2 days each wk. Max cumulative dose: 50 g. Prolonged use is not recommended due to risk of nephrotoxicity.

Child: 15 mg/kg daily IM or as IV infusion of a 0.25-0.5% solution over 30-60 min. Max daily dose: 1.5 g in 2-4 divided doses. Treatment duration: 7-10 days. Max cumulative dose: 10 g.

Renal impairment: Adjustments in dose and/or dosing frequency may be required.

Intramuscular

Penicillin-resistant gonorrhoea

Adult: 2 g as a single dose.

Renal impairment: Adjustments in dose and/or dosing frequency may be required.

Intramuscular

Treatment and prophylaxis of neonatal gonococcal infections

Child: Infants born to mothers with gonorrhoea: 25 mg/kg as a single dose. Max: 75 mg.

Renal impairment: Adjustments in dose and/or dosing frequency may be required.

Intraperitoneal

Peritonitis or peritoneal contamination during surgery

Adult: Dilute 500 mg in 20 mL sterile distilled water and instill into the peritoneal cavity.

Renal impairment: Adjustments in dose and/or dosing frequency may be required.

Inhalation

Susceptible Gram-negative and staphylococcal infections

Adult: 250 mg 2-4 times daily, given via nebulisation. Dilute 250 mg in 3 mL 0.9% sodium chloride.

Renal impairment: Adjustments in dose and/or dosing frequency may be required.

Irrigation

Irrigation of body cavities

Adult: Instil 0.25% solution into abscess cavities, pleural space, or peritoneal or ventricular cavities.

Renal impairment: Adjustments in dose and/or dosing frequency may be required.

Contraindications

Hypersensitivity. GI ulceration (oral).

Special Precautions

Renal impairment, dehydration, previous exposure to ototoxic drugs; preexisting tinnitus, vertigo or subclinical hearing loss. Parkinsonism, myasthenia gravis. Infants, neonates, elderly. Pregnancy, lactation.

Adverse Drug Reactions

Pain, inflammation, bruising, haematoma at inj site; GI disturbances; malabsorption of fat.
Potentially Fatal: Neuromuscular blockade; nephrotoxicity; ototoxicity.

Drug Interactions

Synergistic effects with ampicillin, benzylpenicillin and other ß-lactam antibiotics. May reduce renal excretion ofzalcitabine.

Potentially Fatal: Increased risk of ototoxicity with ethacrynic acid and furosemide. Increased risk of nephrotoxicity with cephalosporins, ciclosporin, cisplatin, vancomycin, hydrocortisone and indomethacin. Potentiates effects of neuromuscular blocking agents.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intramuscular: Store at 20-25°C. Parenteral: Store at 20-25°C.

Mechanism of Action

Kanamycin irreversibly binds to 30S, and to some extent 50S, ribosomal subunits of susceptible bacteria disrupting protein synthesis, thus rendering the bacterial cell membrane defective.

Absorption: <1% is absorbed from the GI tract but may be markedly increased if GI mucosa is inflamed or ulcerated (oral); peak plasma concentrations after 1 hr (IM).
Distribution: Present in cord blood and breast milk.
Excretion: Via urine by glomerular filtration (as unchanged drug); 3 hr (elimination half-life).

CIMS Class

Aminoglycosides

ATC Classification

A07AA08 - kanamycin; Belongs to the class of antibiotics. Used for the treatment of intestinal infections.
J01GB04 - kanamycin; Belongs to the class of other aminoglycosides. Used in the treatment of systemic infections.
S01AA24 - kanamycin; Belongs to the class of antibiotics. Used in the treatment of eye infections.

*kanamycin information:
Note that there are some more drugs interacting with kanamycin
kanamycin

kanamycin brands available in India

Always prescribe with Generic Name : kanamycin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : EFFICIN vial KANAMAC vial KANAMYCIN vial KANCIN vial NEOKANYN vial

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([all drugs])

ketamine

CIMS Class : (Anaesthetics - Local & General)

ketamine

P - Caution when used during pregnancy

L - Caution when used during lactation

related ketamine information

Indication & Dosage

Intravenous

Induction of anaesthesia

Adult: 1-4.5 mg/kg as IV inj. Surgical anaesthesia is produced within 30 sec of the end of inj. Usual dose to produce 5-10 minutes of anaesthesia: 2 mg/kg over 60 seconds. Alternatively, 1-2 mg/kg

infused at 0.5 mg/kg/minute; may use with diazepam to prevent emergence reactions.

Child: 1-4.5 mg/kg as IV Inj. Surgical anaesthesia is produced within 30 sec of the end of inj and lasts for 5-10 min if 2 mg/kg is given over 60 sec. Alternatively, 0.5-2 mg/kg as IV infusion. Maintenance: Achieve with 10-45 mcg/kg/min; titrate infusion rate according to response.

Intramuscular

Induction of anaesthesia

Adult: 6.5-13 mg/kg. Usual dose to produce 12-25 minutes of anesthesia: 10 mg/kg.

Incompatibility: May form precipitates with barbiturates; do not inject in the same syringe.

Contraindications

Hypertension, history of cerebrovascular accident. Eye injury, raised ocular and intracranial pressure. Psychotic disorders.

Special Precautions

Minimise verbal and tactile stimulation during recovery period. Chronic alcoholic and alcohol-intoxicated patients. Preanaesthetic elevated CSF pressure. Dependence and tolerance may develop. May impair ability to drive or operate machinery. Monitor cardiac function in patients with hypertension or cardiac decompensation. Pregnancy and lactation.

Adverse Drug Reactions

Emergence reactions e.g. vivid dreams, hallucinations, confusion, irrational behaviour. Increased muscle tone sometimes resembling seizures. Temporary hypertension and tachycardia. Hypotension, bradycardia, arrhythmias. Respiratory depression, apnoea, laryngospasm, diplopia, nystagmus, nausea, vomiting, lachrymation, hypersalivation, raised intraocular and CSF pressure, skin rash and pain at inj site.

Drug Interactions

May increase effects of nondepolarising muscle relaxants. May reduce hypnotic effect of thiopental. Prolonged recovery time with barbiturates/narcotics. Reduced cardiac output, BP and pulse rate with halothane. Increased risk of hypertension and tachycardia

with thyroid hormones. Seizures and tachycardia may occur when used with theophyllines.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Intramuscular: Store at 15-30°C (59-86°F). Intravenous: Store at 15-30°C (59-86°F).

Mechanism of Action

Ketamine has a direct action on the cortex and limbic system. It produces a cataleptic-like state wherein the patient is withdrawn from the surrounding environment.

Distribution: Crosses the placenta.

Metabolism: Hepatic biotransformation to norketamine. Other metabolic pathways include hydroxylation of the cyclohexone ring and conjugation with glucuronic acid.
Excretion: Via urine (as metabolites); 2.5 hr (beta phase half-life).

CIMS Class

Anaesthetics - Local & General

ATC Classification

N01AX03 - ketamine; Belongs to the class of other agents used as general anesthetics.

*ketamine information:
Note that there are some more drugs interacting with ketamine
ketamine
ketamine brands available in India
Always prescribe with Generic Name : ketamine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : ANEKET amp ANEKET vial HYPNOKET vial KETA amp KETA vial KETAFAST inj KETAFAST vial KETAJEX amp KETAJEX vial KETALAR inj KETAM inj KETAMAX inj KETMIN amp KETMIN inj KMIN inj TAURKET vial

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([all drugs])

ketoconazole

CIMS Class : (Antifungals) , (Topical Antifungals & Antiparasites) , (Psoriasis, Seborrhea & Ichthyosis Preparations)

ketoconazole

P - Caution when used during pregnancy

L - Caution when used during lactation

related ketoconazole information

Indication & Dosage

Oral

Fungal infections

Adult: 200 mg once daily. Increase to 400 mg once daily if clinical response is insufficient. Treatment duration: 14 days and for at least 1 wk after symptoms have cleared and cultures have become negative.

Child: =2 yr: 3.3-6.6 mg/kg daily as a single dose. Treatment duration: 1-2 wk for candidiasis; at least 4 wk in recalcitrnt dermatophyte infections and up to 6 mth for other systemic mycoses.

Oral

Chronic vaginal candidiasis

Adult: 400 mg once daily for 5 days.

Topical/Cutaneous

Seborrhoeic dermatitis

Adult: As 2% cream: Apply to the affected area bid for 4 wk or until clinical clearing. As 2% foam: Apply to the affected area bid for 4 wk. As 1 or 2% shampoo: Apply on the scalp twice wkly for 2-4 wk; continue for a few days until symptoms disappear. For prophylaxis: 2% shampoo is used once every 1-2 wk.

Topical/Cutaneous

Pityriasis versicolor

Adult: As 2% cream: Apply 1-2 times daily to cover affected and surrounding area until at least a few days after disappearance of symptoms. For treatment of pityriasis versicolor: As 2% shampoo: Apply on the skin once daily for up to 5 days. For prophylaxis: 2% shampoo is used once daily for a max of 3 days before exposure to sunshine.

Topical/Cutaneous

Skin fungal infections

Adult: As 2% cream: Apply 1-2 times daily to cover affected and surrounding area until at least a few days after disappearance of symptoms. For treatment of pityriasis versicolor: As 2% shampoo: Apply on the skin once daily for up to 5 days. For prophylaxis: 2% shampoo is used once daily for a max of 3 days before exposure to sunshine.

Administration

Should be taken with food.

Contraindications

Hypersensitivity; preexisting liver disease, porphyria. Concurrent use with cisapride, terfenadine or astemizole.

Special Precautions

Hepatic impairment; monitor liver function regularly. Pregnancy, lactation. Predisposition to adrenocortical insufficiency. Discontinue treatment if there is persistent or worsening of liver enzyme elevation.

Adverse Drug Reactions

GI disturbances e.g. nausea and vomiting; rash, dermatitis, burning sensation, pruritus; headache, dizziness, somnolence, fever and chills; thrombocytopenia; gynaecomastia, impotence; raised intracranial pressure; photophobia; transient elevations in LFTs.
Potentially Fatal: Hepatotoxicity.

Drug Interactions

Reduced absorption with antimuscarinics, antacids, H2-blockers, PPIs, sucralfate. Reduced plasma concentrations with rifampicin, isoniazid, efavirenz, nevirapine or phenytoin. May reduce concentrations of isoniazid and rifampicin. May increase plasma concentrations of CYP3A4 substrates such as benzodiazepines, mirtazapine, nefazodone, tacrolimus, oral anticoagulants, rosiglitazone, sertindole, sildenafil. Disulfiram-like reaction with alcohol. May reduce efficacy of oral contraceptives. Avoid concurrent use withclopidogrel.
Potentially Fatal: Increased risk of cardiac arrhythmias with astemizole, cisapride, pimozide, quinidine ornilotinib. May

reduce metabolism of conviptan; avoid concurrent usage. Increased risk of dofetilide toxicity when used together.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 15-25°C (59-77°F). Topical/Cutaneous: Store below 25°C (77°F).

Mechanism of Action

Ketoconazole interferes with biosynthesis of triglycerides and phopholipids by blocking fungal cytochrome P450, thus altering cell membrane permeability in susceptible fungi. It also inhibits other fungal enzymes resulting in the accumulation of toxic concentrations of hydrogen peroxide.

Absorption: Variably absorbed from the GIT (oral), may be increased with decreasing gastric pH. Minimally absorbed

systemically (topical or vaginal). Peak plasma concentrations after 2 hr (oral).

Distribution: Widely distributed, CSF (poor penetration); enters breast milk. Protein-binding: >90%, mainly to albumin.

Metabolism: Hepatic; converted to inactive metabolites.

Excretion: Via faeces (as metabolites and unchanged drug), via urine; 2 hr (initial half-life), 8 hr (terminal half-life).

CIMS Class

Antifungals / Topical Antifungals & Antiparasites / Psoriasis, Seborrhea & Ichthyosis Preparations

ATC Classification

D01AC08 - ketoconazole; Belongs to the class of imidazole and triazole derivatives for topical use. Used in the treatment of fungal infection.

G01AF11 - ketoconazole; Belongs to the class of imidazole derivative antiinfectives. Used in the treatment of gynecological infections.

J02AB02 - ketoconazole; Belongs to the class of systemic imidazole derivative antimycotics. Used in the treatment of mycotic infections.

*ketoconazole information:
Note that there are some more drugs interacting with ketoconazole
ketoconazole further details are available in official CIMS India
ketoconazole
ketoconazole brands available in India
Always prescribe with Generic Name : ketoconazole, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : APODRUFF shampoo ARCLONE soln ARCOLANE SCALP SOLN soln CLINHAIR gel CLINHAIR shampoo DANCLEAR shampoo DANCURE shampoo DANDOFF soln DANDREX lotion DANRUF shampoo DENFAST tab DENFAST-CRM cream DERM-KETA cream EMCON tab EMVATE shampoo EVERZPLE shampoo FINAZOLE tab FLAKEFREE shampoo FULKIT SOAP soap FUNGICIDE LOTION lotion FUNGICIDE tab FUNGINOC oint FUNGINOC shampoo FUNGIZOLE SHAMPOO shampoo FUNGIZOLE tab JACANZOLE shampoo JCANZOLE shampoo K TO Z

lotion KENAZOL tab KETAFUNG CRM cream KETAFUNG SHAMPOO shampoo KETAFUNG tab KETO TAB tab KETOCARE shampoo KETOCO shampoo KETOCURE shampoo KETONEX shampoo KETOPIL shampoo KETOSIS shampoo KETOTAR lotion KETOVATE CRM cream KETOVATE SHAMPOO shampoo KETOVATE tab KETOZ tab KE-TOZA shampoo KETOZOLE tab KEYNET soap KEZOLE SHAMP shampoo KEZOLE tab KITON soap KOIZ shampoo KOIZ SOAP soap KONAZ tab KTC shampoo KZ CREAM cream KZ CREAM lotion KZL tab NAZCARE shampoo NAZZ shampoo NIZOL shampoo NIZRAL cream NIZRAL shampoo NIZRAL soln NIZRAL TAB tab NOVALE soap NUFORCE SHAMPOO shampoo OCONA soln OCONA-CT soln OCONA-Z soln PHYTORAL DPS eye drops PHYTORAL oint PHYTORAL SHAMPOO shampoo PHYTORAL TAB tab PROTAR-K soln SAROT lotion SCALPE lotion SCALPE shampoo SEBOREN shampoo SILKIN shampoo TOPDAN topical soln TRIATOP shampoo VDRUF lotion VELKIN shampoo XPERT-K soln

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([all drugs])

ketoprofen

CIMS Class : (Nonsteroidal Anti-inflammatory Drugs (NSAIDs))

ketoprofen

P - Caution when used during pregnancy

L - Caution when used during lactation

related ketoprofen information

Indication & Dosage

Oral

Rheumatic disorders

Adult: 100-200 mg/day in 2-4 divided doses. As modified-release formulation: Administer dose once daily. Max: 300 mg daily in divided doses.

Elderly: >75 yr: Reduce initial dose.

Renal impairment: Max dose: Mild impairment: 150 mg daily; severe impairment: 100 mg daily.

Hepatic impairment: Max dose: 100 mg daily if serum albumin <3.5 g/dL.

Oral

Pain and inflammation

Adult: 25-50 mg every 6-8 hr. Max: 300 mg daily in divided doses.

Elderly: >75 yr: Reduce initial dose.

Renal impairment: Max dose: Mild impairment: 150 mg daily; severe impairment: 100 mg daily.

Hepatic impairment: Max dose: 100 mg daily if serum albumin <3.5 g/dL.

Intramuscular

Pain and inflammation associated with musculoskeletal and joint disorders

Adult: 50-100 mg by deep inj into the gluteal muscle every 4 hr. Max: 200 mg in 24 hr for up to 3 days.

Intramuscular

Pain following orthopaedic surgery

Adult: 50-100 mg by deep inj into the gluteal muscle every 4 hr. Max: 200 mg in 24 hr for up to 3 days.

Topical/Cutaneous

Local pain relief

Adult: Apply 2.5% gel onto affected areas 2-4 times daily for up to 10 days.

Rectal

Rheumatic disorders

Adult: 100 mg at night or bid. Recommended total (including oral and rectal forms): Not to exceed 200 mg daily.

Administration

Should be taken with food. (Preferably taken w/ or after meals.)

Overdosage

Symptoms: Lethargy, drowsiness, nausea, vomiting, epigastric pain. Respiratory depression, coma, convulsions (large overdoses). Rarely GI bleeding, hypotension, hypertension or acute renal failure. Management: Symptomatic and supportive.

Contraindications

Acute or history of peptic ulcer or dyspepsia. Hypersensitivity to aspirin or other NSAIDs or those suffering from bronchial asthma, angioedema, urticaria or rhinitis. Severe renal insufficiency.

Special Precautions

Pregnancy, lactation. Renal or hepatic impairment. Elderly. Heart failure.

Adverse Drug Reactions

Acute interstitial nephritis, reversible decline in renal function; GI symptoms e.g. discomfort, nausea, diarrhoea; pain and tissue damage at inj site (IM).
Potentially Fatal: Rarely, idiosyncrasy, anaphylaxis; very rarely GI haemorrhage.

Drug Interactions

Risk of nephrotoxicity increased with ACE inhibitors, ciclosporin, tacrolimus or diuretics. Increased risk of hyperkalaemia with ACE inhibitors and potassium-sparing diuretics. Reduces effects of antihypertensives (e.g. ACE inhibitors, ß-blockers). Increased risk of convulsions with quinolones. Increased risk of adverse effects with aspirin. Increased risk of GI bleeding and ulceration with corticosteroids, SSRIs, clopidogrel andticlopidine. Increased risk of haematotoxicity with zidovudine. May alter the efficacy of mifepristone. Increased plasma levels with probenecid.
Potentially Fatal: Enhances effects of oral anticoagulants, phenytoin and sulfonylureas. Increases plasma concentrations of lithium, methotrexate and cardiac glycosides.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

in 3rd trimester or near delivery.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intramuscular: Store below 30°C. Oral: Store at room temperature 15-30°C (59-86°F). Rectal: Store below 25°C. Topical/Cutaneous: Store below 25°C.

Mechanism of Action

Ketoprofen exhibits anti-inflammatory, analgesic and antipyretic activities. It potently inhibits the enzyme cyclooxygenase resulting

in prostaglandin synthesis inhibition. It also prevents formation of thromboxane A2 by platelet aggregation.

Absorption: Readily absorbed from the GI tract (oral); reduced absorption with food. Peak plasma concentrations after 0.5-2 hr. Well absorbed (IM, rectal); minimal (topical).

Distribution: Synovial fluid (substantial concentrations). Protein-binding: 99%.

Metabolism: Hepatic via conjugation with glucuronic acid.

Excretion: Urine (as glucuronide conjugates); 1.5-4 hr (elimination half-life).

CIMS Class

Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

ATC Classification

M01AE03 - ketoprofen; Belongs to the class of propionic acid derivatives of non-steroidal antiinflammatory and antirheumatic products. Used in the treatment of inflammation and rheumatism.

M02AA10 - ketoprofen; Belongs to the class of non-steroidal antiinflammatory preparations for topical use. Used in the treatment of joint and muscular pains.

*ketoprofen information:

Note that there are some more drugs interacting with ketoprofen

ketoprofen further details are available in official CIMS India

ketoprofen

ketoprofen brands available in India

Always prescribe with Generic Name : ketoprofen, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : FASTUM GEL gel KETOFEN tab KETONAL-D tab KETOPATCH patch OSTOFEN cap RHOFENID GEL gel RHOFENID inj RHOFENID SR-tab RHOFENID tab VOFANE amp

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([all drugs])

ketorolac

CIMS Class : (Nonsteroidal Anti-inflammatory Drugs (NSAIDs)) , (Ophthalmic Decongestants, Anesthetics, Anti-inflammatories)

ketorolac

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related ketorolac information

Indication & Dosage

Oral

Moderate to severe pain

Adult: 10 mg every 4-6 hr. Max: 40 mg/day. Max duration: 7 days.

Elderly: 10 mg every 6-8 hr. Max duration: 7 days.

Renal impairment: Contraindicated in moderate to severe impairment.

Parenteral

Moderate to severe pain

Adult: 60 mg as a single dose via IM inj or 30 mg as a single IV dose. Alternatively, 30 mg every 6 hr via IM or IV admin up to a max of 120 mg daily. Halve the doses in patients weighing <50 kg. Max duration: 2 days; patient should be transferred to oral therapy as soon as possible.

Elderly: 30 mg as a single dose via IM inj or 15 mg as a single IV dose. Alternatively, 15 mg every 6 hr via IM or IV admin up to a max of 60 mg daily.

Renal impairment: 30 mg as a single dose via IM inj or 15 mg as a single IV dose. Alternatively, 15 mg every 6 hr via IM or IV admin up to a max of 60 mg daily. Contraindicated in moderate to severe impairment.

Ophthalmic

Ocular itching associated with seasonal allergic conjunctivitis

Adult: As trometamol: Instil 1 drop of a 0.5% solution into the affected eye(s) 4 times daily.

Renal impairment: Contraindicated in moderate to severe impairment.

Ophthalmic

Prophylaxis and reduction of postoperative ocular inflammation

Adult: As trometamol: Instil 1 drop of a 0.5% solution into the appropriate eye(s) 4 times daily starting 24 hr after surgery. Continue for 2 wk.

Renal impairment: Contraindicated in moderate to severe impairment.

Ophthalmic

Cystoid macular oedema

Adult: As trometamol: Instil 1-2 drops of a 0.5% solution into the appropriate eye(s) every 6-8 hr starting 24 hr before surgery and continue for 3-4 wk after surgery.

Renal impairment: Contraindicated in moderate to severe impairment.

Ophthalmic

Pain and photophobia after incisional refractive surgery

Adult: As trometamol: Instil 1 drop of a 0.5% solution 4 times daily into the operated eye for up to 3 days after surgery.
Renal impairment: Contraindicated in moderate to severe impairment.

Incompatibility: Y-site incompatibility: Fenoldopam, azithromycin. Syringe incompatibility: Promethazine, hydroxyzine, nalbuphine, haloperidol, prochorperazine edisylate, triethylperazine. Admixture incompatibility: Promethazine, morphine, hydroxyzine, meperidine.

Overdosage

Symptoms: Abdominal pain, nausea, vomiting, hyperventilation, peptic ulceration, erosive gastritis and renal dysfunction. Management: Supportive and symptomatic.

Contraindications

Hypersensitivity to aspirin or other NSAIDs, asthma. Hypovolaemia or dehydration. Do not give postoperatively to patients with high risk of haemorrhage. History of peptic ulcer or coagulation disorders. Nasal polyps, angioedema, bronchospasm. Labour.

Moderate to severe renal impairment. GI bleeding, cerebrovascular bleeding. As prophylactic analgesic before surgery. Pregnancy, lactation.

Special Precautions

Elderly, patients weighing <50 kg, hepatic dysfunction, heart failure, predisposition to reduced blood volume or renal blood flow. Mild renal impairment; monitor renal function closely.

Adverse Drug Reactions

GI ulcer, bleeding and perforation, drowsiness, rash, bronchospasm, hypotension, psychosis, dry mouth, fever, bradycardia, chest pain, dizziness, headache, sweating, oedema, pallor, liver function changes. Transient stinging and local irritation (ophthalmic).
Potentially Fatal: Anaphylaxis. Severe skin reactions. MI, stroke, GI bleeding.

Drug Interactions

May reduce effects of antihypertensives (e.g. ACE inhibitors or angiotensin II receptor antagonists). Increased risk of renal toxicity with ACE inhibitors, diuretics. Increased adverse effects with aspirin or other NSAIDs. Hallucinations may occur when used with fluoxetine, thiothixene, alprazolam.
Potentially Fatal: Increased risk of GI bleeding with warfarin. May increase toxicity of methotrexate andlithium. Increased plasma concentrations with probenecid.

Storage

Ophthalmic: Store at 15-25°C (59-77°F). Oral: Store at 15-30°C (59-86°F). Parenteral: Store at 15-30°C (59-86°F). Protect from light.

Mechanism of Action

Ketorolac inhibits prostaglandin synthesis by decreasing the activity of the cyclooxygenase enzyme.
Onset: 30-60 min (oral); 10 min (IM).
Duration: 6-8 hr (oral/IM).
Absorption: Well absorbed (oral/IM); peak plasma concentrations after 30-60 min.

Distribution: Protein-binding: 99%. Crosses the placenta; enters breast milk; poorly penetrates into CSF.
Metabolism: Hepatic via glucuronic acid conjugation.
Excretion: Via urine (90%, as unchanged drug and metabolites); via faeces (remaining dose). Terminal elimination half-life: 4-6 hr; 6-7 hr (elderly); 9-10 hr (renal impairment).

CIMS Class

Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Ophthalmic Decongestants, Anesthetics, Anti-inflammatories

ATC Classification

M01AB15 - ketorolac; Belongs to the class of acetic acid derivatives and related substances of non-steroidal antiinflammatory and antirheumatic products. Used in the treatment of inflammation and rheumatism.
S01BC05 - ketorolac; Belongs to the class of non-steroidal antiinflammatory agents. Used in the treatment of inflammation of the eye.

*ketorolac information:

Note that there are some more drugs interacting with ketorolac

ketorolac

ketorolac brands available in India

Always prescribe with Generic Name : ketorolac, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACULAR eye drops ACULAR-LS eye drops ALEXIS eye drops APSOLOX eye drops CADOLAC inj CADOLAC tab CENTAGESIC eye drops DOLOKET eye drops DOLOKET-LS eye drops DOLOKET-O eye drops KED eye drops KELAC inj KELAC tab KENALFIN inj KENALFIN tab KETANOV inj KETANOV tab KETIN eye drops KETLAC inj KETLUR eye drops KETLUR PLUS eye soln KETODROPS eye drops KETOFAN amp KETOFAN dispertab KETOLAS amp KETOLAS EYE DPS Polyvial KETOLAS tab KETONIC tab KETO-PC eye drops KETOROL amp KETOROL dispertab KETOROL tab KETROC dispertab KETROL amp KETZY eye drops KETZY-10 tab KEY eye drops LABOLAC eye drops NATO inj NATO tab NODINE tab OCULAC eye drops T-LAC eye drops TOROLAC DPS eye drops TOROLAC inj TOROLAC tab TORVIN inj TORVIN tab WEETREX eye drops ZOROVON inj ZOROVON tab

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([all drugs])

ketotifen

CIMS Class : (Antiasthmatic & COPD Preparations) , (Ophthalmic Decongestants, Anesthetics, Anti-inflammatories) , (Antihistamines & Antiallergics)

ketotifen

P - Caution when used during pregnancy

L - Caution when used during lactation

related ketotifen information

Indication & Dosage

Oral

Allergic conditions

Adult: 1 mg bid up to 2 mg bid, as needed. Alternatively, 0.5-1 mg at night for the 1st few days of treatment to minimise drowsiness.

Child: 6 mth to 3 yr: 0.5 mg bid; >3 yr: 1 mg bid.

Oral

Asthma prophylaxis

Adult: 1 mg bid up to 2 mg bid, as needed. Alternatively, 0.5-1 mg at night for the 1st few days of treatment to minimise drowsiness.

Child: 6 mth to 3 yr: 0.5 mg bid; >3 yr: 1 mg bid.

Ophthalmic

Allergic conjunctivitis

Adult: As 0.025% solution: Instill 1 drop into the affected eye(s) bid.

Child: =3 yr: As 0.025% solution: Instill 1 drop into the affected eye(s) bid.

Administration

Should be taken with food.

Overdosage

Symptoms: Drowsiness, confusion, dyspnoea, bradycardia or tachycardia, disorientation, convulsions, severe hypotension, reversible coma. Management: Supportive and symptomatic.

Contraindications

Acute asthma attack.

Special Precautions

May impair tasks requring mental alertness e.g. driving or operating machinery. History of epilepsy. Pregnancy and lactation. Children <3 yr.

Adverse Drug Reactions

Sedation, drowsiness, dizziness, dry mouth, weight gain, increased appetite, CNS stimulation. Rarely, cystitis. Conjunctival injection, headaches and rhinitis (ophthalmic).

Drug Interactions

Reduced platelet count with oral antidiabetics.
Potentially Fatal: May potentiate CNS effects of sedatives, hypnotics, antihistamines and alcohol.

Storage

Ophthalmic: Store at 25°C. Oral: Store below 25°C (77°F).

Mechanism of Action

Ketotifen selectively and noncompetitively inhibits the release of mediators from cells involved in hypersensitivity reactions. It is also a mast cell stabiliser.

Onset: Within min (ophthalmic).

Absorption: Absorbed completely for the GIT (oral); bioavailability: 50%; peak plasma concentrations after 2-4 hr.

Distribution: Protein-binding: 75%.

Metabolism: Hepatic first-pass metabolism.

Excretion: Via urine (as inactive metabolites and traces of unchanged drug); 21 hr (elimination half-life).

CIMS Class

Antiasthmatic & COPD Preparations / Ophthalmic Decongestants, Anesthetics, Anti-inflammatories /Antihistamines & Antiallergics

ATC Classification

R06AX17 - ketotifen; Belongs to the class of other agents used as systemic antihistamines.

S01GX08 - ketotifen; Belongs to the class of other agent used as ophthalmologic antiallergics.

*ketotifen information:

Note that there are some more drugs interacting with ketotifen

ketotifen further details are available in official CIMS India

ketotifen

ketotifen brands available in India

Always prescribe with Generic Name : ketotifen, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AIRYFEN syr AIRYFEN tab ALBALON eye drops ASTHAFEN syr ASTHAFEN tab AZOFEN tab AZOFEN-T tab KETASMA tab KETORID eye drops KETOTIF syr KETOTIF tab KETOVENT tab MASTIFEN tab MASTIFEN-C tab PRIVENT dispertab PRIVENT DPS eye drops TRITOFEN syr TRITOFEN tab ZADITEN eye drops ZEROSMA syr ZEROSMA tab ZETIFFEN tab

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([all drugs])

labetalol

CIMS Class : (Beta-Blockers)

labetalol

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related labetalol information

Indication & Dosage

Oral

Hypertension

Adult: As hydrochloride: Initially, 100 mg bid; increase gradually according to patient's response to 200-400 mg bid. Max dose: 2.4 g daily in 2-4 divided doses.

Elderly: Initially, 50 mg bid.

Intravenous

Emergency treatment of hypertension

Adult: As hydrochloride: 50 mg injected slowly for at least 1 min; repeat at 5-min intervals as necessary, up to 200 mg. Monitor BP and the patient should remain supine during and 3 hr after the procedure. Alternatively, 2 mg/min infusion at concentrations of 1 mg/ml or 2 mg/3 ml of a suitable diluent.

Intravenous

Hypertension in pregnancy

Adult: As hydrochloride: Start infusion at a rate of 20 mg/hr, then doubled every 30 min until a favourable response is achieved or a dose of 160 mg/hr is reached.

Intravenous

Hypertension after myocardial infarction

Adult: As hydrochloride: Start infusion at a rate of 15 mg/hr, then increase gradually until a favourable response is obtained or a dose of 120 mg/hr is reached.

Intravenous

Hypotensive anaesthesia

Adult: As hydrochloride: Initially, 10-20 mg; increase at 5-10 mg increments if satisfactory hypotension is not achieved after 5 minutes. Administer higher initial doses if halothane anaesthesia is not used.

Administration

Should be taken with food. (Take immediately after meals.)

Contraindications

2nd and 3rd degree heart block, cardiogenic shock, obstructive airway disease e.g. bronchial asthma, uncompensated heart failure, severe bradycardia, sick sinus syndrome, Prinzmetal's angina, severe peripheral arterial disease.

Special Precautions

Phaeochromocytoma, compensated heart failure, nonallergic bronchospasm. Avoid abrupt withdrawal. DM. Hepatic impairment. Perform LFTs. Elderly. Pregnancy and lactation.

Adverse Drug Reactions

Orthostatic hypotension, dizziness, fatigue, vertigo, paraesthesia, headache, nasal stuffiness, dyspnoea, diarrhoea, abdominal pain, sexual dysfunction, dyspepsia, nausea, vomiting, scalp tingling, rash, increased transaminases, nightmares, worsening of intermittent claudication.
Potentially Fatal: Hepatic injury.

Drug Interactions

Increased bioavailability with cimetidine. Decreased bioavailability with glutethimide. Increased incidence of tremors with TCAs. Additive hypotensive effect with nitroglycerin.
Potentially Fatal: Increased risk of bradycardia with drugs that slows AV conduction. Synergistic hypotensive effect with halothane.

Lab Interference

False-positive results in fluorimetric analysis of urinary catecholamines.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

in 2nd & 3rd trimesters.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Store at 2-30°C (36-86°F). Oral: Store at 2-30°C (36-86°F).

Mechanism of Action

Labetalol competitively inhibits the adrenergic stimulation of ß-receptors within the myocardium, bronchial and vascular smooth muscle, and a1-receptors within vascular smooth muscle. It also has some intrinsic ß2-agonist and membrane-stabilising activity.
Absorption: Absorbed readily from the GIT (oral); peak plasma concentrations after 1-2 hr. Bioavailability increased by food.
Distribution: Protein-binding: 50%. Crosses the blood-brain barrier, placenta and enters breast milk.
Metabolism: Extensive first-pass metabolism.
Excretion: Via urine (as metabolites and traces of unchanged drug); also via faeces. Elimination half-life: 8 hr (steady state), 5.5 hr (IV infusion).

CIMS Class

Beta-Blockers

ATC Classification

C07AG01 - labetalol; Belongs to the class of alpha and beta blocking agents. Used in the treatment of cardiovascular diseases.

*labetalol information:

Note that there are some more drugs interacting with labetalol

labetalol

labetalol brands available in India

Always prescribe with Generic Name : labetalol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : LABESOL amp LABETA inj LABETA tab LOBET inj LOBET tab NORMADATE tab

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([all drugs])

lacidipine

CIMS Class : (Calcium Antagonists)

lacidipine

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related lacidipine information

Indication & Dosage

Oral

Hypertension

Adult: Initially, 2 mg once daily preferably in the morning; increase to 4 mg daily after 3-4 wk if necessary. May be increased further to 6 mg in some patients.

Hepatic impairment: Severe impairment: Reduce dose.

Administration

May be taken with or without food.

Contraindications

Within 1 mth of MI, cardiogenic shock, unstable angina, aortic stenosis.

Special Precautions

Conduction abnormalities, congenital or acquired QT prolongation, poor cardiac reserve. Hepatic impairment. Pregnancy and lactation.

Adverse Drug Reactions

Headache, flushing, oedema, dizziness, palpitations, aggravation of angina, increased alkaline phosphatase. Rarely asthenia, rash (e.g. erythema and itching), gastric upset, nausea, gum hyperplasia, polyuria, muscle cramps, mood disturbances.

Drug Interactions

Additive hypotensive effect with other antihypertensives (e.g. diuretics, ß-blockers, ACE inhibitors). Increased plasma concentration with cimetidine. Elimination and metabolism may be altered by potent CYP3A4 inhibitors and inducers.
Potentially Fatal: Increased risk of ventricular arrhythmias with drugs that prolong QT interval (e.g. class I and III antiarrhythmics, TCAs, certain antipsychotics, antibiotics and antihistamines).

Food Interaction

Plasma concentrations increased with grapefruit juice.

Storage

Oral: Store below 30°C (86°F).

Mechanism of Action

Lacidipine is a potent dihydropyridine calcium antagonist mainly selective for calcium channels in the vascular smooth muscle. It dilates peripheral arterioles resulting in reduced peripheral vascular resistance and blood pressure.
Absorption: Rapidly but poorly absorbed from the GIT (oral).
Distribution: Protein-binding: >95%
Metabolism: Extensive first-pass metabolism.
Excretion: In the bile via faeces (70%, as metabolites), via urine (remaining dose); 13-19 hr (elimination half-life).

CIMS Class

Calcium Antagonists

ATC Classification

C08CA09 - lacidipine; Belongs to the class of selective dihydropyridine derivative calcium-channel blockers with mainly vascular effects. Used in the treatment of cardiovascular diseases.

*lacidipine information:

Note that there are some more drugs interacting with lacidipine

lacidipine further details are available in official CIMS India

lacidipine

lacidipine brands available in India

Always prescribe with Generic Name : lacidipine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : LACIVAS FC-tab SINOPIL tab

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([all drugs])

lactulose

CIMS Class : (Laxatives, Purgatives)

lactulose

related lactulose information

Indication & Dosage

Oral

Constipation

Adult: Initially, 10-20 g (15-30 ml) daily as a single dose or in 2 divided doses; gradually adjust according to patient's response. Max dose: 45 ml (or up to 40 g of the reconstituted oral powder formulation)/day.
Child: As 3.35 mg/5 ml solution: 1 mth to 1 yr: 2.5 ml; 1-5 yr: 5 ml; 5-10 yr: 10 ml; 10-18 yr: 15 ml. All doses to be given bid.
Oral
Hepatic encephalopathy
Adult: 60-100 g (90-150 ml) daily in 3 divided doses; adjust to produce 2 or 3 soft stools each day.
Rectal
Hepatic encephalopathy
Adult: Mix 200 g (300 ml) with 700 ml water or 0.9% sodium chloride as a retention enema. Retain enema for 30-60 minutes; repeat every 4-6 hr until oral medication can be administered.

Administration

May be taken with or without food. (May be taken w/ meals to reduce GI discomfort.)

Contraindications

Galactosaemia, intestinal obstruction. Patients on low galactose diet.

Special Precautions

Monitor electrolyte imbalance. Lactose intolerance; diabetics.

Adverse Drug Reactions

Diarrhoea (dose-related), nausea, vomiting, hypokalaemia, bloating and abdominal cramps.
Potentially Fatal: Dehydration and hypernatraemia on aggressive treatment.

Drug Interactions

May prevent release of mesalazine in the colon. Decreased effect with oral neomycin, antacids.

Pregnancy Category (US FDA)
Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an

adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store at 15-30°C (59-86°F). Rectal: Store at 2-30°C (36-86°F).

Mechanism of Action

Lactulose promotes peristalsis by producing an osmotic effect in the colon with resultant distention. In hepatic encephalopathy, it reduces absorption of ammonium ions and toxic nitrogenous compounds, resulting in reduced blood ammonia concentrations.

Onset: 48 hr.

Absorption: Not appreciable (oral).

Metabolism: Via colonic flora to lactic acid and acetic acid.

Excretion: Faeces, urine (as unchanged drug).

CIMS Class

Laxatives, Purgatives

ATC Classification

A06AD11 - lactulose; Belongs to the class of osmotically acting laxatives. Used in the treatment of constipation.

*lactulose information:

lactulose

lactulose brands available in India

Always prescribe with Generic Name : lactulose, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACTUAL syr AGILAX soln BOWELAC syr BOWLEASE soln CANPHALAC-SOL liqd DAFFOLAC susp DUPHALAC liqd EVACUATE syr EVICT syr EZILUK syr FRESKY soln GUSH syr LACLOUSE syr LACREST syr LACTUCOS syr LACTULAX syr LACTULIN syr LACTUSAN syr LAXAN liqd LAXATIN susp LAXICARE SOFT susp LAXIL syr LAXITOSE soln LAXITOSE syr LAXOBUS susp LAXOLIN soln LAXOSE syr LIVINTACT-EV liqd LIVOLUK syr LOOZ ENEMA enema LOOZ soln LOOZ SOLN liqd LOOZ SPRINKLES powd LOOZIT syr LOOZYLAX susp MTLAC susp NORMALAC SOLN soln NOSTIPAN syr NOVALAK soln OSMOWIN soln RAPIDUCE soln REE-LAX

soln RELEASE susp RILIZ soln SACRULOSE syr SWIFTOLAC soln SWILAC liqd SYMOLOSE syr

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([all drugs])

lamivudine

CIMS Class : (Antivirals)

lamivudine

P - Caution when used during pregnancy

L - Contraindicated in lactation

related lamivudine information

Indication & Dosage

Oral

HIV infection

Adult: 150 mg bid or 300 mg once daily, in combination with other antiretrovirals.

Child: 3 mth-12 yr: 4 mg/kg bid. Max: 300 mg/day.

Renal impairment: Dialysis patients: Not recommended.

CrCl (ml/min)

Dosage Recommendation

30-49

1st dose 150 mg, then 150 mg once daily.

15-29

1st dose 150 mg, then 100 mg once daily.

5-14

1st dose 150 mg, then 50 mg once daily.

<5

1st dose 50 mg, then 25 mg once daily.

Oral

Chronic hepatitis B

Adult: 100 mg once daily. For patients with concomitant HIV infection: 300 mg once daily or in 2 divided doses.

Child: >2 yr: 3 mg/kg once daily. Max: 100 mg/day.

Renal impairment: Haemodialysis patients: Dose adjustment in accordance with CrCl. Peritoneal dialysis patients: Not recommended.

CrCl (ml/min)

Dosage Recommendation

30-49

1st dose 100 mg, then 50 mg once daily.

15-29

1st dose 100 mg, then 25 mg once daily.

5-14

1st dose 35 mg, then 15 mg once daily.

<5

1st dose 35 mg, then 10 mg once daily.

Administration

May be taken with or without food.

Contraindications

Hypersensitivity. Lactation.

Special Precautions

Discontinue use if there is rapid increase in aminotransferase levels, progressive hepatomegaly, or metabolic or lactic acidosis of unknown origin. Discontinue use if clinical signs, symptoms or lab abnormalities suggestive of pancreatitis develop. Hepatomegaly or other risk factors for hepatic impairment. Monitor hepatic function in chronic hepatitis B patients. Exclude HIV infection prior to hepatitis B therapy. Renal impairment. Pregnancy.

Adverse Drug Reactions

Abdominal pain, nausea, vomiting, diarrhoea, insomnia, cough, nasal symptoms, arthralgia, muscle pain, headache, fever, rash, alopecia, malaise, increased creatinine phosphokinase and alanine aminotransferase, peripheral neuropathy. Rarely rhabdomyolysis, pancreatitis, hepatitis. Neutropenia and anaemia (in combination with zidovudine), thrombocytopenia, increases in LFTs. Paronychia. Angioedema, urticaria, and anaphylactoid reaction.
Potentially Fatal: Lactic acidosis associated with severe hepatomegaly and hepatic steatosis.

Drug Interactions

Renal excretion may be inhibited by high doses of trimethoprim (co-trimoxazole). May antagonise the antiviral action of zalcitabine.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.
Storage

Oral: Store at 25°C (77°F).

Mechanism of Action

Lamivudine, a nucleoside analogue, is phosphorylated in the body to the active triphosphate form. In the active form, it inhibits hepatitis B virus polymerase and HIV reverse transcriptase enzymes.

Absorption: Rapidly absorbed from the GI tract, delayed if taken with food (oral); peak plasma concentrations after 1 hr.

Distribution: Crosses the blood-brain barrier and placenta; enters breast milk. Protein-binding: Up to 36%.

Metabolism: Intracellular; low hepatic metabolism.

Excretion: Via urine (as unchanged drug); 5-7 hr (elimination half-life).

CIMS Class

Antivirals

ATC Classification

J05AF05 - lamivudine; Belongs to the class of nucleoside and nucleotide reverse transcriptase inhibitors. Used in the systemic treatment of viral infections.

*lamivudine information:

Note that there are some more drugs interacting with lamivudine

lamivudine further details are available in official CIMS India

lamivudine

lamivudine brands available in India

Always prescribe with Generic Name : lamivudine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : HEPAVUD tab HEPITEC tab LADIWIN tab LAMDA tab LAMI tab LAMIDAC tab LAMIVIR soln LAMIVIR tab LAMIVIR-S tab LAMIVOX tab LAMOSTAD tab LAMOSTAD-N tab LAMUVID tab LAVIR soln LAVIR tab RETROLAM tab SHANVUDIN tab TRIOMUNE-30 tab VIRAMID film-coated tab VIROLAM tab VIROLANS tab VIROLIS tab VIROLIS-E pack

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([all drugs])

lamivudine + zidovudine

CIMS Class : (Antivirals)

lamivudine + zidovudine

P - Caution when used during pregnancy

L - Contraindicated in lactation

related lamivudine + zidovudine information

Indication & Dosage

Oral

HIV infection

Adult: As a combination containing lamivudine 150 mg, zidovudine 300 mg: >30 kg: 1 tablet bid.

Child: As a combination containing lamivudine 150 mg, zidovudine 300 mg: <14 kg: combined formulation not recommended; 14-21 kg: ½ tablet bid; 21-30 kg: ½ tablet each morning, 1 tablet each night (if not tolerated: ½ tablet bid); >30 kg: 1 tablet bid.

CrCl (ml/min)

Dosage Recommendation

<50

Avoid

Hepatic impairment: In severe impairment use separate formulations.

Administration

May be taken with or without food.

Overdosage

Due to zidovudine component. Symptoms: nausea, vomiting, ataxia and granulocytopenia. Treatment: symptom specific and supportive. Dialysis does not significantly remove lamivudine or zidovudine (does increase clearance of primary metabolite).

Contraindications

Neutrophil count <0.75 x 109/l; haemoglobin levels <7.5 g/dl or 4.65 mmol/l. Lactation.

Special Precautions

Renal and hepatic impairment; poor bone marrow reserve prior to treatment; risk of opportunistic infection; patients (especially obese women) with risk factors for or active liver disease. Patients with low body wt should avoid the combined formulation. Separate

formulations of lamivudine or zidovudine should not be given at the same time as the combined formulation. If dose adjustment is necessary for either component, separate formulations should be used. Monitor haematological parameters (advanced disease: 2 wkly for 1st 3 mth of treatment, then monthly; early disease: 1-3 mthly), LFTs, mean cell volume, serum creatinine kinase, viral load, CD4 counts and blood lactate levels. Patient to report any sore throat, nausea, vomiting, unexplained bruising or bleeding. Maintain adequate hydration (2-3 L/day) unless fluid restricted. Withdraw treatment if symptomatic hyperlactaemia, metabolic/lactic acidosis, progressive heptomegaly or rapidly elevating aminotransferase levels occur. Cases of lactic acidosis and hepatic steatosis syndrome have been reported in pregnancy. Monitor hepatic enzymes and electrolytes regularly during 3rd trimester.

Adverse Drug Reactions

Headache, malaise and fatigue, fever or chills, nausea, diarrhoea, anorexia, abdominal pain, neuropathy, insomnia and other sleep disorders, dizziness, depressive disorders, nasal signs and symptoms, skin rashes, musculoskeletal pain, myalgia, arthralgia; anaemia, neutropenia and leucopenia (particularly at high doses of

zidovudine; 1200-1500 mg/day), usually seen 4-5 wk after therapy commencing; respiratory symptoms eg rapid and/or deep breathing; if symptomatic hyperlactatemia, metabolic/lactic acidosis, progressive hepatomegaly, or rapidly elevating aminotransferase levels occur, withdraw treatment; mitochondrial damage leading to hyperlactatemia and hyperlipasemia; lipodystrophy; immune reactivation syndrome, osteonecrosis.
Potentially Fatal: Lactic acidosis associated with liver failure and pancreatitis (normally after several mth of treatment); haematological toxicity (eg neutropenia and severe anaemia).

Drug Interactions

Zidovudine: acyclovir and valacyclovir may increase CNS depression. Increased risk of haematologic toxicity with ganciclovir, valganciclovir, dapsone, doxorubicin, vincristine a nd vinblastine. Doxorubicin may reduce phophorylation; fluconazole may increase levels/effects; increased risk of hepatic decompensation or haematologic toxicities with interferon-a and ribavirin (also increases risk of pancreatitis and lactic acidosis).Methadone may increase effects/levels. Increased risk of myalgia, malaise and/or fever, maculopapular rash and effects/levels with probenecid. Stavudine may decrease antiviral

activity; valproic acid may increase plasma levels (AUC increased by 80%). Lamivudine: Increased risk of hepatic decompensation or haematologic toxicities with interferon-a and ribavirin (also increases risk of mitochondrial toxicity, pancreatitis and lactic acidosis). Ganciclovir and valganciclovir may increase effects and toxicity; sulfamethoxazole/trimethoprim may increase AUC and decrease clearance (increasing levels and effects).

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store 2-30 °C.

Mechanism of Action

Synergistically reduce viral resistance and inhibit reverse transcriptase via DNA chain termination.

Absorption: Lamivudine: oral bioavailability: 80-85% (children 66%); Cmax: 1.6 mcg/ml (32%); AUC: 6.1 mcg.h/ml (20%); Tmax: 0.75 (0.5-2.0 hr). Zidovudine: oral bioavailability: 60-70%; Cmax: 2.0 mcg/ml (40%); AUC: 2.4 mcg.h/ml; Tmax0.5 (0.25-2.0) hr.

Distribution: Volume of distribution: lamivudine 1.3 l/kg; zidovudine 1.6 l/kg. Protein binding: lamivudine: <36 %; zidovudine: 34-38%. Lamivudine and zidovudine enter CSF.

Metabolism: Lamivudine: Hepatically (small extent). Zidovudine: metabolised via glucuronidation to 3'-amino-3'-deoxythymidine (major metabolite; approx 50-80%).

Excretion: Elimination half-life: lamivudine: (adults) 5-7 hr, (children) 2 hr; zidovudine: 1.1 hr.

CIMS Class

Antivirals

ATC Classification

J05AF01 - zidovudine; Belongs to the class of nucleoside and nucleotide reverse transcriptase inhibitors. Used in the systemic treatment of viral infections.

J05AF05 - lamivudine; Belongs to the class of nucleoside and nucleotide reverse transcriptase inhibitors. Used in the systemic treatment of viral infections.

*lamivudine + zidovudine information:

Note that there are some more drugs interacting with lamivudine + zidovudine

lamivudine + zidovudine

lamivudine + zidovudine brands available in India

Always prescribe with Generic Name : lamivudine + zidovudine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : COMBIVIR tab CYTOCOM tab CYTOCOM-E kit CYTOCOM-N tab DUOVIR tab DUOVIR-E kit DUOVIR-N film-coated tab LAMDA-Z tab LAMI PLUS tab LAMSYN-Z tab LAMUZID tab LAZID TAB tab LAZID-E kit LAZID-N tab VIROCMB-E pack VIROCOMB tab VIROCOMB-N tab ZVD PLUS tab

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([all drugs])

lamotrigine

CIMS Class : (Anticonvulsants) , (Antipsychotics)

lamotrigine

P - Caution when used during pregnancy

L - Caution when used during lactation

related lamotrigine information

Indication & Dosage

Oral

Epilepsy

Adult: Initially, 25 mg once daily for 2 wk followed by 50 mg once daily for 2 wk; thereafter, increase the dose by a max of 50-100 mg every 1-2 wk to usual maintenance doses of 100-200 mg daily, as a single dose or in 2 divided doses. Some patients may require up to 500 mg daily.

Child: >12 yr: Initially, 25 mg once daily for 2 wk followed by 50 mg once daily for 2 wk; thereafter, increase the dose by a max of 50-100 mg every 1-2 wk to usual maintenance doses of 100 -200 mg daily, as a single dose or in 2 divided doses. Some patients may require up to 500 mg daily. <12 yr: Not recommended.

Max Dosage: Adult: 500 mg daily.

Hepatic impairment: Moderate impairment (Child-Pugh category B): Reduce dose by about 50%. Severe impairment (Child-Pugh category C): Reduce dose by about 75%.

Oral

Adjunct in epilepsy

Adult: With valproate: Initially, 25 mg on alternate days for 2 wk followed by 25 mg once daily for 2 wk; thereafter, increase by a max of 25-50 mg every 1-2 wk; usual maintenance doses: 100-200 mg daily in 1-2 divided doses. With enzyme-inducing antiepileptics but not with valproate: 50 mg once daily for 2 wk followed by 50 mg bid for 2 wk; thereafter, increase by a max of 100 mg every 1-2 wk; usual maintenance doses: 200-400 mg/day in 2 divided doses; up to 700 mg/day in some patients. With oxcarbazepine but no enzyme-inducing or -inhibiting antiepileptics: 25 mg once daily for 2 wk followed by 50 mg once daily for 2 wk; thereafter increase dose by a max of 50-100 mg every 1-2 wk; usual maintenance doses: 100-200 mg daily in 1-2 divided doses; up to 500 mg daily in some patients.

Child: With valproate: Initially, 0.15 mg/kg once daily for 2 wk followed by 0.3 mg/kg once daily for 2 wk; thereafter, increase by a max of 0.3 mg/kg every 1-2 wk to usual maintenance doses of 1-5 mg/kg once daily or in 2 divided doses.

Hepatic impairment: Moderate impairment (Child-Pugh category B): Reduce dose by about 50%. Severe impairment (Child-Pugh category C): Reduce dose by about 75%.

Oral

Bipolar disorder

Adult: Monotherapy: Initially, 25 mg once daily for 2 wk followed by 50 mg once daily for 2 wk; thereafter, double the daily dose at wkly intervals to usual maintenance dose of 200 mg daily. Max dose: 200 mg/day. With valproate: Initially, 25 mg every other day for 2 wk followed by 25 mg once daily for 2 wk; thereafter, double the daily dose at wkly intervals to usual maintenance dose of 100 mg daily. With enzyme-inducing antiepileptics but not with valproate: Initially, 50 mg once daily for 2 wk followed by 100 mg daily in 2 divided doses for 2 wk; thereafter, increase in 100-mg increments wkly to usual maintenance dose of 400 mg daily in 2 divided doses.

Hepatic impairment: Moderate impairment (Child-Pugh category B): Reduce dose by about 50%. Severe impairment (Child-Pugh category C): Reduce dose by about 75%.

Administration

May be taken with or without food.

Overdosage

Symptoms: Nystagmus and muscle hypertonicity, QRS interval prolongation, low-grade fever, erythema, and periorbital oedema, generalised tonic-clonic seizures, tremor, muscle weakness, ataxia, hypertonia. Management: Gastric lavage and activated charcoal.

Special Precautions

Hepatic or renal impairment. Closely monitor patient. Monitor children's body wt. Advise patient to report any hypersensitivity reaction. Avoid abrupt withdrawal unless severe skin reactions have developed. May impair ability to drive or operate machinery. Pregnancy and lactation.

Adverse Drug Reactions

Skin eruptions usually maculopapular in nature, nausea, headache, tiredness, dizziness, ataxia, irritability/aggression, tremor, agitation, confusion, hallucination, diplopia, blurred vision. Haematological abnormalities e.g. leucopenia and thrombocytopenia. Elevations of LFTs. Arthralgia, pain and back pain.
Potentially Fatal: Stevens-Johnson syndrome and toxic epidermal necrolysis.

Drug Interactions

Metabolism enhanced by enzyme-inducing drugs e.g. phenytoin, carbamazepine, phenobarbitone, primidone,rifampicin, ethinyloestradiol/levonorgestrel combination. Metabolism reduced by sodium valproate.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store below 30°C (86°F).

Mechanism of Action

Lamotrigine inhibits voltage-sensitive sodium channels, thereby stabilising neuronal membranes and consequently inhibiting pathological release of excitatory amino acids (e.g. glutamate and

aspartate). These amino acids play a role in the generation and spread of epileptic seizures.

Absorption: Well absorbed from the GI tract (oral); peak plasma concentrations after 2.5 hr.

Distribution: Widely distributed; enters breast milk.

Metabolism: Extensively hepatic.

Excretion: Via urine (as glucuronide conjugate); 24 hr (elimination half-life at steady state).

CIMS Class

Anticonvulsants / Antipsychotics

ATC Classification

N03AX09 - lamotrigine; Belongs to the class of other antiepileptics. Used in the management of epilepsy.

*lamotrigine information:

Note that there are some more drugs interacting with lamotrigine

lamotrigine further details are available in official CIMS India

lamotrigine

lamotrigine brands available in India

Always prescribe with Generic Name : lamotrigine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : EPITIC tab EPITIC-DT dispertab FAVLAM tab LAMEPIL tab LAMEPRIL MR tab LAMETEC dispertab LAMETEC tab LAMIDUS dispertab LAMITOR-DT dispertab LAMITOR-OD tab LAMOGIN dispertab LAMORIG tab LAMOSYN tab LEMOGEN tab

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([all drugs])

lansoprazole

CIMS Class : (Antacids, Antireflux Agents & Antiulcerants)

lansoprazole

P - Caution when used during pregnancy

L - Caution when used during lactation

related lansoprazole information

Indication & Dosage

Oral

Peptic ulcer

Adult: 30 mg once daily in the morning given for 4 wk (duodenal ulcer) or for 8 wk (gastric ulcer).

Hepatic impairment: Severe impairment: Max dose: 30 mg/day.

Oral

Hypersecretory conditions

Adult: Initially, 60 mg daily and adjust as required. Daily doses >120 mg should be given in 2 divided doses.

Hepatic impairment: Severe impairment: Max dose: 30 mg/day.

Oral

Acid-related dyspepsia

Adult: 15-30 mg once daily in the morning for 2-4 wk.

Hepatic impairment: Severe impairment: Max dose: 30 mg/day.

Oral

Gastro-oesophageal reflux disease

Adult: 30 mg once daily in the morning for 4-8 wk. Maintenance: 15-30 mg once daily according to response.

Child: and erosive oesophagitis: 1-11 yr: =30 kg: 15 mg once daily; >30 kg: 30 mg once daily. May increase doses up to 30 mg bid if patient is still symptomatic after 2 or more wk of treatment. 12-17 yr: For erosive oesophagitis: 30 mg once daily for up to 8 wk; For nonerosive gastro-oesophageal reflux disease: 15 mg once daily for up to 8 wk.

Hepatic impairment: Severe impairment: Max dose: 30 mg/day.

Oral

NSAID-associated ulceration

Adult: 15-30 mg daily for 4-8 wk.

Hepatic impairment: Severe impairment: Max dose: 30 mg/day.

Oral

Prophylaxis of NSAID-induced ulcers

Adult: 15-30 mg daily for 4-8 wk.

Hepatic impairment: Severe impairment: Max dose: 30 mg/day.

Oral

H.pylori infection

Adult: 1-wk triple therapy: 30 mg bid combined with clarithromycin 500 mg bid and either amoxicillin 1 g bid or metronidazole 400 mg bid.

Hepatic impairment: Severe impairment: Max dose: 30 mg/day.

Intravenous

Erosive oesophagitis

Adult: 30 mg over 30 minutes daily for up to 7 days.

Hepatic impairment: Consider dose adjustment.

Administration

Should be taken on an empty stomach. (Take before meals.)

Special Precautions

Hepatic impairment. Gastric malignancy should be ruled out. Pregnancy and lactation.

Adverse Drug Reactions

Diarrhoea, abdominal pain, nausea, constipation, headache, dizziness, eosinophilia, myalgia, glossitis, stomatitis, rash.

Drug Interactions

Reduced bioavailability with antacids and sucralfate. May decrease the absorption of atazanavir, itraconazoleand ketoconazole. May increase plasma concentration of cilostazol.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Intravenous: Store at 25°C (77°F). Oral: Store at 25°C (77°F).

Mechanism of Action

Lansoprazole inhibits gastric acid secretion by inhibiting the H+/K+ ATPase, which is also known as the proton pump. Both basal and stimulated acid are inhibited.

Absorption: Rapidly absorbed from the GIT (oral); peak plasma concentrations after 1.5 hr.

Distribution: Protein-binding: 97%.

Metabolism: Extensively hepatic; converted to 5-hydroxyl-lansoprazole and lansoprazole sulfone.

Excretion: Via faeces (main) and urine (15-30% of a dose); 1-2 hr (elimination half-life).

CIMS Class

Antacids, Antireflux Agents & Antiulcerants

ATC Classification

A02BC03 - lansoprazole; Belongs to the class of proton pump inhibitors. Used in the treatment of peptic ulcer and gastro-oesophageal reflux disease (GERD).

*lansoprazole information:

Note that there are some more drugs interacting with lansoprazole

lansoprazole further details are available in official CIMS India

lansoprazole

lansoprazole brands available in India

Always prescribe with Generic Name : lansoprazole, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACILANZ cap ARLAN cap BAL-LANZ cap CAP LOC OD cap CHEXID cap CULANS cap DOMSIN-LA cap JUNIORLANZOL enteric-coated tab L-30 cap LAMPO cap LAN cap LANCE cap LANCE-D cap LANCER cap LANCHEK cap LANCIBAY tab LANCID cap LANCIDOM cap LANCUS enteric-coated cap LANDS-30 cap LANIP cap LANIP-D cap LANOZ tab LANPRO cap LANSEC cap LANSET cap LANSO cap LANS-OD cap LANSOFAST cap LANSOL cap LANSOMAC cap LANSORIV cap LANSOZ cap LANSPEP cap LANSPRO cap LANSPRO-D cap LANZAP cap LANZEE cap LANZEE-DM

cap LANZIP-30 tab LANZO cap LANZOL cap LANZOPEN cap LAPRA-D cap LASOLE cap LASOLE-D cap LAZ-30 cap L-DOM cap LEED cap LEEDOM cap LEPEZ enteric-coated cap LESOZAP-D cap LEVANT cap LEZO CAP cap LIZA cap LIZA-D cap LOCID-30 cap LOCID-D cap LP-30 cap LUPIZOLE cap OKALAN cap OLEZ-30 cap PROMPRO cap PROTOGUT cap REFLAN cap SANLAP soft-gelatin caps SPLANZ cap TAURLANS-30 cap ZAPACID cap ZES-30 cap

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([all drugs])

lanthanum carbonate

CIMS Class : (Antidotes, Detoxifying Agents & Drugs Used in Substance Dependence)

lanthanum carbonate

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related lanthanum carbonate information

Indication & Dosage

Oral

Hyperphosphataemia in end stage renal failure

Adult: Initially, 0.75-2.25 g daily, given in divided doses wth meals. Dose may be adjusted every 2-3 wk until an acceptable serum phosphate concentration is achieved; usual maintenance dose: 1.5-3 g daily in divided doses. Max: 3.75 g daily.

Administration

Should be taken with food. (Take w/ or immediately after meals. Chew thoroughly before swallowing. Do not swallow whole.)

Overdosage

Supportive treatment is recommended.

Special Precautions

Caution when used in patients with acute peptic ulcer, ulcerative colitis, Crohn's disease or bowel obstruction. Tablets should be thoroughly chewed before swallowing. Pregnancy and lactation.

Adverse Drug Reactions

GI disturbances, including nausea, vomiting, constipation, diarrhoea, dyspepsia and abdominal pain.

Drug Interactions

Compounds that are known to interact with antacids should not be taken within 2 hr of administering lanthanum carbonate.

Lab Interference

Abdominal x-rays of patients taking lanthanum carbonate may have a radio-opaque appearance typical of an imaging agent.

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Lanthanum carbonate is a non-calcium, non-aluminium phosphate binder used for hyperphosphataemia in patients with chronic renal failure. It works by inhibiting phosphate absorption by forming

highly insoluble lanthanum phosphate complexes, thus reducing both serum phosphate and calcium phosphate product.
Distribution: Highly bound to plasma proteins.
Metabolism: Not metabolised.
Excretion: Eliminated mainly by the biliary system. Elimination half life: Approx 36 hr.

CIMS Class

Antidotes, Detoxifying Agents & Drugs Used in Substance Dependence

ATC Classification

V03AE03 - lanthanum carbonate; Belongs to the class of other therapeutic products, drugs used in the treatment of hyperkalemia and hyperphosphatemia.

*lanthanum carbonate information:
Note that there are some more drugs interacting with lanthanum carbonate
lanthanum carbonate
lanthanum carbonate brands available in India

Always prescribe with Generic Name : lanthanum carbonate, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : FOSBAIT chewtab FOSEND chewtab LANTHONATE tab

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([all drugs])

latanoprost

CIMS Class : (Antiglaucoma Preparations)

latanoprost

P - Caution when used during pregnancy

L - Caution when used during lactation

related latanoprost information

Indication & Dosage

Ophthalmic

Ocular hypertension, Open-angle glaucoma

Adult: Instil 1 drop of a 0.005% solution once daily in the evening.

Special Precautions

Do not use within 5 min of thiomersal-containing preparations. Aphakia or pseudophakia with torn posterior lens cap or anterior chamber lenses; risk factors for cystoid macular oedema; brittle or severe asthma; history of intraocular inflammation; inflammatory, neovascular, angle-closure or congenital glaucoma; pregnancy, lactation. Remove contact lenses during use.

Adverse Drug Reactions

Brown pigmentation particularly in those with mixed-color irides; blepharitis, ocular irritation and pain; darkening, thickening and lengthening of eyelashes; localised oedema; conjunctival hyperaemia; transient punctate epithelial erosions; dyspnoea; exacerbation of asthma; local skin reactions; iritis; uveitis; darkening of palpebral skin.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Ophthalmic: Store unopened at 2-8°C and at <25°C for up to 6 wk after opening.

Mechanism of Action

Latanoprost, a synthetic analogue of prostaglandin F2a, reduces the IOP by increasing the outflow of aqueous humour.
Absorption: Absorbed through the cornea; peak concentration in the aqueous humour is reached around 2 hr after administration.
Metabolism: Rapidly hydrolised to biologically active latanoprost acid by esterases in the cornea.
Excretion: Via urine.

CIMS Class

Antiglaucoma Preparations

ATC Classification

S01EE01 - latanoprost; Belongs to the class of prostaglandin analogues used in the treatment of glaucoma and miosis.

*latanoprost information:

Note that there are some more drugs interacting with latanoprost latanoprost

latanoprost brands available in India

Always prescribe with Generic Name : latanoprost, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : 9PM EYE DROPS eye drops IOPROST eye drops IOPTAME eye drops LATOCHEK eye drops LATODROPS eye drops LATOPROST eye drops XALATAN eye drops

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([all drugs])

latanoprost + timolol

CIMS Class : (Antiglaucoma Preparations)

latanoprost + timolol

P - Caution when used during pregnancy

L - Caution when used during lactation

related latanoprost + timolol information

Indication & Dosage

Ophthalmic

Open-angle glaucoma, Ocular hypertension

Adult: As eye preparation containing latanoprost 0.005% and timolol 0.5%: Instill 1 drop into the affected eye(s) once daily. Not to be used as an initial therapy.

Overdosage

Symptoms of systemic timolol overdose: Bradycardia, hypotension, bronchospasm and cardiac arrest. Treatment is symptomatic and supportive. Latanoprost overload can cause ocular irritation and conjunctival hyperaemia, no other ocular or systemic side effects are known. If latanoprost is accidentally ingested orally, gastric lavage may be used. Treatment is symptomatic and supportive.

Contraindications

Reactive airway diseases e.g.bronchial asthma or a history of bronchial asthma, severe COPD. Sinus bradycardia, 2nd or 3rd degree AV block, overt cardiac failure, cardiogenic shock.

Special Precautions

Monitor heart rate and signs of cardiac failure in patients with history of severe cardiac disease. May worsen Prinzmetal angina, severe peripheral and central circulatory disorders and hypotension. Monitor for signs of bronchospasm in asthmatic patients. ß-blockers may mask signs and symptoms of acute hypoglycaemia and hyperthyroidism. Prolonged treatment with latanoprost may change eye colour by increasing the amount of brown pigment in the iris especially in patients with mixed coloured irides; regular eye examination is recommended. Caution when used in aphakic patients due to risk of macular oedema. Contact lenses should be removed during application and reinserted at least 15 minutes after application. May cause transient blurring of vision; patients should not drive or operate machinery until this resolves. Pregnancy and lactation.

Adverse Drug Reactions

Increased iris pigmentation, eye irritation, eye pain, stinging and burning sensation. Rarely, bradycardia, arrhythmia, CHF, bronchospasm and allergic reactions.

Drug Interactions

Additive effect on the intraocular pressure and other systemic effects may occur when used with oral ß-blockers, calcium channel blockers, guanethidine, antiarrhythmics, digitalis glycosides or parasympathomimetics. Concurrent use of =2 ophthalmic prostaglandin analogues may lead to paradoxical increase in intraocular pressure. Mydriasis may occur when used concurrently with epinephrine. ß-blocker may increase hypoglycaemic effect of antidiabetic agents.

Storage

Ophthalmic: Store at 2-8°C. For opened bottles, may store below 25°C.

Mechanism of Action

Latanoprost is an analogue of prostaglandin F2a; it reduces intraocular pressure (IOP) by increasing outflow of aqueous humour. Timolol is a non-selective adrenergic blocker. It lowers IOP by decreasing the formation of aqueous by the ciliary epithelium.

Absorption: Latanoprost: Well-absorbed through the cornea; a prodrug that is activated by the esterases in the cornea.

Distribution: Latanoprost: Active metabolite has a small volume of distribution of 0.16 L/kg and protein binding of 87%.
Metabolism: Latanoprost: Active metabolite is mainly metabolised hepatically. Timolol: Largely metabolised in the liver.
Excretion: Latanoprost: Plasma half-life of active metabolite is about 17 minutes and the metabolites are excreted primarily in the urine. Timolol: Plasma half-life is about 6 hr and the metabolites are mainly excreted in the urine.

CIMS Class

Antiglaucoma Preparations

ATC Classification

C07AA06 - timolol; Belongs to the class of non-selective beta-blocking agents. Used in the treatment of cardiovascular diseases.
S01ED01 - timolol; Belongs to the class of beta blocking agents used in the treatment of glaucoma and miosis.
S01EE01 - latanoprost; Belongs to the class of prostaglandin analogues used in the treatment of glaucoma and miosis.

*latanoprost + timolol information:

Note that there are some more drugs interacting with latanoprost + timolol

latanoprost + timolol

latanoprost + timolol brands available in India

Always prescribe with Generic Name : latanoprost + timolol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : LAPROST PLUS eye drops LATIM eye drops LATOCHEK-T eye drops LATOCOM EYE eye drops XALACOM eye drops

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([all drugs])

leflunomide

CIMS Class : (Disease-Modifying Anti-Rheumatic Drugs (DMARDs))

leflunomide

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related leflunomide information

Indication & Dosage

Oral

Rheumatoid arthritis, Psoriatic arthritis

Adult: 100 mg daily for 3 days as a loading dose. Maintenance: 10-20 mg daily.

Renal impairment: Dosage may need to be reduced.

Hepatic impairment: Dosage may need to be reduced.

Administration

May be taken with or without food.

Contraindications

Significant hepatic impairment, compromised immune function including bone marrow dysplasia or severe uncontrolled infection; concurrent vaccination with live vaccines. Pregnancy, lactation.

Special Precautions

Renal and hepatic impairment; women with childbearing potential. Monitor blood counts and BP regularly. Avoid alcohol.

Adverse Drug Reactions

Thrombocytopenia, anaphylaxis, eosinophilia, leukopenia, pancytopenia. Headache, dizziness, weakness, bronchitis, urinary tract infection, alopecia, rash, dry skin, eczema, pruritus, hypokalaemia, weight loss, arthralgia, joint disorder, leg cramps, rhinitis, sinusitis, hypertension, diarrhoea, nausea, abdominal pain, synovitis, tenosynovitis, paraesthesia, pharyngitis, anorexia, vomiting, oral thrush, stomatitis.
Potentially Fatal: Hepatotoxicity.

Drug Interactions

Cholestyramine and activated charcoal decrease active metabolite. Concurrent use of methotrexate and other hepatotoxic drugs increase the risk of hepatotoxicity. Rifampicin increases blood levels of the active metabolite.

Pregnancy Category (US FDA)

Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.

Mechanism of Action

Leflunomide is an immodulating agent and DMARD. It inhibits pyrimidine synthesis by inhibiting dihydroorotate dehydrogenase enzyme activity. It also has antinflammatory properties.

Absorption: Peak plasma concentrations of active metabolite within 6-12 hr.

Distribution: Active metabolite is 99% protein bound and has a low volume of distribution (0.13 L/kg).

Metabolism: Rapidly converted to active metabolite A77 1726 in GI mucosa and the liver.

Excretion: Urine (as glucuronides), faeces. Elimination half life of active metabolite approximately 14-18 days.

CIMS Class

Disease-Modifying Anti-Rheumatic Drugs (DMARDs)

ATC Classification

L04AA13 - leflunomide; Belongs to the class of selective immunosupressive agents. Used to induce immunosuppression.

*leflunomide information:

Note that there are some more drugs interacting with leflunomide

leflunomide

leflunomide brands available in India

Always prescribe with Generic Name : leflunomide, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ARAVA tab CLEFT tab LEFNO tab LEFRA tab LEFUMIDE film-coated tab LISIFEN film-coated tab RUMALEF tab

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([all drugs])

lercanidipine

CIMS Class : (Calcium Antagonists)

lercanidipine

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related lercanidipine information

Indication & Dosage

Oral

Hypertension

Adult: As hydrochloride: 10 mg once daily, increased after 2 wk to 20 mg daily if necessary.

Renal impairment: Dosage may need to be reduced in mild to moderate renal impairment. Avoid in patients with CrCl <12 ml/min.

Administration

Should be taken on an empty stomach. (Take on an empty stomach at least 15 mins before meals.)

Contraindications

Severe hepatic or renal impairment; aortic stenosis, unstable angina, uncontrolled heart failure, within 1 mth of MI; lactation, pregnancy.

Special Precautions

Left ventricular dysfunction, sick sinus syndrome (if pacemaker not fitted).

Adverse Drug Reactions

Tachycardia, oedema, flushing, headache, dizziness, asthenia, rash, diarrhoea, polyuria, palpitations, hypotension, drowsiness, myalgia.

Drug Interactions

Plasma concentration reduced by inducers of CYP3A4 eg rifampicin, phenytoin, carbamazepine. Bioavailability also reduced by metoprolol and possibly propranolol. Plasma concentrations increased by inhibitors of CYP3A4 eg imidazole antifungals, erythromycin, ritonavir, fluoxetine. Alcohol may potentiate vasodilating effect.
Potentially Fatal: Significantly increased plasma levels of both lercanidipine and ciclosporin when administered together.

Food Interaction

Grapefruit juice may inhibit metabolism.

Mechanism of Action

Lercanidipine is a dihydropyridine calcium-channel blocker which acts by inhibiting the influx of calcium ions through the slow channels of the vascular smooth muscle and myocardium during depolarization. Its main effect is vasodilatation because it has greater selectivity for vascular smooth muscle than cardiac smooth muscle.

Absorption: Fully absorbed from the GI tract. Peak plasma levels occur in 1.5-3 hr.

Distribution: Extensively distributed in tissues and organs. >98% protein bound.

Metabolism: Undergoes extensive hepatic metabolism to inactive metabolites via CYP3A4 isoenzyme.

Excretion: Mean elimination half life is approx 8-10 hr.

CIMS Class

Calcium Antagonists

ATC Classification

C08CA13 - lercanidipine; Belongs to the class of selective dihydropyridine derivative calcium-channel blockers with mainly vascular effects. Used in the treatment of cardiovascular diseases.

*lercanidipine information:

Note that there are some more drugs interacting with lercanidipine

lercanidipine further details are available in official CIMS India

lercanidipine

lercanidipine brands available in India

Always prescribe with Generic Name : lercanidipine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : LANDIP-10 tab LERKA tab LERVASC tab LOTENSYL AT tab LOTENSYL tab

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([all drugs])

letrozole

CIMS Class : (Hormonal Chemotherapy)

letrozole

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related letrozole information

Indication & Dosage

Oral

Adjuvant therapy for postmenopausal women with hormone receptor positive early breast cancer, Advanced or locally advanced breast cancer

Adult: 2.5 mg once daily.

Hepatic impairment: Reduce dose by 50% in patients with cirrhosis and severe hepatic impairment; recommended dose: 2.5 mg on alternate days.

Administration

May be taken with or without food.

Contraindications

Premenopausal women and children; hypersensitivity.

Special Precautions

Severe renal impairment; severe hepatic impairment; osteoporosis. Caution when driving or operating machinery.

Adverse Drug Reactions

Hot flushes, arthralgia, nausea, vomiting, fatigue, dizziness, headache, dyspepsia, constipation, diarrhoea, anorexia, alopoecia, increased sweating, rash, peripheral oedema, osteoporosis, musculoskeletal pain, vaginal irritation.
Potentially Fatal: Thromboembolic events.

Drug Interactions

Plasma levels reduced by tamoxifen.

Pregnancy Category (US FDA)
Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).
Mechanism of Action

Letrozole competitively binds to the heme group of aromatase, a cytochrome P450 enzyme which catalyzes conversion of androgen to oestrogen, leading to inhibition of the enzyme and a significant reduction in plasma oestrogen levels.

Absorption: Rapidly and completely absorbed from the GI tract.
Distribution: Weakly bound to plasma proteins and has a large volume of distribution of about 1.9 l/kg.
Metabolism: Slow hepatic metabolism to inactive metabolites.
Excretion: Via urine (6% as unchanged drug); elimination half life of about 2 days.

CIMS Class

Hormonal Chemotherapy

ATC Classification

L02BG04 - letrozole; Belongs to the class of enzyme inhibitors. Used in endocrine therapy.

*letrozole information:
Note that there are some more drugs interacting with letrozole
letrozole
letrozole brands available in India
Always prescribe with Generic Name : letrozole, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : FEMARA tab FEMPRO tab FEOFER tab LETOCOR tab LETORIPE film-coated tab LETROZ tab LETS tab LETZ tab LETZOL tab MOMAZOL tab ONCOLET tab ORETA tab SHANTROZ tab TROZET tab ZOLET tab

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([all drugs])

leuprorelin

CIMS Class : (Other Drugs Affecting Hormonal Regulation) , (Hormonal Chemotherapy)

leuprorelin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related leuprorelin information

Indication & Dosage

Parenteral

Palliative treatment of advanced prostate cancer

Adult: 1 mg as a single daily dose by SC Inj. As depot preparations: 3.75 mg once a mth, as a single IM/SC Inj; or 11.25 mg every 3 mth via SC inj. Alternatively, an implant containing 72 mg of leuprorelin

acetate may be inserted subcutaneously into the inner part of the upper arm; releasing drug at a controlled rate of 120 mcg/day for 12 mth. An anti-androgen such as cyproterone acetate may be given for a few days prior to starting treatment and continued for 3 wk, to prevent disease flare.

Parenteral

Endometriosis

Adult: As depot preparations: 3.75 mg every mth given as a single IM/SC inj or 11.25 mg every 3 mth as IM depot Inj. Initiate treatment during the 1st 5 days of menstrual cycle up to 6 mth (for endometriosis) or 3 mth (for women with anaemia due to uterine fibroids).

Parenteral

Uterine fibroids

Adult: As depot preparations: 3.75 mg every mth given as a single IM/SC inj or 11.25 mg every 3 mth as IM depot Inj. Initiate treatment during the 1st 5 days of menstrual cycle up to 6 mth (for endometriosis) or 3 mth (for women with anaemia due to uterine fibroids).

Parenteral

Precocious puberty

Child: Initially, 50 mcg/kg daily by SC inj, may be titrated upwards by 10 mcg/kg/day if total suppression of ovarian or testicular

steroidogenesis is not achieved. As depot preparations: =25 kg: 7.5 mg; >25-37.5 kg: 11.25 mg and >37.5 kg: 15 mg; doses to be given via IM/SC inj every 4 wk; may titrate dose upwards in increments of 3.75 mg every 4 wk if down-regulation is not achieved.

Parenteral

As preparation for uterine surgery

Adult: As depot preparations: 3.75 mg as a single inj via IM/SC given 5-6 wk before the procedure, or mthly for 3-4 mth prior to surgery for uterine fibroids.

Contraindications

Pregnancy, lactation; hypersensitivity to GnRH, GnRH agonist analogs or product excipients; undiagnosed abnormal vaginal bleeding.

Special Precautions

Worsening of signs and symptoms of prostatic cancer, osteoporosis (including drug induced). For management of central precocious puberty, treatment should be discontinued before the girl reaches 11 yr old or the boy reaches 12 yr old.

Adverse Drug Reactions

ECG changes/ischaemia, oedema, insomnia/sleep disorders, pain, headache, dizziness, nervousness, paraesthesias, impotence/decreased libido, gynaecomastia/breast tenderness/changes, hot flushes/sweats, GI disturbances, anorexia, constipation, nausea/vomiting, myalgia, bone pain, urinary frequency/urgency/disorders, haematuria, dyspnoea, anaemia, dermatitis, acne/seborrhoea, asthenia, amenorrhoea, reduced bone density.
Potentially Fatal: Thrombocytopenia and leucopenia.

Lab Interference

As leuprorelin suppresses the pituitary-gonadal system, diagnostic tests of pituitary gonadotropic and gonadal functions during treatment and up to 12 wk after discontinuing leuprorelin depot may be misleading.

Pregnancy Category (US FDA)

Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of

the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.

Mechanism of Action

Leuprorelin is a gonadotropin-releasing hormone (GnRH) analogue. Continuous admin leads to down regulation of GnRH receptors and subesquently reduces gonadotrophin secretion. Reduced gonadotrophin levels lead to inhibition of sex hormone (androgen and oestrogen) production.

Absorption: Bioavailiability: 94% (SC admin) and zero if given orally.

Distribution: Protein binding: 43-49%.

Metabolism: Major metabolite: Pentapeptide.

Excretion: Elimination half-life: 3 hr (IV admin). Excreted via urine.

CIMS Class

Other Drugs Affecting Hormonal Regulation / Hormonal Chemotherapy

ATC Classification

L02AE02 - leuprorelin; Belongs to the class of gonadotropin releasing hormone analogues. Used in endocrine therapy.

*leuprorelin information:
leuprorelin
leuprorelin brands available in India
Always prescribe with Generic Name : leuprorelin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ELIGARD PF-syringe LEUPROFACT inj LUCRIN DEPOT vial LUPRIDE amp LUPRIDE Depotvial PROGTASE amp
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([all drugs])
levamisole
CIMS Class : (Anthelmintics) , (Cytotoxic Chemotherapy)
levamisole
P - Contraindicated in pregnancy
L - Contraindicated in lactation
related levamisole information
Indication & Dosage

Oral

Ascariasis

Adult: 150 mg as a single dose.

Child: 3 mg/kg as a single dose.

Oral

Ancylostomiasis

Adult: 2.5 mg/kg as a single dose, repeated after 7 days in severe cases.

Child: 2.5 mg/kg as a single dose, repeated after 7 days in severe cases.

Oral

Mixed ascariasis hookworm infections

Adult: 2.5 mg/kg as a single dose, repeated after 7 days in severe cases.

Child: 2.5 mg/kg as a single dose, repeated after 7 days in severe cases.

Administration

Should be taken with food. (Take w/ meals to minimise side effects such as nausea.)

Contraindications

Preexisting blood disorders; pregnancy and lactation; rheumatoid arthritis; severe renal impairment.

Special Precautions

Hepatic impairment, Sjogren's syndrome.

Adverse Drug Reactions

Nausea, vomiting, diarrhoea, abdominal pain, dizziness and headache. Fever, influenza-like syndrome, arthralgia, muscle pain, rash, taste disturbances and cutaneous vasculitis.
Potentially Fatal: Agranulocytosis, leucopenia, thrombocytopenia.

Drug Interactions

May increase toxicity of phenytoin. Increases bioavailability of ivermectin; decreases bioavailability of albendazole. Alcohol causes disulfiram-like reaction.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Levamisole is the active laevo-isomer of tetramisole. It works by paralysing susceptible intestinal worms which are then excreted from the intestines. Levamisole also enhances cellular immune responses in humans.

Absorption: Well-absorbed from the GI tract. Peak plasma concentrations are achieved in 1.5-2 hr.

Metabolism: Occurs extensively in the liver.

Excretion: Mainly in the urine (70% as metabolites and 5% as unchanged drug) and small amounts in the faeces.

CIMS Class

Anthelmintics / Cytotoxic Chemotherapy

ATC Classification

P02CE01 - levamisole; Belongs to the class of imidazothiazole derivative agents used as antinematodal.

*levamisole information:
Note that there are some more drugs interacting with levamisole
levamisole further details are available in official CIMS India
levamisole
levamisole brands available in India
Always prescribe with Generic Name : levamisole, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : BIOVAM tab DEWORMIS tab DICARIS KID-tab DICARIS tab LEVOMOL tab L-VIN tab VERMISOL syr VERMISOL tab
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([all drugs])
levetiracetam
CIMS Class : (Anticonvulsants)
levetiracetam
P - Caution when used during pregnancy
L - Caution when used during lactation
related levetiracetam information

Indication & Dosage

Oral

Adjunct in partial seizures

Adult: Initially, 500 mg bid on the 1st day. May increase in steps of 1 g at 2-4 wk intervals until effective antiepileptic control is achieved. Max: 3 g/day.

Child: 4-15 yr (<50 kg): Initially 10 mg/kg bid. May be increased by 10 mg/kg bid at 2-wk intervals. Adolescents =16 yr or 50 kg initially 500 mg bid. May be increased by 500 mg bid at 2-4 wk intervals. Max: 60 mg/kg/day.

Renal impairment: Suitable total daily dose (given as 2 divided doses) based on CrCl.

CrCl (ml/min)

Dosage Recommendation

50-79

1-2 g

30-49

500 mg - 1.5 g

<30

500 mg - 1 g

Oral

Monotherapy for partial seizures with or without secondary generalisation

Adult: Initially 500 mg daily, increased after 2 wk to 1 g daily. May further increase in steps of 500 mg at 2 wk intervals. Max: 3 g/day.

Renal impairment: Suitable total daily dose (given as 2 divided doses) based on CrCl.

CrCl (ml/min)

Dosage Recommendation

50-79

1-2 g

30-49

500 mg - 1.5 g

<30

500 mg -1 g

Intravenous

Adjunct in partial seizures

Adult: Initially, 500 mg bid on the 1st day. May increase in steps of 1 g at 2-4 wk intervals until effective antiepileptic control is achieved. Max: 3 g/day. No safety and efficacy data for IV usage >4 days.

Child: 4-15 yr (<50 kg): Initially 10 mg/kg bid via IV infusion over 15 min. May be increased by 10 mg/kg bid at 2-wk intervals.

Adolescents =16 yr or 50 kg initially 500mg bid via IV infusion over 15 min. May be increased by 500 mg bid at 2-4 wk intervals. Max: 60 mg/kg/day.

Renal impairment: Suitable total daily dose (given as 2 divided doses) based on CrCl.

CrCl (ml/min)

Dosage Recommendation

50-79

1-2 g

30-49

500 mg - 1.5 g

<30

500 mg - 1 g

Intravenous

Monotherapy for partial seizures with or without secondary generalisation

Adult: Initially 500 mg daily, increased after 2 wk to 1 g daily. May further increase in steps of 500 mg at 2 wk intervals. Max: 3 g/day. No safety and efficacy data for IV usage >4 days.

Renal impairment: Suitable total daily dose (given as 2 divided doses) based on CrCl.

CrCl (ml/min)

Dosage Recommendation

50-79

1 - 2 g

30-50

500 mg - 1.5 g

<30

500 mg - 1 g

Reconstitution: Add 100 ml of suitable diluent to vial. Suitable diluents include sodium chloride (0.9%) injection; lactated Ringer's injection and dextrose 5% injection.

Administration

May be taken with or without food. (Oral soln should be diluted in a glass of water.)

Special Precautions

Renal and hepatic impairment; pregnancy, lactation; patients undergoing haemodialysis. If psychotic symptoms (eg hallucination) and behavioural symptoms (eg agitation, anxiety) occur, reduce dosage. Abrupt withdrawal may result in increased

seizure frequency. May impair ability to drive or operate machinery during initial therapy.

Adverse Drug Reactions

Somnolence, asthenia, dizziness, vertigo, depression, emotional instability, hostility, nervousness, ataxia, tremor, amnesia, headache, nausea, dyspepsia, diarrhoea, anorexia, rash, diplopia.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intravenous: Once reconstituted store at 15-30°C and use within 24 hr.

Mechanism of Action

Anticonvulsant used in the treatment of partial seizures. The precise mechanism of anticonvulsant effect is unknown.

Onset: 1 hr

Absorption: Rapidly and almost completely absorbed from GI tract.

Distribution: Not significantly protein bound (<10%). Distributed in breast milk.

Metabolism: Not extensively metabolised (24% into inactive metabolite); primarily by enzymatic hydrolysis.

Excretion: Excreted in the urine as both unchanged drug (66%) and metabolites. Plasma half life of 6-8 hr.

CIMS Class

Anticonvulsants

ATC Classification

N03AX14 - levetiracetam; Belongs to the class of other antiepileptics. Used in the management of epilepsy.

*levetiracetam information:

Note that there are some more drugs interacting with levetiracetam

levetiracetam further details are available in official CIMS India

levetiracetam

levetiracetam brands available in India

Always prescribe with Generic Name : levetiracetam, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : EPICTAL tab KEPPRA soln KEPPRA tab LEVECETAM film-coated tab LEVERA soln LEVESAM liqd LEVESAM tab LEVESAM vial LEVEXX tab LEVIPIL tab LEVIPIL vial LEVROXA soln LEVROXA tab LEVTAM tab TORLEVA syr TORLEVA tab

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([all drugs])

levobunolol

CIMS Class : (Antiglaucoma Preparations)

levobunolol

P - Caution when used during pregnancy

L - Caution when used during lactation

related levobunolol information

Indication & Dosage

Ophthalmic

Open-angle glaucoma, Ocular hypertension

Adult: As hydrochloride: 0.5% solution: 1-2 drops of in the affected eye(s) once daily; may be given bid for more severe or uncontrolled glaucoma. 0.25% solution: 1-2 drops bid.

Contraindications

Bronchial asthma, severe COPD; sinus bradycardia; 2nd and 3rd degree heart block; overt cardiac failure; cardiogenic shock.

Special Precautions

Patients at risk of developing hypoglycaemia. DM. Thyrotoxicosis. Known diminished pulmonary function. Cerebrovascular insufficiency. Do not drive or operate machinery until vision is clear. Pregnancy and lactation.

Adverse Drug Reactions

Ocular stinging, burning, blepharoconjunctivitis, decreased heart rate, decreased BP, iridocyclitis, headache, transient ataxia,

dizziness, lethargy, decreased corneal sensitivity, tearing, visual disturbances, urticaria and pruritus.

Drug Interactions

Mydriasis may occur when used with epinephrine. Additive effects with catecholamine-depleting drugs e.g.reserpine. Possible AV conduction disturbances, LVF and hypotension with IV calcium antagonists. Additive prolongation of AV conduction time with digitalis and calcium antagonists. Additive hypotensive effects with phenothiazine-related agents. Additive effect with systemic ß-blockers.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Ophthalmic: Store at 15-30°C (59-86°F).

Mechanism of Action

Levobunolol, a nonselective ß-adrenergic blocking agent, decreases IOP by reducing aqueous humour production.
Onset: Within 1 hr (ophthalmic).
Duration: Up to 24 hr (ophthalmic).
Absorption: Rapidly and almost completely absorbed from the GI trac t (oral).
Metabolism: Extensively hepatic.
Excretion: Via urine as metabolites and unchanged drug.

CIMS Class

Antiglaucoma Preparations

ATC Classification

S01ED03 - levobunolol; Belongs to the class of beta blocking agents used in the treatment of glaucoma and miosis.

*levobunolol information:
Note that there are some more drugs interacting with levobunolol
levobunolol

levobunolol brands available in India

Always prescribe with Generic Name : levobunolol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BETAGAN eye drops

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([all drugs])

levocetirizine

CIMS Class : (Antihistamines & Antiallergics)

levocetirizine

L - Contraindicated in lactation

related levocetirizine information

Indication & Dosage

Oral

Allergic conditions

Adult: As hydrochloride: 5 mg daily in the evening; 2.5 mg may be adequate in some patients. Max dose: 5 mg daily.

Child: As hydrochloride: 6-11 yr: 2.5 mg once daily. Max dose: 2.5 mg daily. =12 yr: 5 mg once daily; 2.5 mg may be adequate is some patients. Max dose: 5 mg daily. All doses to be taken in the evening.

CrCl (ml/min)

Dosage Recommendation

50-80

2.5 mg once daily.

30-50

2.5 mg every other day.

10-30

2.5 mg twice wkly (give every 3-4 days).

Administration

May be taken with or without food.

Overdosage

Symptoms: Drowsiness, agitation, restlessness. Management: Supportive and symptomatic.

Contraindications

Lactation. End-stage renal disease (CrCl <10 ml/min) or haemodialysis patients. Child 6-11 yr with renal impairment.

Special Precautions

Renal impairment. May impair ability to drive or operate machinery.

Adverse Drug Reactions

Fatigue, somnolence, dry mouth, nasopharyngitis, pyrexia, cough, epistaxis.

Drug Interactions

Additive sedation with alcohol and other CNS depressants.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store at 20-25°C (68-77°F).

Mechanism of Action

Levocetirizine, an active isomer of cetirizine, selectively inhibits histamine H1-receptors.

Absorption: Rapidly and extensively absorbed from the GI tract (oral); peak plasma concentration in 0.9 hr.

Distribution: Protein-binding: 91-92%.

Metabolism: Via aromatic oxidation, N- and O-dealkylation and taurine conjugation.

Excretion: Via urine (85.4%), via faeces (12.9%), as metabolites and unchanged drug; 8 hr (plasma half-life).

CIMS Class

Antihistamines & Antiallergics

ATC Classification

R06AE09 - levocetirizine; Belongs to the class of piperazine derivatives used as systemic antihistamines.

*levocetirizine information:

levocetirizine further details are available in official CIMS India

levocetirizine

levocetirizine brands available in India

Always prescribe with Generic Name : levocetirizine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : 1-AL PLUS suscap 1-AL syr 1-AL tab 5-RIZ tab ADICURE tab AIRITIS syr AIRITIS tab ALCARE-CC tab ALCARE-L tab ALCETRA tab ALCI-5 tab ALDINE tab ALERTRIZ film-coated tab ALERVO tab ALEVA tab ALEXFIX tab ALIDIL tab ALLCET-DC tab ALLRITE tab ALNACET tab ALOCET tab ALOCET-M tab ALOCET-XL tab ALQUIT-L tab ALTASE tab ALTICET tab ALTIN-LE tab ALVICET tab ALZERO film-coated tab ARCET TAB tab ARIZIN-L tab ATCET-LV tab BELRIN-LZ tab BENCET-L tab BINCET-L tab BIOLEV tab BIOZINE tab BOROX tab CEFID-L film-coated tab CETJUST L tab CETLIV tab CETLONG-L tab CETOM-L tab CETRIL tab CETRINA-LV tab CETRITE tab CETSAFE tab CIZ-L tab CIZ-LE tab COVIL tab CTLEVO tab DEALL tab DILEVOCET tab DILEVOCET-M tab EELAX tab EKON-XL film-coated tab ELCET tab ELCY tab ELCY-A cap ELNACIN

tab ELRIZ syr ELRIZ tab ENOCET-LV syr ENOCET-LV tab FITIN tab FITZINE-MD MDtab FLAMOSET tab FOLCET tab GENUHIST MD-tab GLENCET tab HATRIC film-coated tab HICET-L film-coated tab HIS tab HISTACHEK tab INCET tab INCET-L tab KIND tab KURECET tab L-5 tab LABOCET tab LARGY tab LARGY-M tab L-ASICET tab LAVETA tab LAZINE film-coated tab LAZINE PLUS cap LAZINE-D tab L-CBIT tab L-CET SYR syr L-CET tab L-CET TAB film-coated tab L-CETRIDOC tab L-CETRIZET tab L-CETRON tab L-CIT tab LCN-5 tab LCZ syr LCZ tab L-CZN tab LDZIN film-coated tab LE ZYNCET syr LE ZYNCET tab LE ZYNCET-A tab LE ZYNCET-D tab LE ZYNCET-M tab LECETZY tab LECOPE tab LECY tab LECZINE-A tab LECZINE-MD tab LEDAY film-coated tab LEEVIZ tab LEEZ tab LEHIST film-coated tab LEMONT-LC tab LENTOCIT tab LEORIV tab LERID tab LERZIN tab LESIE tab LEST tab LESTAL tab LET film-coated tab LEVEREST tab LEVOACE tab LEVOC syr LEVOCET film-coated tab LEVOCET syr LEVOCET-D film-coated tab LEVOCET-M film-coated tab LEVOCETRIWAL tab LEVOCETS tab LEVODIL tab LEVOHEXT tab LEVOKAIR tab LEVONITRIN film-coated tab LEVORID tab LEVORIL tab LEVORIZ tab LEVOSIZ tab LEVOSIZ-MD MD-tab LEVOSOZ tab LEVOSTAR tab LEVOTIN film-coated tab LEVOTRA tab LEVOTRA-A

tab LEVOTRA-M tab LEVOZ tab LEVOZIN susp LEVOZIN tab LEVZED tab LEVZED-ASR tab LEVZED-M tab LEXZIN tab LEZER syr LEZER tab LEZO tab LFAST tab LG tab LG-5 tab LIVIT-5 film-coated tab LIVOT-MD tab LIZINE film-coated tab LOVIROC film-coated tab L-SIACET tab L-TRIZ tab LUZEI tab LUZEI-M tab LYCET tab LYCIT tab LYCIT-M tab MACLIZ tab MEDICET-L tab MONTILIFE tab NBLCET tab NISLEVO tab NIZLA tab NOAL-LC tab NOAL-LM tab NOTRIL tab NOVOLEV tab NUCET tab OKACET-L tab OKASMA tab ORIEL tab OSTRIL tab PRIMECET tab PUMA-CET tab RINOCET tab RIVOCET tab RIZI tab STARCET tab TECZINE FC-tab TECZINE INSTAB MD-tab THERMAL tab TICH tab TIMKEN tab TRILERT-L tab TRZ film-coated tab VARCET LV tab VOTZ tab VOZET film-coated tab WICET tab XEVOR tab XYZAL film-coated tab XYZAL syr ZEEZ KID dispertab ZEEZ tab ZENOVER tab ZEROLER tab ZIPCET syr ZIPCET tab ZIRLON-L film-coated tab ZOCET film-coated tab ZOCET-L tab ZOTACET-LV tab ZYZINE tab

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([all drugs])

levodopa

CIMS Class : (Antiparkinsonian Drugs)

levodopa

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related levodopa information

Indication & Dosage

Oral

Parkinsonism

Adult: Initially, 125 mg bid; increase gradually every 3-7 days according to response. Max dose: 8 g daily in divided doses.

Oral

Parkinsonism in conjunction with benserazide

Adult: Patients not previously on levodopa therapy: Initially, 50 mg 3 or 4 times daily; gradually increase in increments of 100 mg once or twice wkly. Increase initial dose to 100 mg tid for advanced disease stages. Maintenance dose: 400-800 mg daily in divided doses; most require <600 mg daily. Patients previously on levodopa monotherapy: 10-15% of the usual dose previously taken. Patient previously on other levodopa/dopa-decarboxylase combination therapy: Initially, 50 mg 3 or 4 times daily.

Elderly: Initially, 50 mg once or bid, then increase by 50 mg every 3rd or 4th day.

Oral

Parkinsonism in conjunction with carbidopa

Adult: Patients not previously on levodopa therapy: Initially, 25 mg carbidopa with 100 mg levodopa tid; gradually increase in increments of 12.5 mg carbidopa with 50 mg levodopa or 25 mg carbidopa with 100 mg levodopa every day or on alternate days. Maintenance dose: 75-200 mg carbidopa with 750 mg to 2 g levodopa daily in divided doses. Max carbidopa dose: 200 mg daily. Patients previously on levodopa monotherapy: 20-25% of the dose previously taken 3 or 4 times daily. Patient previously on other levodopa/dopa-decarboxylase combination therapy: Initial dose should provide the same daily levodopa dose.

Administration

Should be taken with food. (GI discomfort may be reduced by increasing the dose of l-dopa gradually, &/or by taking w/ or after meals. However, taking l-dopa on a full stomach may lead to lower plasma conc. In later disease, it may be preferable to admin on an empty stomach if the patient can tolerate it. Keep a consistent diet.

A change in diet to foods high in protein may delay l-dopa absorption & reduce amt taken up in circulation.)

Overdosage

Symptoms: Hypertension (initially), hypotension, sinus tachycardia, symptomatic orthostatic hypotension, marked confusion, agitation, insomnia, restlessness, severe anorexia, insomnia.

Contraindications

Angle-closure glaucoma; malignant melanoma.

Special Precautions

Heart disease, liver or renal disease, pulmonary disease, endocrine disorders, seizure disorders, dementia or psychosis; open-angle glaucoma, osteomalacia, history of peptic ulcer. Monitor hepatic, psychiatric, haematological, renal and CV functions periodically. May impair ability to drive or operate machinery. Elderly. Avoid abrupt withdrawal. Pregnancy and lactation.

Adverse Drug Reactions

GI disturbances e.g. nausea, vomiting, anorexia. GI bleeding in peptic ulcer patients. Orthostatic hypotension, cardiac arrhythmias. Psychiatric symptoms (especially the elderly), depression with or without suicidal tendency. Abnormal involuntary movements or dyskinesias, delirium, hallucinations. Slight elevation of liver enzymes, BUN and uric acid. Transient leucopenia and thrombocytopenia.

Drug Interactions

Increased postural hypotension and possible reduced absorption with TCAs. Reduced effects with phenothiazines, butyrophenones, thioxanthenes and other antipsychotic agents; reserpine, papaverine,phenytoin, isoniazid. Reversal of effects of levodopa monotherapy with pyridoxine. Exacerbation of abnormal involuntary movements and possibly delayed absorption with anticholinergics. Additive hypotensive effects with antihypertensive agents. Increased CNS toxicity with methyldopa. Exacerbation of parkinsonian symptoms withmetoclopramide.

Potentially Fatal: Increased risk of hypertensive crises with nonselective MAOIs. Increased risk of cardiac arrhythmias with cyclopropane or halogenated anaesthetics.

Food Interaction

Food reduces and delays absorption of levodopa. Effects of levodopa reduced by beans, liver, skimmed milk, yeast and wheat germ. Large neutral amino acids reduce absorption and passage across blood-brain barrier. Recommended to be taken after a light meal to slow absorption and reduce central emetic effect.

Lab Interference

False-positive Coombs' test. Interferes with serum tests for bilirubin, catecholamines, creatinine, glucose and uric acid and urine tests for creatinine, glucose, ketone and vanillyl mandelic acid (VMA).

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals

are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 20-25°C (68-77°F).

Mechanism of Action

Levodopa increases dopamine levels in the brain leading to the stimulation of dopamine receptors.

Absorption: Rapidly absorbed from the GI tract (oral); absorption reduced and delayed by food. Peak plasma concentrations within 2 hr.

Distribution: Protein-binding: 10-30%. Penetrates the blood-brain barrier; crosses the placenta; distributed into breast milk.

Metabolism: Metabolised in the gut, liver and kidney; decarboxylated by L-aminodecarboxylase to dihydrophenylacetic acid (DOPAC) and homovanillic acid (HVA). Other routes: O-methylation, transamination, oxidation.

Excretion: Via urine within 24 hr (80% as metabolites); via faeces (minimal amounts). 30-60 min (elimination half-life).

CIMS Class

Antiparkinsonian Drugs

ATC Classification

N04BA01 - levodopa; Belongs to the class of dopa and dopa derivative dopaminergic agents. Used in the management of parkinson's disease.

*levodopa information:
Note that there are some more drugs interacting with levodopa
levodopa further details are available in official CIMS India
levodopa
levodopa brands available in India
Always prescribe with Generic Name : levodopa, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : BENSPAR cap BIDOPAL tab MADOPAR-F tab
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([all drugs])
levofloxacin

CIMS Class : (Quinolones) , (Eye Anti-infectives & Antiseptics)

levofloxacin

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related levofloxacin information

Indication & Dosage

Oral

Acute bacterial sinusitis

Adult: 500 mg once daily for 10-14 days. Alternatively, 750 mg once daily for 5 days.

Renal impairment: Haemodialysis/CAPD: Initially, 500 mg daily, then 250 mg every 48 hr. Alternatively: Initially, 750 mg daily, then 500 mg every 48 hr.

CrCl (ml/min)

Dosage Recommendation

20-49

Initially, 500 mg daily, then 250 mg every 24 hr. Alternatively: Initially, 750 mg daily, then 750 mg every 48 hr.

10-19

Initially, 500 mg daily, then 250 mg every 48 hr. Alternatively: Initially, 750 mg daily, then 500 mg every 48 hr.

Oral

Acute bacterial exacerbation of chronic bronchitis

Adult: 500 mg once daily for 7 days.

Renal impairment: Haemodialysis/CAPD: Initially, 500 mg daily, then 250 mg every 48 hr.

CrCl (ml/min)

Dosage Recommendation

20-49

Initially, 500 mg daily, then 250 mg every 24 hr.

10-19

Initially, 500 mg daily, then 250 mg every 48 hr.

Oral

Community-acquired pneumonia

Adult: 500 mg once for 7-14 days. Alternatively, 750 mg once daily for 5 days.

Renal impairment: Haemodialysis/CAPD: Initially, 500 mg daily, then 250 mg every 48 hr. Alternatively: Initially, 750 mg daily, then 500 mg every 48 hr.

CrCl (ml/min)

Dosage Recommendation

20-49

Initially, 500 mg daily, then 250 mg every 24 hr. Alternatively: Initially, 750 mg daily, then 750 mg every 48 hr.

10-19

Initially, 500 mg daily, then 250 mg every 48 hr. Alternatively: Initially, 750 mg daily, then 500 mg every 48 hr.

Oral

Nosocomial pneumonia

Adult: 750 mg once daily for 7-14 days.

Renal impairment: Haemodialysis/CAPD: Initially, 750 mg daily, then 500 mg every 48 hr.

CrCl (ml/min)

Dosage Recommendation

20-49

Initially, 750 mg daily, then 750 mg every 48 hr.

10-19

Initially, 750 mg daily, then 500 mg every 48 hr.

Oral

Complicated skin and skin structure infections

Adult: 750 mg once daily for 7-14 days.

Renal impairment: Haemodialysis/CAPD: Initially, 750 mg daily, then 500 mg every 48 hr.

CrCl (ml/min)

Dosage Recommendation

20-49

Initially, 750 mg daily, then 750 mg every 48 hr.

10-19

Initially, 750 mg daily, then 500 mg every 48 hr.

Oral

Uncomplicated urinary tract infections

Adult: 250 mg once daily for 3 days.

Oral

Complicated urinary tract infections

Adult: 250 mg once daily for 10 days.

CrCl (ml/min)

Dosage Recommendation

10-19

Initially 250 mg daily, then 250 mg every 48 hr.

Oral

Acute pyelonephritis

Adult: 250 mg once daily for 10 days.

CrCl (ml/min)

Dosage Recommendation

10-19

Initially 250 mg daily, then 250 mg every 48 hr.

Oral

Uncomplicated skin and skin structure infections

Adult: 500 mg once daily for 7-10 days.

Renal impairment: Haemodialysis/CAPD: Initially, 500 mg daily, then 250 mg every 48 hr.

CrCl (ml/min)

Dosage Recommendation

20-49

Initially, 500 mg daily, then 250 mg every 24 hr.

10-19

Initially, 500 mg daily, then 250 mg every 48 hr.

Oral

Chronic bacterial prostatitis

Adult: 500 mg once daily for 28 days.

Renal impairment: Haemodialysis/CAPD: Initially, 500 mg daily, then 250 mg every 48 hr.

CrCl (ml/min)

Dosage Recommendation

20-49

Initially, 500 mg daily, then 250 mg every 24 hr

10-19

Initially, 500 mg daily, then 250 mg every 48 hr.

Oral

Treatment and postexposure prophylaxis of inhalation anthrax

Adult: 500 mg once daily for 60 days.

Renal impairment: Haemodialysis/CAPD: Initially, 500 mg daily, then 250 mg every 48 hr.

CrCl (ml/min)

Dosage Recommendation

20-49

Initially, 500 mg daily, then 250 mg every 24 hr.

10-19

Initially, 500 mg daily, then 250 mg every 48 hr.

Intravenous

Acute bacterial sinusitis

Adult: 500 mg once daily for 10-14 days. Alternatively, 750 mg once daily for 5 days. Infuse slowly over 60-90 min.

Renal impairment: Haemodialysis/CAPD: Initially, 500 mg daily, then 250 mg every 48 hr. Alternatively: Initially, 750 mg daily, then 500 mg every 48 hr. Infuse slowly over 60-90 min.

CrCl (ml/min)

Dosage Recommendation

20-49

Initially, 500 mg daily, then 250 mg every 24 hr. Alternatively: Initially, 750 mg daily, then 750 mg every 48 hr.

10-19

Initially, 500 mg daily, then 250 mg every 48 hr. Alternatively: Initially, 750 mg daily, then 500 mg every 48 hr.

Intravenous

Acute bacterial exacerbation of chronic bronchitis

Adult: 500 mg once daily for 7 days. Infuse slowly over 60 min.

Renal impairment: Haemodialysis/CAPD: Initially, 500 mg daily, then 250 mg every 48 hr. Infuse slowly over 60-90 min.

CrCl (ml/min)

Dosage Recommendation

20-49

Initially, 500 mg daily, then 250 mg every 24 hr.

10-19

Initially, 500 mg daily, then 250 mg every 48 hr.

Intravenous

Community-acquired pneumonia

Adult: 500 mg once for 7-14 days. Alternatively, 750 mg once daily for 5 days. Infuse slowly over 60-90 min.

Renal impairment: Haemodialysis/CAPD: Initially, 500 mg daily, then 250 mg every 48 hr. Alternatively: Initially, 750 mg daily, then 500 mg every 48 hr. Infuse slowly over 60-90 min.

CrCl (ml/min)

Dosage Recommendation

20-49

Initially, 500 mg daily, then 250 mg every 24 hr. Alternatively: Initially, 750 mg daily, then 750 mg every 48 hr.

10-19

Initially, 500 mg daily, then 250 mg every 48 hr. Alternatively: Initially, 750 mg daily, then 500 mg every 48 hr.

Intravenous

Nosocomial pneumonia

Adult: 750 mg once daily for 7-14 days. Infuse slowly over 60-90 min.

Renal impairment: Haemodialysis/CAPD: Initially, 750 mg daily, then 500 mg every 48 hr. Infuse slowly over 60-90 min.

CrCl (ml/min)

Dosage Recommendation

20-49

Initially, 750 mg daily, then 750 mg every 48 hr.

10-19

Initially, 750 mg daily, then 500 mg every 48 hr.

Intravenous

Complicated skin and skin structure infections

Adult: 750 mg once daily for 7-14 days. Infuse slowly over 60-90 min.

Renal impairment: Haemodialysis/CAPD: Initially, 750 mg daily, then 500 mg every 48 hr. Infuse slowly over 60-90 min.

CrCl (ml/min)

Dosage Recommendation

20-49

Initially, 750 mg daily, then 750 mg every 48 hr.

10-19

Initially, 750 mg daily, then 500 mg every 48 hr.

Intravenous

Uncomplicated urinary tract infections

Adult: 250 mg once daily for 3 days. Infuse slowly over 60-90 min.

Intravenous

Complicated urinary tract infections

Adult: 250 mg once daily for 10 days. Infuse slowly over 60-90 min.

CrCl (ml/min)

Dosage Recommendation

10-19

Initially 250 mg daily, then 250 mg every 48 hr.

Intravenous

Acute pyelonephritis

Adult: 250 mg once daily for 10 days. Infuse slowly over 60-90 min.

CrCl (ml/min)

Dosage Recommendation

10-19

Initially 250 mg daily, then 250 mg every 48 hr.

Intravenous

Uncomplicated skin and skin structure infections

Adult: 500 mg once daily for 7-10 days. Infuse slowly over 60-90 min.

Renal impairment: Haemodialysis/CAPD: Initially, 500 mg daily, then 250 mg every 48 hr. Infuse slowly over 60-90 min.

CrCl (ml/min)

Dosage Recommendation

20-49

Initially, 500 mg daily, then 250 mg every 24 hr.

10-19

Initially, 500 mg daily, then 250 mg every 48 hr.

Intravenous

Chronic bacterial prostatitis

Adult: 500 mg once daily for 28 days. Infuse slowly over 60-90 min.

Renal impairment: Haemodialysis/CAPD: Initially, 500 mg daily, then 250 mg every 48 hr. Infuse slowly over 60-90 min.

CrCl (ml/min)

Dosage Recommendation

20-49

Initially, 500 mg daily, then 250 mg every 24 hr.

10-19

Initially, 500 mg daily, then 250 mg every 48 hr.

Intravenous

Treatment and postexposure prophylaxis of inhalation anthrax

Adult: 500 mg once daily for 60 days. Infuse slowly over 60-90 min.

Renal impairment: Haemodialysis/CAPD: Initially, 500 mg daily, then 250 mg every 48 hr. Infuse slowly over 60-90 min.

CrCl (ml/min)

Dosage Recommendation

20-49

Initially, 500 mg daily, then 250 mg every 24 hr.

10-19

Initially, 500 mg daily, then 250 mg every 48 hr.

Ophthalmic

Ocular infections

Adult: 1-2 drops of 0.5% solution every 2 hr while awake (up to 8 times daily) for 2 days, then 1-2 drops every 4 hr while awake (up to 4 times daily) for the next 5 days.

Child: >1 yr: 1-2 drops of 0.5% solution every 2 hr while awake (up to 8 times daily) for 2 days, then 1-2 drops every 4 hr while awake (up to 4 times daily) for the next 5 days.

Administration

Tab: May be taken with or without food. (Ensure adequate fluid intake.)

Oral soln: Should be taken on an empty stomach. (Take on an empty stomach 1 hr before or 2 hr after meals. Ensure adequate fluid intake.)

Contraindications

Hypersensitivity to levofloxacin or other quinolones. Child <18 yr.

Special Precautions

Known or suspected CNS disorders (e.g. severe cerebral arteriosclerosis, epilepsy) or other risk factors that predispose to seizures. Avoid unnecessary exposure to sunlight or artificial UV light. History of prolonged QT interval, uncorrected electrolyte disturbances. DM (carefully monitor blood glucose levels). Periodically monitor renal, hepatic and haematopoietic functions during treatment. Pregnancy and lactation. Elderly. May impair ability to drive or operate machinery.

Adverse Drug Reactions

Oral/IV: Nausea, diarrhoea, constipation, headache, insomnia, inj site reactions (IV). Ophthalmic: Transient decrease in vision, ocular burning, ocular pain or discomfort, foreign body sensation, headache, fever, pharyngitis, photophobia.
Potentially Fatal: Anaphylaxis.

Drug Interactions

Increased concentration of ciclosporin or tacrolimus. Reduced absorption with didanosine, ferrous sulfate or dietary supplements containing zinc, calcium, magnesium or iron. May increase plasma levels of theophylline. Increased risk of tendon rupture with corticosteroids. Reduced absorption with sucralfate and antacids containing magnesium and aluminium; administer at least 2 hr before or 2 hr after antacids. Increased half-life and decreased clearance of procainamide. Altered glucose levels with antidiabetic agents (e.g. insulin, glyburide).

Potentially Fatal: Increased risks of ventricular arrhythmias with QT prolonging drugs e.g. class IA (quinidine, procainamide) or class III (amiodarone, sotalol) antiarrhythmics, fluoxetine, imipramine. Increased risk of CNS stimulation and seizures with NSAIDs. Increased prothrombin time with warfarin.

Lab Interference

False-positive tests for opiates.

Pregnancy Category (US FDA)

Contraindicated esp in 1st trimester.

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intravenous: Store below 25°C (77°F). Ophthalmic: Store at 15-25°C (59-77°F). Oral: Tablet: Store at 15-30°C (59-86°F). Oral solution: Store at 25°C (77°F).

Mechanism of Action

Levofloxacin exerts antibacterial action by inhibiting bacterial topoisomerase IV and DNA gyrase, the enzymes required for DNA replication, transcription repair and recombination. It has in vitro activity against a wide range of gram-negative and gram-positive microorganisms.

Absorption: Rapid and complete absorption from the GIT (oral); peak plasma concentrations within 1-2 hr.

Distribution: Widely distributed in bronchial mucosa, lungs; CSF (relatively poor). Protein-binding: 30-40%.

Metabolism: Limited.

Excretion: Mainly via urine (largely as unchanged drug); 6-8 hr (elimination half-life).

CIMS Class

Quinolones / Eye Anti-infectives & Antiseptics

ATC Classification

J01MA12 - levofloxacin; Belongs to the class of quinolones, fluoroquinolone. Used in the treatment of systemic infections.

S01AX19 - levofloxacin; Belongs to the class of other antiinfectives. Used in the treatment of eye infections.

*levofloxacin information:

Note that there are some more drugs interacting with levofloxacin

levofloxacin further details are available in official CIMS India

levofloxacin

levofloxacin brands available in India

Always prescribe with Generic Name : levofloxacin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACQUIRE tab ADLOX tab AFLEVO tab AGILEVO film-coated tab ALBACTIN tab ALEFLOX tab ALEFOX tab ALEFOX-OZ tab ALEVO tab ALNOS-LF tab ALVOX tab APOFLOX tab BALLEO infusion BAT tab BRILEVO tab C-LIVO tab CUFLOX IV bag CUFLOX tab CUTIFLOX tab DAY-5 tab EKLEVO tab E-LIVO tab ELOF tab ELONE film-coated tab ELVO tab ELVOX tab ENATOME tab EVABIT tab EVOPIC tab EVOPIC-OZ tab FLAVO tab FLOQUIN DPS eye/ear drops FLOQUIN INF infusion FLOQUIN tab FLOROXIN tab FLOSTAR tab FYDOLIV tab FYFLOX tab FYNAL film-coated tab FYNAL infusion FYNAL-OZ film-coated tab GEVOFLOX IV bag GEVOFLOX tab GLEVO EYE/EAR DPS eye/ear drops GLEVO inj GLEVO tab GYRAZE tab HAWK tab JOYCIN-500 tab KLEVER tab KYLEVO tab KYLEVO-OZ tab LAFFTER film-coated tab LAMIWIN infusion L-ASIFLOX tab LAVAZA tab L-CIN film-coated tab L-CIN-A tab L-CIN-OZ tab LEBACT tab LEBACT-AM tab LEBACT-IV infusion LEBACT-O tab LECOURSE tab LEDOR tab LEDRIC tab LEE infusion LEE tab LEEFLOX eye drops LEEFLOX TAB tab LEFOSYM tab LEFOSYM-OZ tab LEK film-coated tab LEK-OZ film-coated tab LEMED tab LEOCIP tab LEOF tab LEON tab LEVACT tab LEVACT-OZ tab LEVATOR film-coated tab LEVEND tab LEVLOC film-coated tab LEVOACT

tab LEVOBACT EYE DPS eye drops LEVOBACT INF infusion LEVOBACT tab LEVOBENZ tab LEVOBOS SR-cap LEVOBOS tab LEVOBUS tab LEVOCAD tab LEVOCAS tab LEVOCIDE infusion LEVOCIDE tab LEVOCIDE-OZ film-coated tab LEVOCOS tab LEVOCOS-OZ tab LEVODAK tab LEVODAY infusion LEVODAY tab LEVODEN tab LEVOFF tab LEVOFLOW tab LEVOFLOX infusion LEVOFLOX tab LEVOFLOX-OZ tab LEVOFOX film-coated tab LEVOGRAM tab LEVOGRM tab LEVOGYL film-coated tab LEVOHILL tab LEVOKAB tab LEVOKEM infusion LEVOLA DPS eye/ear drops LEVOLA tab LEVOLAB tab LEVOLAK tab LEVOLIFE film-coated tab LEVOLON tab LEVOMAG tab LEVOMAN 250 film-coated tab LEVOMAN 500 film-coated tab LEVOMED tab LEVON tab LEVON TAB tab LEVONEZ tab LEVOPET tab LEVOPHAR tab LEVOPIL tab LEVOQUIN film-coated tab LEVORAX tab LEVOSH tab LEVOSIDH tab LEVOSIP infusion LEVOSIP tab LEVOSPAN IV-inj LEVOSPAN tab LEVOSPAN-OZ tab LEVOSPI tab LEVOSYM tab LEVOSYM-OZ tab LEVOTAS INF infusion LEVOTAS tab LEVOTEC tab LEVOTEC TAB tab LEVOTECH tab LEVOTOZ tab LEVOTRAN tab LEVOTUM tab LEVOWAL film-coated tab LEVOWOK IVinfusion LEVOX infusion LEVOXIN tab LEVREA tab LEWEL tab LEXACIN tab LEXIFLOX tab LEXOQUIN tab LF tab LFC MED film-coated

tab L-FLO dispertab L-FLO film-coated tab L-FLOX tab LIFLO tab LIFT film-coated tab LIN tab LINA tab LIPEP tab LIVBEST tab LIVBEST-AM tab LIVBID tab LIVESTAR tab LIVOCIN film-coated tab LIVORIC tab LIVOTA tab LIVOVEN tab LIVOX tab LMG tab LOFEL tab LOFO tab LOTOR tab L-OXO tab LOXOF film-coated tab LOXOF infusion LQUEEN tab LUFI film-coated tab LV FLOX eye drops LVM tab LVX tab LXN tab LYPESTAR tab MEVOF tab MILIVO film-coated tab MINTOFLOX tab MONOFLOX TAB tab MULTIVOX tab NBLOX tab NOVAFLOX IV inj NOVAFLOX tab NOVAFLOX-OZ tab NOVOCIN tab NUTLEVO tab OLEVO tab OSIBACT tab QULEF filcotab QURE tab REALY tab RILFOLX tab SAFELEVO film-coated tab SPERAFLOX film-coated tab TAVANIC infusion TAVANIC tab T-LIVO tab ULTRAMYCIN film-coated tab URIBACT film-coated tab UVEX tab VOF tab VOLEXIN tab VOLOGARD tab VOXIN filcotab WIBATOL tab WIBATOL-O tab ZENTOR tab ZEVO FC-tab ZILEE INF infusion ZILEE OZ tab ZILEE tab ZILEE-AX tab ZORIKA-OZ tab

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([all drugs])

levonorgestrel

CIMS Class : (Oral Contraceptives) , (Oestrogens & Progesterones & Related Synthetic Drugs) , (Depot Contraceptives) , (Other Contraceptives)

levonorgestrel

P - Contraindicated in pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related levonorgestrel information

Indication & Dosage

Oral

Contraception

Adult: Monotherapy: 30 or 37.5 mcg daily. Monophasic combined oral contraceptive (COC): 150-250 mcg daily. Triphasic COC: 50-125 mcg daily.

Oral

Emergency contraception

Adult: 1.5 mg as soon as possible or within 72 hr of coitus. Alternatively, 750 mcg as soon as possible or within 72 hr of coitus followed by a 2nd dose 12 hr later. Another regimen combines levonorgestrel 500 mcg and ethinylestradiol 100 mcg; may be given within 72 hr of coitus followed by a 2nd dose 12 hr later.

Oral

Menopausal hormone replacement therapy

Adult: As progestogenic component: 75-250 mcg for 10-12 days of a 28-day cycle.

Subcutaneous

Contraception

Adult: Insert 6 implants (36 mg/implant) under the skin within the first 7 days of the menstrual cycle and replace at intervals of up to 5 yr.

Intrauterine

Contraception

Adult: 52 mg released at an initial rate of 20 mcg/day. System is effective for up to 5 yr.

Intrauterine

Menorrhagia

Adult: 52 mg released at an initial rate of 20 mcg/day. System is effective for up to 5 yr.

Transdermal

Menopausal hormone replacement therapy

Adult: As combined transdermal patch (releases 10 mcg/24 hr with an oestrogen): Apply once wkly for 2 wk of a 4-wk cycle. Alternatively, a patch releasing 7 or 15 mcg/24 hr with an oestrogen is applied once wkly for continuous HRT.

Administration

May be taken with or without food.

Contraindications

Pregnancy, undiagnosed vaginal bleeding, severe arterial disease; liver adenoma, porphyria; after recent evacuation of hydatidiform mole; history of breast cancer; hepatic impairment.

Special Precautions

Sex-steroid dependent cancer, past ectopic pregnancy, malabsorption syndromes, functional ovarian cysts, active liver disease, recurrent cholestatic jaundice, history of jaundice in pregnancy, CV or renal impairment, DM, asthma, epilepsy, migraine, conditions aggravated by fluid retention, depression and thromboembolism (high doses); lactation.

Adverse Drug Reactions

Menstrual irregularities; nausea, vomiting, headache, dizziness, breast discomfort, gynaecomastia, depression, skin disorders,

disturbance of appetite, wt changes, fluid retention, oedema, changes in libido, cholestatic jaundice, hair loss or hirsutism. Benign intracranial hypertension, thrombocytopenic purpura.
Potentially Fatal: Thrombocytopenia, stroke.

Drug Interactions

Reduced efficacy with enzyme-inducing drugs; aminoglutethimide. May inhibit ciclosporin metabolism.

Lab Interference

May interfere with laboratory tests e.g. liver, renal, thyroid and adrenal function tests, plasma levels of binding proteins and lipid/lipoprotein fractions, and fibrinolysis and coagulation parameters.

Pregnancy Category (US FDA)

Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible

benefit. The drug is contraindicated in women who are or may become pregnant.

Storage

Intrauterine: Store at 25°C (77°F).

Mechanism of Action

Levonorgestrel, a nortestosterone derivative, is an active isomer of norgestrel. It is a potent inhibitor of ovulation and has androgenic activity.

Absorption: Rapid and almost complete from the GI tract (oral).

Distribution: Protein-binding: 42-68% (sex binding globulin), 30-56% (albumin). Distributed into breast milk.

Metabolism: Hepatic; converted to sulfate and glucuronide conjugates.

Excretion: Via urine and via faeces (lesser extent).

CIMS Class

Oral Contraceptives / Oestrogens & Progesterones & Related Synthetic Drugs / Depot Contraceptives / Other Contraceptives

ATC Classification

G03AC03 - levonorgestrel; Belongs to the class of progestogens. Used as systemic contraceptives.

*levonorgestrel information:

Note that there are some more drugs interacting with levonorgestrel

levonorgestrel

levonorgestrel brands available in India

Always prescribe with Generic Name : levonorgestrel, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : 72-HOURS tab ECEE tab G-PILL tab I-PILL tab NOFEAR-72 tab NORLEVO tab OH!GOD tab PILL 72 tab SHE-72 tab T PILL-72 tab WF-72 tab

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([all drugs])

levonorgestrel + ethinylestradiol

CIMS Class : (Oral Contraceptives)

levonorgestrel + ethinylestradiol

P - Contraindicated in pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related levonorgestrel + ethinylestradiol information

Indication & Dosage

Oral

Contraception

Adult: Monophasic combined oral contraceptive (COC): levonorgestrel 150-250 mcg + ethinylestradiol 30 mcg once daily. Triphasic COC: levonorgestrel 50-125 mcg + ethinylestradiol 30-40 mcg once daily.

Renal impairment: Use with caution and monitor BP.

Hepatic impairment: Contraindicated.

Overdosage

Symptoms: nausea and vomiting, withdrawal bleeding may occur in females. Treatment: symptom specific and supportive; emesis and charcoal administration may be used.

Contraindications

Pregnancy, undiagnosed vaginal bleeding, severe arterial disease (or family history of atherogenic lipid profile); liver adenoma; porphyria; after evacuation of hydatidiform mole; history of breast cancer; hepatic impairment; thrombophloebitis or thromboembolic disorders; breast carcinoma except in selected patients being treated for metastatic disease; oestrogen-dependent tumour; smoking =40 cigarettes daily; >50 yr; diabetes complications present; BMI >39 kg/m2; migraine with typical focal aura, lasting >72 hr despite treatment or migraine treated with ergot derivatives; BP >160 mmHg systolic and 100 mmHg diastolic; transient ischaemic attacks without headaches; SLE; gallstones; history of haemolytic uraemic syndrome, pruritis during pregnancy; cholestatic jaundice; chorea or deterioration of otosclerosis pemphigoid; breast feeding during 1st 6 mth after delivery.

Special Precautions

Sex-steroid dependent cancer; past ectopic pregnancy; malabsorption syndromes; functional ovarian cysts; active liver disease, recurrent cholestatic jaundice, history of jaundice in pregnancy; history of CV or renal impairment; DM; asthma;

epilepsy; migraine; depression; lactation; conditions exacerbated by fluid retention; hypercalcaemia; CV and gall bladder diseases; lipid effects; familial defects of lipoprotein metabolism; patients at risk of venous thromboembolism, breast cancer, preexisting uterine leiomyomata and benign hepatic adenoma; family history of arterial disease in 1st degree relative <45 yr; BP > systolic 140 mmHg and diastolic 90 mmHg; >35 yr; BMI 30-39 kg/m2; migraine without focal aura, controlled with 5HT1; GI upset (vomiting and diarrhoea), missed pills and interaction with other drugs may require additional contraceptive precautions. Should be taken at same time each day.

Adverse Drug Reactions

Menstrual irregularities; headache, dizziness; breast discomfort; gynaecomastia; depression; disturbance of appetite; wt changes; fluid retention; oedema; changes in libido; hair loss or hirsutism; GI disturbances (nausea and vomiting); genitourinary changes; haematologic disorders; endocrine and metabolic disorders; cholestatic jaundice; local skin reactions; chorea; contact lens intolerance; steeping of corneal curvature; pulmonary thromboembolism; carbohydrate and/or glucose intolerance; depression; chloasma; BP increase, liver impairment; reduced

menstrual loss, 'spotting' in early cycles, absence of withdrawal bleeding; rarely photosensitivity; increased risk in breast cancer; elevation of plasma bound iodine, cortisol and thyroid binding, erythrocyte sedimentation may be accelerated; increases in plasma copper, iron and alkaline phosphatase; may affect serum triglyceride and lipoprotein levels; retinal vascular thrombosis.
Potentially Fatal: Hepatic tumours; increased risk of thromboembolism.

Drug Interactions

CYP3A4 inducers may decrease levels/effects eg aminoglutethimide, carbamazepine, nafcillin, nevirapine,atazanavir, nelfinavir, phenobarbital, phenytoin, lamotrigine, rifamycins, griseofulvin and ritonavir; ampicillin,tetracycline and other antibiotics may reduce efficacy; oestrogens may antagonise anticoagulant effect of coumarins; may inhibit metabolism of prednisolone and ciclosporin; may reduce clearance of alprazolam,chlordiazepoxide, diazepam; may increase clearance of lorazepam, oxazepam, temazepam.

Food Interaction

St John's Wort (Hypericum perforatum) may reduce levels and effect; avoid; alfalfa, black cohosh, bloodroot, hops, kudzu, licorice, red clover, saw palmetto, soybean, thyme, wild yam, yucca may have oestrogenic properties and increase the adverse and toxic effects; bloodroot, chasteberry, damiana, oregano, yucca have progestogenic properties and may increase the adverse and toxic effects; oral contraceptives may reduce metabolism and levels of cyanocobalamin, increased dietary intake or supplementation may be necessary; grapefruit juice antagonises metabolism.

Lab Interference

Estradiol has reduced response to metyrapone test.

Mechanism of Action

Combination of hormonal contraceptives inhibits ovulation by modulating pituitary secretion of gonadotrophins, luteinising hormone and follicle stimulating hormone through a negative feedback system. They reduce sperm penetration if ovulation does occur by altering the cervical mucus; cause changes in the endometrium which reduce the risk of nidation and may change the tubal transport of the ova through the fallopian tubes.

Absorption: Absorbed by GI tract. Bioavailability: ethinyl estradiol: 38-48%; levonorgestrel: 100%.

Distribution: Distribution: Ethinyl estradiol: 4.3 L/kg; Levonorgestrel: 1.8 L/kg. Protein binding: Ethinyl estradiol: 95-97%; Levonorgestrel: 97-99% bind to sex hormone-binding globulin and albumin.

Metabolism: Slowly metabolised. Estradiol: hepatic via oxidation and conjugation in GI tract; hydroxylated via CYP3A4 to metabolites; first-pass effect; enterohepatic recirculation; reversibly converted to estrone and estriol. Levonorgestrel: hepatic involving CYP3A4; undergoes reduction and conjugation followed by hydroxylation; forms metabolites.

Excretion: Half life elimination: estradiol: 12-23 hr; levonorgestrel: 22-49 hr. Excretion: levonorgestrel: urine (40-68% parent drug and metabolites) and faeces (16-48% as metabolites); estradiol: through urine as metabolites estrone and estriol, also through faeces in small quantities as glucuronide and sulphate conjugates.

CIMS Class

Oral Contraceptives

ATC Classification

G03AC03 - levonorgestrel; Belongs to the class of progestogens. Used as systemic contraceptives.

*levonorgestrel + ethinylestradiol information:

Note that there are some more drugs interacting with levonorgestrel + ethinylestradiol

levonorgestrel + ethinylestradiol

levonorgestrel + ethinylestradiol brands available in India

Always prescribe with Generic Name : levonorgestrel + ethinylestradiol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CHOICE tab COMBEE tab COMBEE-R tab DIVACON tab DUOLUTON-L tab ERGEST tab ERGEST-LD pill LOETTE tab OVILOW film-coated tab OVIPAUZ-L film-coated tab OVRAL tab OVRAL-G tab OVRAL-L tab TRIQUILAR tab

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([all drugs])

levosulpiride

CIMS Class : (GIT Regulators, Antiflatulents & Anti-inflammatories)

levosulpiride

P - Caution when used during pregnancy

L - Caution when used during lactation

related levosulpiride information

Indication & Dosage

Oral

Gastro-oesophageal reflux disease, Irritable bowel syndrome, Dyspepsia

Adult: 25 mg tid.

Elderly: Dose reductions may be necessary.

Contraindications

Phaeochromocytoma, epilepsy, manic states, hyperprolactinaemia, mammary dysplasia, malignant mastopathies, cardiac impairment. GI bleeding, mechanical obstruction or perforation.

Special Precautions

May impair ability to drive or operate machinery. Pregnancy and lactation.

Adverse Drug Reactions

Amenorrhoea, gynaecomastia, galactorrhoea, changes in libido.
Potentially Fatal: Neuroleptic malignant syndrome.

Drug Interactions

Reduced bioavailability with sucralfate, aluminium- and magnesium-containing antacids. Effect on GI motility may be antagonised by anticholinergic agents, narcotics and analgesics. Avoid alcohol.

Storage

Oral: Store at 15-30°C (59-86°F).

Mechanism of Action

Levosulpiride is a substituted benzamide, which exerts antidopaminergic (selective dopamine D2 receptors) activity on

both central and peripheral levels. It is an atypical neuroleptic and a prokinetic agent.

Absorption: Oral bioavailability is about 30%; peak plasma concentrations after about 3 hr.

Excretion: Mainly via urine. Plasma half-life: 9.7 hr (oral); 4.3 hr (IV).

CIMS Class

GIT Regulators, Antiflatulents & Anti-inflammatories

ATC Classification

N05AL07 - levosulpiride; Belongs to the class of benzamides antipsychotics. Used in the management of psychosis.

*levosulpiride information:

Note that there are some more drugs interacting with levosulpiride

levosulpiride

levosulpiride brands available in India

Always prescribe with Generic Name : levosulpiride, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : LESURIDE tab LEVORIDE tab NEXIPRIDE tab SULVO tab

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([all drugs])

levothyroxine sodium

CIMS Class : (Thyroid Hormones)

levothyroxine sodium

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related levothyroxine sodium information

Indication & Dosage

Oral

Replacement therapy in hypothyroidism

Adult: Initially, 50-100 mcg daily, may increase by 25-50 mcg at 4-wkly intervals until the thyroid deficiency is corrected. Usual maintenance dose: 100-200 mcg daily. Patient should be evaluated every 6-8 wk to monitor response. Initiate with lower doses at 25-50 mg daily in patients >50 yr or patients <60 yr with underlying

CV disease. Lower initial doses may be considered in patients with subclinical hypothyroidism if treatment is considered necessary.

Child: Neonates: Initially, 10-15 mcg/kg/day. Neonates at risk for cardiac failure: Consider lower doses of 25 mcg/day. Neonates with thyroxine levels <5 mcg/dl: Initially, 50 mcg/day. Adjust dose every 4-6 wk. Infants and children: Dose based on body wt and age: 0-3 mth: 10-15 mcg/kg/day; 3-6 mth: 8-10 mcg/kg/day; 6-12 mth: 6-8 mcg/kg/day; 1-5 yr: 5-6 mcg/kg/day; 6-12 yr: 4-5 mcg/kg/day; >12 yr: 2-3 mcg/kg/day. Older children: To minimise hyperactivity, initially ¼ of the recommended dose and increase by ¼ dose each wk until full replacement dose is reached. Children who have completed growth and puberty: Initially, 1.7 mcg/kg/day as a single dose. Titrate dose every 6 wk. Average initial dose: About 100 mcg; usual dose: =200 mcg/day; dose =300 mcg/day is rare and reevaluation should be prompted.

Elderly: >50 yr without cardiac disease or <50 yr with cardiac disease: Initially, 25-50 mcg/day. Adjust dose every 6-8 wk as needed. >50 yr with cardiac disease: Initially, 12.5-25 mcg/day. Adjust dose by 12.5-25 mcg increments every 4-6 wk. Elderly patients may require <1 mcg/kg/day.

Oral

Severe and chronic hypothyroidism

Adult: Initially, 12.5-50 mcg/day. Adjust dose in steps of 12.5-25 mcg at 4-wkly intervals.

Child: Initially, 25 mcg/day. Adjust dose by 25 mcg every 2-4 wk.

Oral

TSH suppression

Adult: For thyrotropin-dependent well-differentiated thyroid cancer: Doses >2 mcg/kg/day may be given as a single dose to suppress TSH to <0.1 MIU/L. For benign nodules and nontoxic multinodular goitre: Target TSH is generally higher at 0.1-0.5 MIU/L for nodules and 0.5-1.0 MIU/L for multinodular goitre.

Intravenous

Myxoedema coma

Adult: Initially, 200-500 mcg, followed by 100-300 mcg on the 2nd day if necessary, then 100-200 mcg daily until euthyroid state is achieved or the patient can tolerate oral admin. Patient with cardiac disease: Consider lower dose.

Elderly: Lower doses may be needed.

Overdosage

Chronic: Symptoms include hyperthyroidism, wt loss, nervousness, sweating, tachycardia, palpitations, insomnia, heat intolerance, menstrual irregularities, psychotic symptoms, fever, premature

closure of epiphyses in infants. Reduce dose or withdraw therapy temporarily; general supportive care is advised. Acute: Symptoms include fever, hypoglycaemia, CHF, undiagnosed adrenal failure. Management is symptomatic and supportive; ß-blockers (for massive overdose).

Contraindications

Untreated hyperthyroidism; uncorrected adrenal failure; recent MI.

Special Precautions

Angina, heart failure; DM; diabetes insipidus; elderly; long-standing hypothyroidism; adrenal insufficiency; myxoedema. Do not use for treatment of obesity or for wt loss. Pregnancy, lactation.

Adverse Drug Reactions

Nervousness, excitability, tremor, muscle weakness, cramps; sweating, flushing, heat intolerance, headache, insomnia, tachycardia, palpitations, angina pectoris, excessive wt loss; menstrual irregularities; diarrhoea, vomiting.

Potentially Fatal: Convulsions, cardiac arrhythmia, heart failure, coma.

Drug Interactions

Reduced absorption with iron, colestyramine, colestipol, aluminium- and magnesium-containing antacids,calcium carbonate, simethicone, sucralfate. May alter requirements of antidiabetic drugs. Reduced efficacy of thyroid replacement therapy with imatinib. Reduced tri-iodothyronine serum levels with amiodarone. Reduced serum levels of thyroxine with carbamazepine, phenytoin, phenobarbital, rifampicin, oestrogens.

Potentially Fatal: Increased therapeutic and toxic effects of levothyroxine and TCAs. May change hypoprothrombinaemic response to warfarin and other oral anticoagulants (markedly increased response during replacement). Increased risk of significant hypertension and tachycardia with ketamine.

Food Interaction

Decreased bioavailability and lower serum levels of thyroxine with enteral nutrition. Reduced absorption with soybean infant formula, cottonseed meal, walnuts and dietary fibre.

Lab Interference

May alter thyroid function tests.

Pregnancy Category (US FDA)

Category A: Controlled studies in women fail to demonstrate a risk to the foetus in the 1st trimester (and there is no evidence of a risk in later trimesters), and the possibility of foetal harm remains remote.

Storage

Intravenous: Store at 15-30°C (59-86°F). Oral: Store at 15-30°C (59-86°F).

Mechanism of Action

Levothyroxine sodium increases the basal metabolic rate (BMR) of carbohydrates, fats and proteins. It is also involved in the regulation and differentiation of cell growth. These effects are

mediated at the cellular level by the thyroxine metabolite, tri-iodothyronine.

Onset: Oral: 3-5 days; IV: 6-8 hr.

Absorption: Variable but adequate from the GI tract (oral); increased in fasting state.

Distribution: Crosses the placenta; enters breast milk. Protein-binding: Extensive to thyroxine-binding globulin.

Metabolism: Hepatic and renal; converted to liothyronine and inactive reverse triiodothyronine; undergoes enterohepatic recirculation.

Excretion: Via faeces. Half-life: 6-7 days (euthyroid); prolonged in hypothyroidism and reduced in hyperthyroidism.

CIMS Class

Thyroid Hormones

ATC Classification

H03AA01 - levothyroxine sodium; Belongs to the class of thyroid hormones. Used in the management of thyroid diseases.

*levothyroxine sodium information:

Note that there are some more drugs interacting with levothyroxine sodium

levothyroxine sodium

levothyroxine sodium brands available in India

Always prescribe with Generic Name : levothyroxine sodium, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ELTROXIN tab PREGNAVIT cap ROXIN tab SYNOX tab THYROCHEK 100 tab THYROCHEK 25 tab THYROCHEK 50 tab THYRONORM tab THYROSEC tab THYROWIN tab THYROX tab

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([all drugs])

lidocaine

CIMS Class : (Anaesthetics - Local & General) , (Cardiac Drugs)

lidocaine

P - Caution when used during pregnancy

Lab ¤ - Lab interference

Food ¤ - Food interaction

related lidocaine information

Indication & Dosage

Intravenous

Pulseless ventricular fibrillation or ventricular tachycardia

Adult: As hydrochloride: 1-1.5 mg/kg repeated as necessary. Max total: 3 mg/kg. For ventricular arrhythmias in more stable patients: Usual loading dose: 50-100 mg as an IV inj at 25-50 mg/minute, may repeat once or twice up to a max of 200-300 mg in 1 hr, followed by 1-4 mg/minute via continuous IV infusion. May need to reduce dose if the infusion is longer than 24 hr.

Hepatic impairment: Reduce dose by 50% in acute hepatitis and decompensated cirrhosis.

Parenteral

Sympathetic nerve block

Adult: As hydrochloride: 50 mg (5 ml) of a 1% solution for cervical block or 50-100 mg (5-10 ml) of a 1% solution for lumbar block.

Hepatic impairment: Reduce dose by 50% in acute hepatitis and decompensated cirrhosis.

Epidural

Epidural anaesthesia

Adult: As hydrochloride: 2-3 ml solution administered for each dermatome to be anaesthesized. Recommended doses are: lumbar epidural 250-300 mg (25-30 ml of a 1% solution) for analgesia and 225-300 mg (15-20 ml of a 1.5% solution) or 200-300 mg (10-15

ml of a 2% solution) for anaesthesia; for thoracic epidural: 200-300 mg of a 1% solution. For obstetric caudal analgesia, up to 300 mg (30 ml of a 0.5% or 1% solution); for surgical caudal analgesia: 225-300 mg (15-20 ml of a 1.5% solution). For continuous epidural anaesthesia, not to repeat max doses more frequently than 1.5 hrly.

Hepatic impairment: Reduce dose by 50% in acute hepatitis and decompensated cirrhosis.

Intraspinal

Spinal anaesthesia

Adult: As hyperbaric solution of 1.5% or 5% lidocaine in 7.5% glucose solution. Normal vaginal delivery: 50 mg (1 ml) of a 5% solution or 9-15 mg (0.6-1 ml) of a 1.5% solution. Caesarian operation: Up to 75 mg (1.5 ml) of a 5% solution. Other surgical procedures: 75-100 mg (1.5-2 ml).

Hepatic impairment: Reduce dose by 50% in acute hepatitis and decompensated cirrhosis.

Intravenous

Intravenous regional anaesthesia

Adult: 50-300 mg (10-60 ml) of a 0.5% solution without adrenaline; max dose: 4 mg/kg.

Hepatic impairment: Reduce dose by 50% in acute hepatitis and decompensated cirrhosis.

Urethral

Surface anaesthesia

Adult: As 2% gel: Female: 60-100 mg inserted into the urethra several minutes before examination. Male: 100-200 mg before catheterisation and 600 mg before sounding or cystoscopy.

Hepatic impairment: Reduce dose by 50% in acute hepatitis and decompensated cirrhosis.

Intramuscular

Emergency treatment of ventricular arrhythmias

Adult: As hydrochloride: 300 mg injected into the deltoid muscle, repeat after 60-90 minutes if necessary.

Hepatic impairment: Reduce dose by 50% in acute hepatitis and decompensated cirrhosis.

Parenteral

Percutaneous infiltration anaesthesia

Adult: As hydrochloride: 5-300 mg (1-60 ml of a 0.5% solution or 0.5-30 ml of a 1% solution).

Hepatic impairment: Reduce dose by 50% in acute hepatitis and decompensated cirrhosis.

Parenteral

Peripheral nerve block

Adult: As hydrochloride: For brachial plexus block: 225-300 mg (15-20 ml) of a 1.5% solution; for intercostal nerve block: 30 mg (3 ml) of a 1% solution; for paracervical block: 100 mg (10 ml) of a

1% solution on each side, repeated not more frequently than every 90 minutes; for paravertebral block: 30-50 mg (3-5 ml) of a 1% solution; for pudendal block: 100 mg (10 ml) as a 1% solution on each side; for retrobulbar block: 120-200 mg (3-5 ml) of a 4% solution.

Hepatic impairment: Reduce dose by 50% in acute hepatitis and decompensated cirrhosis.

Injection

Pupil dilatation during phacoemulsification cataract surgery

Adult: As a 1% ophthalmic preservative-free solution (often used in combination with phenylephrine and cyclopentolate). To be injected into the anterior chamber of the eye at the beginning of the procedure.

Mouth/Throat

Surface anaesthesia

Adult: For pain: 300 mg (15 ml) of 2% solution rinsed and ejected for mouth and throat pain; or gargled and swallowed if necessary for pharyngeal pain. Not to be used more frequently than every 3 hr. Max (topical oral solution): 2.4 g/day. Before bronchoscopy, bronchography, laryngoscopy, oesophagoscopy, endotracheal intubation, and biopsy in the mouth and throat: 40-300 mg (1-7.5 ml) of 4% solution. For dentistry and otorhinolaryngology procedures: 10-50 mg of 10% solution sprayed to mucous

membrane. For laryngotracheal anaesthesia: 160 mg of 4% solution sprayed or instilled as a single dose into the lumen of the larynx and trachea.

Hepatic impairment: Reduce dose by 50% in acute hepatitis and decompensated cirrhosis.

Ophthalmic

Surface anaesthesia

Adult: As hydrochloride 4 % with fluorescein: 1 or more drops as required.

Child: As hydrochloride 4 % with fluorescein : As directed by physician.

Topical/Cutaneous

Surface anaesthesia

Adult: As eutectic mixture containing lidocaine base 2.5% and prilocaine base 2.5%: Apply cream to skin under an occlusive dressing before procedure. Use without an occlusive dressing for genital warts.

Hepatic impairment: Reduce dose by 50% in acute hepatitis and decompensated cirrhosis.

Rectal

Haemorrhoids

Adult: Apply topically to clean, dry area or using applicator, insert rectally, up to 6 times/day.

Child: =12 yr: Apply topically to clean, dry area or using applicator, insert rectally, up to 6 times/day.

Hepatic impairment: Reduce dose by 50% in acute hepatitis and decompensated cirrhosis.

Rectal

Perianal pain and itching

Adult: Apply topically to clean, dry area or using applicator, insert rectally, up to 6 times/day.

Child: =12 yr: Apply topically to clean, dry area or using applicator, insert rectally, up to 6 times/day.

Hepatic impairment: Reduce dose by 50% in acute hepatitis and decompensated cirrhosis.

Reconstitution: Standard diluent: 2 g/250 ml dextrose 5%.

Incompatibility: Y-site incompatibility: Amphotericin B cholesteryl sulfate complex, thiopental. Syringe incompatibility: Cefazolin. Admixture incompatibility: Phenytoin, amphotericin B, dacarbazine, methohexital.

Overdosage

Severe hypotension, asystole, bradycardia, apnoea, seizures, coma, cardiac arrest, respiratory arrest, and death.

Contraindications

Hypovolaemia; heart block or other conduction disturbances.

Special Precautions

Hepatic or renal impairment; CHF and following cardiac surgery; bradycardia; respiratory depression; porphyria; elderly or debilitated patients; pregnancy.

Adverse Drug Reactions

Dizziness, paraesthesia, drowsiness, confusion, respiratory depression and convulsions.
Potentially Fatal: Hypotension and bradycardia leading to cardiac arrest; anaphylaxis.

Drug Interactions

Additive cardiac effects with IV phenytoin. Effects antagonized by hypokalaemia caused by acetazolamide, loop diuretics and

thiazides. Dose requirements may be increased with long-term use of phenytoin and other enzyme-inducers.

Potentially Fatal: Cimetidine and propranolol increase plasma concentration and toxicity. Increased risk of myocardial depression with beta blockers and other antiarrhythmics.

Food Interaction

Decreased levels with St John's wort.

Lab Interference

IM admin of lidocaine increases creatine phosphokinase levels interfering with diagnosis of MI.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

As LA & cardiac drug.

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Epidural: Stable at room temperature. Intramuscular: Stable at room temperature. Intraspinal: Stable at room temperature. Intravenous: Stable at room temperature. Mouth/Throat: Stable at room temperature.Ophthalmic: Store at 15-25°C. Protect from light. Discard after use. Parenteral: Stable at room temperature.Rectal: Stable at room temperature. Topical/Cutaneous: Stable at room temperature. Urethral: Stable at room temperature.

Mechanism of Action

Lidocaine is an amide type local anaesthetic. It stabilises the neuronal membrane and inhibits sodium ion movements, which are

necessary for conduction of impulses. In the heart, lidocaine reduces phase 4 depolarisation and automaticity. Duration of action potential and effective refractory period are also reduced.

Onset: 45-90 sec.

Duration: 10-20 min.

Absorption: Readily absorbed from the GI tract, mucous membranes, damaged skin, inj sites, including muscle; poor through intact skin.

Distribution: Crosses the placenta, blood-brain barrier and enters breast milk. Protein-binding: 66% (a1-acid glycoprotein).

Metabolism: 90% hepatic; converted to monoethylglycinexylidide and glycinexylidide. First-pass metabolism is extensive, bioavailability after oral dose is approx 35%.

Excretion: Via urine (<10% unchanged). Elimination half-life: biphasic; initial: 7-30 min; terminal: 1.5-2 hr (adults), 3.2 hr (infants, premature infants).

CIMS Class

Anaesthetics - Local & General / Cardiac Drugs

ATC Classification

C01BB01 - lidocaine; Belongs to class Ib antiarrhythmics used in the treatment of arrhythmia.

C05AD01 - lidocaine; Belongs to the class of products containing local anesthetics. Used in the treatment of hemorrhoids.

D04AB01 - lidocaine; Belongs to the class of topical anesthetics used in the treatment of pruritus.

N01BB02 - lidocaine; Belongs to the class of amides. Used as local anesthetics.

R02AD02 - lidocaine; Belongs to the class of local anesthetics used in throat preparations.

S01HA07 - lidocaine; Belongs to the class of other agents used as local ophthalmologic anesthetics.

S02DA01 - lidocaine; Belongs to the class of analgesic and anesthetic agents used as otologicals.

*lidocaine information:

Note that there are some more drugs interacting with lidocaine

lidocaine

lidocaine brands available in India

Always prescribe with Generic Name : lidocaine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ASTHESIA cream EMLAP cream GESICAIN 2% JELLY jelly GESICAIN 2% VISCOUS inj GESICAIN HEAVY 5% inj GESICAIN OINT oint GESICAIN PLAIN inj GESICAIN TOPICAL soln LIGNOCAD GEL gel LIGNOCAINE 2% HCL inj LIGNOCAINE INJ vial LIGNOCAINE vial LIGNOCIP INJ inj LIGNOLOC amp LIGNOLOC vial LIGNOX GEL gel LIGNOX SPY spray LOX HEAVY amp LOX jelly LOX spray LOX TOPICAL soln LOX-2% AMP amp LOX-2% inj LOXICARD vial NUMMIT spray OTIDROP ear drops PRILOX cream PRIMLA cream SENSINIL amp SENSINIL vial TOPLAP cream ULSORE GEL gel WOCAINE gel XYLOCAINE 5% HEAVY inj XYLOCAINE INJ vial XYLOCAINE jelly XYLOCAINE oint XYLOCAINE soln XYLOCAINE SOLN soln XYLOCAINE SPRAY spray XYLOCAINE TOPICAL 4% topical soln XYLOCAINE VISCOUS soln XYLOCARD 2% vial

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([all drugs])

lidocaine + epinephrine

CIMS Class : (Anaesthetics - Local & General)

lidocaine + epinephrine

P - Caution when used during pregnancy

Lab ¤ - Lab interference

Food ¤ - Food interaction

related lidocaine + epinephrine information

Indication & Dosage

Injection

Local or regional anaesthesia, nerve blocks, epidural and caudal anaesthesia

Adult: Per ml prep contains lidocaine HCl 20 mg and epinephrine 5 mcg. Dosage depends on several factors such as route, type and extent of surgical procedure, duration of anaesthesia and patient's condition and age. Max dose of lidocaine given with epinephrine: 7 mg/kg and not >500 mg.

Child: 3 mth-12 yr: Per ml prep contains lidocaine HCl 20 mg and epinephrine 5 mcg. Dosage depends on several factors such as route, type and extent of surgical procedure, duration of anaesthesia and patient's condition and age. Max dose 3 mg/kg. Ideal body weight should be used in children with high body weight.

Reconstitution: Can be diluted if necessary in glucose 5%, sodium chloride 0.9% and lactated Ringer's solution.

Incompatibility: Y-site administration: ampicillin, thiopental, ampthotericin B cholesteryl sulphate complex; in syringe: cefazolin, sodium bicarbonate; when admixed: aminophylline, hyaluronidase,

mephentemine, amphotericin B, decarbazine, methohexital and thiopental.

Overdosage

Lidocaine has a narrow therapeutic index. Symptoms: dizziness, paresthesia, sedation, confusion, coma, seizures, ataxia; respiratory arrest, pulmonary oedema; arrhythmias, cardiac toxicity (sinus arrest, AV block, asystole, and hypotension); QRS and QT intervals are usually normal, although they may be prolonged after massive overdose; renal failure; metabolic acidosis and hypertension which may result in subarachnoid haemorrhage and hemiplegia. Treatment: supportive and symptom specific. Lidocaine not removed by haemofiltration.

Contraindications

Tachycardia, hypertension, cerebral arteriosclerosis, ischaemic heart disease, IV admin, anaesthetise digits or appendages, myasthenia gravis.

Special Precautions

Epilepsy, impaired cardiac conduction, CHF, DM, closed angle glaucoma, impaired liver function (if site of admin is likely to result in high blood levels), severe renal dysfunction. Local anaesthetic effect may be reduced if injected into an inflamed or infected area. Cerebrovascular insufficiency, hyperthyroidism. Neonates, elderly, patients in poor general condition (optimise patient's condition before major block), pregnancy.

Adverse Drug Reactions

Severity of adverse effects in CNS and CVS are directly related to blood levels of lidocaine; the effects are more likely to occur after systemic administration rather than infiltration; dizziness; muscle twitching; local anaesthetic of mouth/throat impairs swallowing and increases the risk of aspiration (patients cautioned against eating or drinking for 3-4 hr after anaesthesia); transient effect on auditory system of neonate; erythema; pigmentation; pain; headache; palpitations; local necrosis; pulmonary oedema; hyperglycaemia; bradycardia; reduced cardiac output; anxiety. Epidural may cause hypotension, bradycardia, nausea and vomiting. Intraoral inj may cause stress reactions such as diaphoresis, palpitation, hyperventilation, generalised pallor and

faintness. Topically: papules, burns, rash, skin irritation, burning sensation and blanching.

Potentially Fatal: Severity of adverse effects in CNS and CVS related to blood levels of lidocaine; effects more likely to occur after systemic administration rather than infiltration. CNS toxicity (due to inadvertent IV admin), medullary depression with tonic & clonic convulsions; ventricular fibrillation; severe hypertension with cerebral haemorrhage and pulmonary oedema; unconsciousness; possibly respiratory arrest. Allergic reactions including anaphylactic symptoms and possibly life threatening asthmatic episodes in susceptible patients may occur due to sodium metabisulphate constituent. Central nerve blocks may cause CV depression (especially in hypovolaemia). Retrobulbar inj may reach subarachnoid space causing CV collapse, apnoea, convulsions, temporary blindness. Paracervical block may cause foetal bradycardia/tachycardia (careful monitoring of foetal heart rate is necessary).

Drug Interactions

Significance of interaction depends on route of delivery and systemic exposure; lidocaine prolongs duration of action of suxamethonium; benzodiazepines & barbiturates raise the

convulsive threshold to lidocaine; vasopressors potentiate pressor effects of adrenaline; BP may increase with non-selective ß-blockers, TCAs, halogenated inhalational anaesthetics and a-blockers; general anaesthetics may increase sensitivity of myocardium to dysrhythmic effects of epinephrine; lidocaine may increase levels and effects of benzodiazepines, calcium channel blockers, ciclosporine, aminophylline, fluvoxamine, mexiletine, mirtazapine, ropinirole, theophylline, trifluoperazine, dextromethorphan, fluoxetine, nefazodone, paroxetine, risperidone, TCAs and venlafaxine. Levels and effects of lidocaine may be increased by propranolol, chlorpromazine,delavirdine, fluoxetine, miconazole, pergolide, quinidine, quinine, ritonavir, ropinirole, cimetidine, azole antifungals, clarithromycin, diclofenac, doxycycline, erythromycin, isoniazid, nicardipine and verapamil. Lidocaine may decrease levels and effects of codeine, hydrocodone, oxycodone, tramadol, carbamazepine, nafcillin, nevirapine, phenobarbital, phenytoin and rifamycins. Midazolam, cisapride, ergot alkaloids, lovastatin and simvastatin are not recommended in combination with lidocaine.

Potentially Fatal: Possible additive cardiac effects with amiodarone (ECG monitoring should be considered).

Food Interaction

St John's Wort may reduce lidocaine level, avoid; ephedra and yohimbe may cause CNS stimulation, avoid.

Lab Interference

Lidocaine may increase creatinine phosphokinase which may interfere with diagnosis of MI.

Storage

Injection: Protect from light. Transdermal systems: 20-25 °C. Inj: store at 2-8 °C and discard within 3 days of opening.

Mechanism of Action

Lidocaine is a local anaesthetic which decreases permeability of sodium ions, blocking induction and conduction of nerve impulses. Combination with epinephrine restricts systemic spread of lidocaine, vascular absorption and its duration of local anaesthetic effect.
Onset: Peak effect: approx 5 min.
Duration: Approx 2 hr; dose and anaesthetic procedure dependant.

Absorption: Topical: lidocaine: minimal; epinephrine: minimal; readily absorbed from GI tract, mucous membranes, damaged skin, inj sites including muscle.

Distribution: Crosses placenta and blood-brain barrier. Volume of distribution: lidocaine: 1.1-2.1 L/kg, altered by many patient factors eg CHF, liver disease. Protein binding: lidocaine: 60-80% to a1 acid glycoprotein.

Metabolism: Lidocaine: 90% via hepatic 1st pass metabolism to active metabolites which can cause CNS toxicity. Epinephrine: metabolised by monoamine oxidase and catechol-o-methyltransferase taken up in the adrenergic neuron; circulating ephedrine is hepatically metabolised.

Excretion: Lidocaine: elimination half life: 2 hr; excreted via urine (<10% unchanged). Ephedrine: excreted via urine as inactive metabolites and small amounts of unchanged drug.

CIMS Class

Anaesthetics - Local & General

ATC Classification

A01AD01 - epinephrine; Belongs to the class of other local agents. Used in the treatment of diseases of the mouth.

B02BC09 - epinephrine; Belongs to the class of local hemostatics. Used in the treatment of hemorrhage.

C01BB01 - lidocaine; Belongs to class Ib antiarrhythmics used in the treatment of arrhythmia.

C01CA24 - epinephrine; Belongs to the class of adrenergic and dopaminergic cardiac stimulants excluding glycosides. Used in the treatment of heart failure.

C05AD01 - lidocaine; Belongs to the class of products containing local anesthetics. Used in the treatment of hemorrhoids.

D04AB01 - lidocaine; Belongs to the class of topical anesthetics used in the treatment of pruritus.

N01BB02 - lidocaine; Belongs to the class of amides. Used as local anesthetics.

R01AA14 - epinephrine; Belongs to the class of topical sympathomimetic agents used as nasal decongestants.

R02AD02 - lidocaine; Belongs to the class of local anesthetics used in throat preparations.

R03AA01 - epinephrine; Belongs to the class of adrenergic inhalants, alpha- and beta-adrenoreceptor agonists. Used in the treatment of obstructive airway diseases.

S01EA01 - epinephrine; Belongs to the class of sympathomimetics used in glaucoma therapy.

S01HA07 - lidocaine; Belongs to the class of other agents used as local ophthalmologic anesthetics.

S02DA01 - lidocaine; Belongs to the class of analgesic and anesthetic agents used as otologicals.

*lidocaine + epinephrine information:

Note that there are some more drugs interacting with lidocaine + epinephrine

lidocaine + epinephrine

lidocaine + epinephrine brands available in India

Always prescribe with Generic Name : lidocaine + epinephrine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : GESICAINE WITH ADRENALINE vial LIGNOCAD ADR INJ inj LIGNOCAINE+ADRENALINE inj LIGNODENT inj LIGNOLOC-AD inj LIGNOSAFE liqd LIGNOX 2% ADR vial LIGNOX 2L inj LOX 2% WITH ADRENALINE inj XYLOCAINE WITH ADRENALINE 2% vial

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([all drugs])

lincomycin

CIMS Class : (Other Antibiotics)

lincomycin

P - Caution when used during pregnancy

L - Caution when used during lactation

related lincomycin information

Indication & Dosage

Oral

Severe anaerobic infections

Adult: 500 mg 3 or 4 times daily.

Child: =1 mth: 30-60 mg/kg daily in divided doses.

Renal impairment: Severe impairment: Reduce to 25-30% of the usual dose.

Hepatic impairment: Dose adjustment may be needed.

Parenteral

Severe anaerobic infections

Adult: Dose can be administered by IM or IV inj. IM admin: 600 mg 1-2 times daily. IV admin: 0.6-1 g 2-3 times daily by slow IV infusion (over at least 1 hr), may increase up to a total of 8 g daily in severe infections.

Child: >1 mth: 10-20 mg/kg daily in divided doses by IM inj or IV infusion.

Renal impairment: Severe impairment: Reduce to 25-30% of the usual dose.

Hepatic impairment: Dose adjustment may be needed.

Subconjunctival

Severe anaerobic infections

Adult: Administer75 mg by subconjunctival inj to maintain sufficient MICs in the ocular fluid levels for at least 5 hr.

Renal impairment: Severe impairment: Reduce to 25-30% of the usual dose.

Hepatic impairment: Dose adjustment may be needed.

Reconstitution: For IV admin: 1 g of lincomycin should be diluted in at least 100 ml of diluent.

Incompatibility: Syringe incompatibility: Ampicillin. Admixture incompatibility: Phenytoin, kanamycin.

Administration

Should be taken on an empty stomach. (Take w/ full glass of water on an empty stomach 1 hr before or 2 hr after meals.)

Contraindications

Hypersensitivity to lincomycin or clindamycin.

Special Precautions

Elderly. Severe renal and hepatic impairment. Pregnancy and lactation. Monitor liver function and CBC on long-term treatment. History of GI disease e.g. colitis.

Adverse Drug Reactions

Hypotension (IV); vertigo; dermatitis, erythema multiforme, rash, urticaria; colitis, diarrhoea, glossitis, nausea, vomiting, pruritus ani, stomatitis; vaginitis; agranulocytosis, aplastic anaemia, leukopenia, neutropenia, pancytopenia, thrombocytopenic purpura; jaundice, LFT abnormalities; tinnitus; azotaemia, proteinuria, oliguria; hypersensitivity reactions.
Potentially Fatal: Anaphylaxis. IV: Syncope, CV collapse.

Drug Interactions

May potentiate effects of neuromuscular blocking agents. Reduced absorption with kaolin. May reduce effects of erythromycin.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store at 20-25°C. Parenteral: Store at 20-25°C. Subconjunctival: Store at 20-25°C.

Mechanism of Action

Lincomycin exerts bacteriostatic and bactericidal effects by binding to 50S ribosome subunit. This results in inhibition of protein synthesis, specifically peptide-bond formation, in susceptible organisms.

Absorption: 20-30% is absorbed from the GI tract (oral); peak plasma concentrations after 2-4 hr. Food reduces rate and extent of absorption.
Distribution: Widely into tissues, bone, body fluids; CSF (poor, except when meninges are inflamed); crosses the placenta and enters breast milk.
Metabolism: Hepatic (partially inactivated).
Excretion: Via bile, urine, faeces (as unchanged drug and metabolites); 5 hr (elimination half-life).

CIMS Class

Other Antibiotics

ATC Classification

J01FF02 - lincomycin; Belongs to the class of lincosamides. Used in the treatment of systemic infections.

*lincomycin information:
Note that there are some more drugs interacting with lincomycin
lincomycin further details are available in official CIMS India
lincomycin

lincomycin brands available in India

Always prescribe with Generic Name : lincomycin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ADMYCIN-L inj AMLINC inj LINCOCIN cap LINCOCIN inj LINCOSA amp LINCOZIN cap LINCOZIN inj LINCOZIN syr LINCY amp LINES cap LINES inj LINK amp LINK cap LINK GEL gel LINKA amp LINKAM cap LINKAM inj LINTOP cap LINTOP inj LIOD cap LIOD inj LIOD syr LYCIN amp LYNX cap LYNX GEL gel LYNX inj LYNX syr PROLINC inj

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([all drugs])

lindane

CIMS Class : (Topical Antifungals & Antiparasites)

lindane

P - Caution when used during pregnancy

L - Contraindicated in lactation

related lindane information

Indication & Dosage

Topical/Cutaneous

Scabies

Adult: Apply a thin layer of 1% topical preparation onto all skin areas from the neck to toes. Completely wash off from the body with warm water after 8-12 hr.

Topical/Cutaneous

Pediculosis

Adult: Apply 30-60 ml of 1% shampoo to dry hair. Amount depends on the length of the hair; most patients will require 30 ml (max 60 ml). Massage into hair for 4 min then add small quantities of water to form a good lather. Immediately rinse thoroughly until all the lather is gone. Dry the hair and comb with a fine tooth comb.

Overdosage

Symptoms: Vomiting, restlessness, ataxia, seizures, arrhythmias, pulmonary oedema, haematuria, hepatitis. Occasionally, severe CNS, hepatic, renal toxicity (excessive use for prolonged periods). Management: Gastric lavage (if ingested) and general supportive measures.

Contraindications

Hypersensitivity. Uncontrolled seizures; broken skin; premature infant. Lactation.

Special Precautions

Infants, small children, patients <50 kg, history of seizures or conditions which may increase risk of seizures. Hepatic impairment. Avoid contact with face, eyes, mucous membranes and urethral meatus. Pregnancy.

Adverse Drug Reactions

Cardiac arrhythmia, ataxia, dizziness, headache, restlessness, seizure, pain, alopecia, contact dermatitis, eczematous eruptions, pruritus, urticaria, nausea, vomiting, aplastic anaemia, hepatitis, burning and stinging, paraesthesia, haematuria, pulmonary oedema.
Potentially Fatal: Severe neurologic toxicities.

Drug Interactions

Enhanced absorption and increased risk of toxicity with oils and oil-based preparations.

Potentially Fatal: Increased toxicity with drugs that lower seizure threshold e.g. antidepressants, antipsychotics, ciclosporin, isoniazid.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Topical/Cutaneous: Store at controlled room temperature.

Mechanism of Action

Lindane stimulates the nervous system of parasites by direct absorption through their exoskeletons causing seizures and death.

Absorption: =13% (systemic absorption after topical application); peak plasma concentrations after 6 hr in children.

Distribution: Stored in body fat, accumulates in brain; skin and adipose tissue.

Metabolism: Hepatic.

Excretion: Via urine and faeces; 17-22 hr (elimination half-life in children).

CIMS Class

Topical Antifungals & Antiparasites

ATC Classification

P03AB02 - lindane; Belongs to the class of chlorine-containing agents used as ectoparasiticides.

*lindane information:

lindane

lindane brands available in India

Always prescribe with Generic Name : lindane, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AGLOSCAB emulsion ANTISCAB lotion ASCABIOL emulsion BEXARID lotion GAB lotion GAB oint GAMARIC cream GAMARIC lotion GAMASCAB cream GAMASCAB

lotion GBHC LOTION lotion GBTOP lotion LABSCAB lotion NOVASCAB lotion NT-SCAB soln SCABANCA-C lotion SCABCUR lotion SCABEN-C lotion SCABEST lotion SCABEST soap SCABEX lotion SCABEX-S oint SCABINE lotion SCABLONE lotion SCABOMA CRM cream SCABOMA LOTION lotion SCARAB cream SCARAB lotion SILKIN-G lotion SWISCAB lotion VELKIN-G lotion WELSCAB lotion

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([all drugs])

linezolid

CIMS Class : (Other Antibiotics)

linezolid

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related linezolid information

Indication & Dosage

Oral

Uncomplicated skin and skin structure infections

Adult: 400 mg every 12 hr for 10-14 days.

Child: Preterm neonates (<34 wk gestational age): 10 mg/kg every 12 hr; may increase to 10 mg/kg every 8 hr if response is suboptimal. By day 7 of life, all neonates should receive 10 mg/kg every 8 hr. Infant (excluding preterm neonates <1 wk) and children <5 yr: 10 mg/kg every 8 hr for 10-14 days. Children 5-11 yr: 10 mg/kg every 12 hr for 10-14 days; 12-18 yr: 600 mg every 12 hr for 10-14 days.

Intravenous

Complicated skin and skin structure infections

Adult: 600 mg 12 hrly for 10-14 days, as an infusion over 30-120 minutes. Similar doses can also be given via oral route.

Child: Preterm neonates (<34 wk gestational age): 10 mg/kg every 12 hr; may increase to 10 mg/kg every 8 hr if response is suboptimal. By day 7 of life, all neonates should receive 10 mg/kg every 8 hr. Infant (excluding preterm neonates <1 wk) and children =11 yr: 10 mg/kg every 8 hr for 10-14 days.

CrCl (ml/min)

Dosage Recommendation

<30

Use with caution.

Intravenous

Nosocomial pneumonia

Adult: 600 mg 12 hrly for 10-14 days, as an infusion over 30-120 minutes. Similar doses can also be given via oral route.
Child: Preterm neonates (<34 wk gestational age): 10 mg/kg every 12 hr; may increase to 10 mg/kg every 8 hr if response is suboptimal. By day 7 of life, all neonates should receive 10 mg/kg every 8 hr. Infant (excluding preterm neonates <1 wk) and children =11 yr: 10 mg/kg every 8 hr for 10-14 days.

CrCl (ml/min)
Dosage Recommendation
<30
Use with caution.
Intravenous
Community-acquired pneumonia
Adult: 600 mg 12 hrly for 10-14 days, as an infusion over 30-120 minutes. Similar doses can also be given via oral route.
Child: Preterm neonates (<34 wk gestational age): 10 mg/kg every 12 hr; may increase to 10 mg/kg every 8 hr if response is suboptimal. By day 7 of life, all neonates should receive 10 mg/kg every 8 hr. Infant (excluding preterm neonates <1 wk) and children =11 yr: 10 mg/kg every 8 hr for 10-14 days.

CrCl (ml/min)

Dosage Recommendation

<30

Use with caution.

Intravenous

Methicillin-resistant Staphylococcus aureus infections

Adult: 600 mg every 12 hr. Treatment duration for vancomycin-resistant enterococci: 14-28 day. Similar doses can also be given via oral route.

Child: For VRE infections: Preterm neonates (<34 wk gestational age): 10 mg/kg every 12 hr; may increase to 10 mg/kg every 8 hr if response is suboptimal. By day 7 of life, all neonates should receive 10 mg/kg every 8 hr. Infant (excluding preterm neonates <1 wk) and children =11 yr: 10 mg/kg every 8 hr for 14-28 days.

Intravenous

Vancomycin-resistant enterococci infections

Adult: 600 mg every 12 hr. Treatment duration for vancomycin-resistant enterococci: 14-28 day. Similar doses can also be given via oral route.

Child: For VRE infections: Preterm neonates (<34 wk gestational age): 10 mg/kg every 12 hr; may increase to 10 mg/kg every 8 hr if response is suboptimal. By day 7 of life, all neonates should receive 10 mg/kg every 8 hr. Infant (excluding preterm neonates <1 wk) and children =11 yr: 10 mg/kg every 8 hr for 14-28 days.

Reconstitution: To reconstitute granules for oral suspension, add 123 ml in 2 equal aliquots and shake well to make 150 ml suspension.

Administration

May be taken with or without food.

Contraindications

Hypersensitivity.

Special Precautions

Preexisting myelosuppression, renal impairment (CrCl < 30ml/min), uncontrolled hypertension, phaeochromocytoma, carcinoid syndrome, untreated hyperthyroidism, chronic infection, history of seizures, bipolar depression, schizophrenia or acute confusional states. Pregnancy and lactation. Monitor complete blood counts weekly. Give after haemodialysis. Not known if linezolid or metabolites removed during peritoneal dialysis.

Adverse Drug Reactions

Diarrhoea (antibiotic associated colitis reported), headache, nausea, vomiting, constipation, abnormal liver function tests, fever, vaginal and oral candidiasis, skin rash, pruritus, dizziness, insomnia, anaemia, tongue discoloration, taste disturbance, lactic acidosis, optic and peripheral neuropathy (particularly if used = 28 days).

Potentially Fatal: Reversible myelosuppression including anaemia, leukopenia, pancytopenia and thrombocytopenia (particularly if using > 10-14 days), transient ischaemic attacks, renal failure, Stevens-Johnson syndrome.

Drug Interactions

Use with caution with serotonergic, vasopressor or dopaminergic agents to reduce the incidence of serotonin syndrome. Adrenergic drugs Eg. dopamine, epinephrine, phenylpropanolamine and pseudoephedrine may cause hypertension. Concurrent use with tramadol may increase risk of seizures.

Potentially Fatal: MAOI; avoid concurrent use or use within 2 wk of stopping another MAOI to reduce risk of hypertensive crisis.

Food Interaction

Beverages and foods high in tyramine content may cause hypertensive crisis. Avoid dietary tyramine =100 mg per meal.

Lab Interference

May alter blood counts.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intravenous: Infusion: Store at 25°C. Protect from light. Oral: Store at 25°C. Reconstituted oral suspension should be used within 21 days of constitution. Protect from light.

Mechanism of Action

Linezolid is an bacteriostatic oxazolidinone, inhibiting ribosomal protein synthesis. It is active against gram-positive bacteria including vancomycin-resistant enterococci and MRSA. It has limited in-vitro activity against gram-negative bacteria.

Absorption: Oral bioavaiability: Approx 100%. Rapidly absorbed after oral admin. Peak plasma concentrations after 1-2 hrs, although delayed if administered with high fat meal.

Distribution: Plasma protein binking: Approx 31%. Readily distributed into well perfused tissues; bone, fat, lungs, muscle, skin blister fluids and CSF. Animal studies have shown Linezolid in milk but not known if distributed into human milk. Therapeutic concentrations not achieved or maintained in CNS fluid. Volume of distribution at steady state: 40-50 L.

Metabolism: Oxidised to 2 main inactive metabolites.

Excretion: Approx 65% of dose eliminated via non renal route. Renal clearance low. Elimination half life: 4.6-7hr (oral).

CIMS Class

Other Antibiotics

ATC Classification

J01XX08 - linezolid; Belongs to the class of other antibacterials. Used in the treatment of systemic infections.

*linezolid information:

Note that there are some more drugs interacting with linezolid

linezolid further details are available in official CIMS India

linezolid

linezolid brands available in India

Always prescribe with Generic Name : linezolid, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ALZOLID infusion ALZOLID tab ANZOLID infusion INFULID tab LIMET tab LINID infusion LINID tab LINOSEPT infusion LINOSEPT tab LINOSPAN infusion LINOSPAN tab LINOX infusion LINOX tab LINTRAN inj LINTRAN tab LINZID tab LIZBID tab LIZEMOX film-coated tab LIZEMOX INJ inj LIZOFORCE film-coated tab LIZOFORCE inj LIZOLID IV bag LIZOLID tab LIZOMED dry syr LIZOMED tab TOPLINE tab ZODLIN tab ZOLIMAX tab

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([all drugs])

lisinopril

CIMS Class : (ACE Inhibitors)

lisinopril

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related lisinopril information

Indication & Dosage

Oral

Hypertension

Adult: Initially, 5-10 mg daily given at bedtime to avoid precipitous fall in BP. Patient with renovascular hypertension, volume depletion, severe hypertension: Initially, 2.5-5 mg once daily. Patient on diuretic: Initially, 5 mg once daily. Maintenance: 20 mg once daily, up to 80 mg daily may be used if needed.

Child: =6 yr: Initially, 0.07 mg/kg (up to 5 mg once daily). Adjust dose until desired BP goal is achieved.

Renal impairment: Adult: Dialysis: Initially 2.5 mg once daily. Max dose: 40 mg once daily. Child: Do not give if GFR <30 ml/min/1.73 m2.

CrCl (ml/min)

Dosage Recommendation

31-80

Initially 5-10 mg once daily.

10-30

Initially 2.5-5 mg once daily.

<10

Initially 2.5 mg once daily.

Oral

Heart failure

Adult: As adjunctive therapy: Initially, 2.5 mg daily. Maintenance: 5-40 mg daily as a single dose.

Oral

Post myocardial infarction

Adult: Initially, 5 mg once daily for 2 days started within 24 hr of the onset of symptoms. Increase to 10 mg once daily. Patients with low systolic BP: Initially, 2.5 mg once daily.

Oral

Diabetic nephropathy

Adult: For hypertensive type 2 diabetics with microalbuminuria: 10 mg once daily, may increase to 20 mg once daily to achieve a sitting diastolic BP <90 mmHg.

Administration

May be taken with or without food.

Overdosage

Symptom: Most likely hypotension. Treatment: Normal saline IV infusion may be used.

Contraindications

History of angioedema related to previous treatment with ACE inhibitors, hereditary or idiopathic angioedema. Bilateral renal artery stenosis. Pregnancy (2nd or 3rd trimester), lactation.

Special Precautions

Hypovolaemia, hyperkalaemia, collagen vascular disease, valvular stenosis; before, during or immediately after anaesthesia, preexisting renal insufficiency, unilateral renal artery stenosis. Children <6 yr. Assess renal function. May impair ability to drive or operate machinery.

Adverse Drug Reactions

Dizziness, headache, fatigue; cough, upper respiratory tract infection; rash; diarrhoea, nausea, vomiting, abdominal pain; chest pain, weakness; orthostatic effects; hypotension; hyperkalaemia; impotence; decreased haemoglobin; increased serum creatinine.
Potentially Fatal: Severe hypotension, angioedema.

Drug Interactions

Increased hypersensitivity reactions with allopurinol. Decreased serum levels with antacids. Reduced antihypertensive effect with aprotinin, NSAIDs, salicylates. May enhance the neutropenic effect of azathioprine. May enhance the nephrotoxic effect of ciclosporin. Increased risk of hyperkalaemia with eplerenone, potassium-sparing diuretics, trimethoprim. May enhance the adverse effects of ferric gluconate, gold sodium thiomalate. Increased risk of hypoglycaemia with insulin. Increased risk of neutropenia with mercaptopurine. Increased hypotensive effect and/or the nephrotoxic effect with thiazide diuretics.
Potentially Fatal: May increase serum level of lithium. Increased risk of adverse renal effects with NSAIDs, salicylates. Increased risk

of acute hypotensive events or acute renal failure with loop diuretics.

Food Interaction

Avoid dong quai; ephedra, yohimbe, ginseng (may worsen hypertension).

Lab Interference

False-positive urine acetone determination results with sodium nitroprusside. Increases serum potassium and BUN/serum creatinine.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

in 2nd & 3rd trimesters.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store at 15-30°C (59-86°F).

Mechanism of Action

Lisinopril competitively inhibits angiotensin-converting enzyme (ACE) from converting angiotensin I to angiotensin II resulting in decreased levels of angiotensin II (a potent vasoconstrictor). This increases plasma renin activity and reduces aldosterone secretion. It also increases bradykinin levels.

Onset: 1-2 hr.

Duration: 24 hr (once daily dosing).

Absorption: Absorbed slowly and incompletely from the GI tract (oral); peak plasma concentrations after 7 hr.

Distribution: Protein-binding: Not significantly bound (25%).

Excretion: Via urine (as unchanged drug); 12 hr (elimination half-life).

CIMS Class

ACE Inhibitors

ATC Classification

C09AA03 - lisinopril; Belongs to the class of ACE inhibitors. Used in the treatment of cardiovascular disease.

*lisinopril information:
Note that there are some more drugs interacting with lisinopril
lisinopril further details are available in official CIMS India
lisinopril
lisinopril brands available in India
Always prescribe with Generic Name : lisinopril, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ACEBITOR tab ACINOPRIL tab BIOPRIL tab CIPRIL tab DILACE tab DILIS tab E.S. tab HIPRIL tab L.PRIL tab LESOPRIL tab LINOPRIL tab LINORIL tab LINVAS tab LIPRIL tab LISCARD tab LISICARD tab LISINACE tab LISIR

tab LISIRIV tab LISITEC tab LISLO tab LISNOP tab LISORIL tab LISOTEC tab LISTRIL tab NIVANT tab NORMOPRIL tab ODACE tab SINOPRIL tab ZESTRIL tab ZONAPRIL tab

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([all drugs])

lisinopril + hydrochlorothiazide

CIMS Class : (Diuretics) , (ACE Inhibitors)

lisinopril + hydrochlorothiazide

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related lisinopril + hydrochlorothiazide information

Indication & Dosage

Oral

Mild to moderate hypertension

Adult: As tablets containing lisinopril (mg)/hydrochlorothiazide (mg): 10/12.5, 20/12.5. Usual: 1 tablet once daily, may increase to 2 tablets once daily if needed.

CrCl (ml/min)

Dosage Recommendation

=30

Not recommended.

Overdosage

Symptoms: hypotension, bradycardia may occur; electrolyte depletion and dehydration from excessive diuresis. Treatment: symptom specific and supportive; induction of emesis and/or gastric lavage, correction of dehydration, electrolyte imbalance and hypotension with IV solution.

Contraindications

Hypersensitivity to sulphonamide drugs. Patients with anuria, aortic stenosis or hyperkalaemia. History of angioneurotic oedema related to use of ACE inhibitors. Hereditary or idiopathic angioedema. Lactation.

Special Precautions

Hepatic cirrhosis, severe heart failure, oedema, renal impairment (including haemodialysis patients), unilateral renal artery stenosis, hepatic impairment, diabetes, gout, hyperuricaemia, left ventricular

hypertrophy and/or ventricular ectopics (extrasystoles), electrolyte disturbances (e.g. hyperkalaemia), collagen vascular disease, valvular stenosis, renovascular hypertension, hypercholesterolemia. Before, during or immediately after anaesthesia; surgery. Assess renal function before initiation. Patients with hypertension should be stabilised on individual components before starting combination. Therapy should not be started after MI if systolic blood pressure <100 mmHg. Hypotension may occur after initial dose in patients who are hypovolaemic and/or salt depleted (diuretic should be discontinued for 2-3 days and then lisinopril initiated alone). Discontinue before carrying parathyroid function test.

Adverse Drug Reactions

Volume depletion and electrolyte imbalance (eg hyperkalaemia); dry mouth, thirst; lethargy, drowsiness; muscle pain, cramps; hypotension; hypersensitivity reactions eg, rashes, photosensitivity, thrombocytopenia, jaundice, pancreatitis; fatigue; weakness; may precipitate an attack of gout (hyperuricaemia); impotence, hyperglycaemia; anorexia, gastric irritation, nausea, vomiting, constipation, diarrhoea; sialadenitis; dizziness; hypercalcaemia; headache; cough; chest pain; angioneurotic

oedema; occasional increase in liver enzymes and serum bilirubin; renal function deterioration; alopecia; oliguria/anuria; urticaria, pruritis; diaphoresis.

Potentially Fatal: Seizures; cholestatic jaundice; neutropenia and agranulocytosis (with or without myeloid hyperplasia); acute renal failure, oliguria; progressive azotemia; haemolytic anaemia; angioedema associated with laryngeal oedema.

Drug Interactions

Antacids may decrease the bioavailability of ACE inhibitors; aprotinin may decrease effects of lisinopril during infusion. Sympathomimetics and indomethacin may decrease antihypertensive effects. Increased risk of hyperkalaemia with eplerenone, potassium sparing diuretics, ciclosporine, trimethoprim, corticosteroids. May increase toxic effects of gold sodium thiomalate. Increased risk of hypoglycaemia with insulin and oral antidiabetics. Increased risk of hypovolaemia (and resulting renal failure) with loop diuretics. Concurrent use with ß-blockers may increase hyperglycaemic effects in type 2 DM. NSAIDs may exacerbate renal impairment; narcotics, antipsychotics and alcohol may enhance hypotensive effects. Cholestyramine and colestipol resins may reduce

absorption of hydrochlorothiazide; leave 2 hr between doses. Potassium containing salt substitutes may increase risk of hyperkalaemia.

Potentially Fatal: Potentiates bone marrow suppression caused by anticancer drugs eg azathioprine, mercaptopurine; reduces renal clearance and increases toxicity of lithium (monitor lithium levels especially in 1st 4 wk); increased risk of hypokalaemia with corticosteroids, prolongs paralysis caused by tubocurarine; increased risk of nephrotoxicity with ciclosporin, aminoglycosides, salicylates, increased risk of cardiac toxicity in hypokalaemia with cardiac glycosides.

Food Interaction

Hydrochlorothiazide peak serum levels may be decreased if taken with food. Avoid dong quai (if using for hypertension as it exerts estrogenic activity), ephedra, yohimbe, ginseng (may worsen hypertension) and garlic (increased hypertensive effect).

Lab Interference

False-positive urine acetone determination results using Na nitroprusside. Increases serum K and BUN/serum creatinine.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

in 2nd & 3rd trimesters.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store below 25°C.

Mechanism of Action

Lisinopril competitively inhibits ACE from converting angiotensin I to angiotensin II resulting in increased plasma renin activity and reduced aldosterone secretion, causing reduced BP and sodium and

water retention. Hydrochlorothiazide increases renal excretion of sodium and chloride and reduces cardiac load. The two drugs exert additive effects in hypertension.

Onset: Lisinopril: 1 hr; hydrochlorothiazide: diuresis: approx 2 hr.

Duration: Lisinopril: 24 hr; hydrochlorothiazide: 6-12 hr.

Absorption: Lisinopril: Well absorbed, unaffected by food; peak effect: approx 6 hr. Hydrochlorothiazide: approx 50-80%; peak effect: 4-6 hr.

Distribution: Plasma protein binding: lisinopril: 25%; hydrochlorothiazide: 68%. Distribution of hydrochlorothiazide: 3.6-7.8 L/kg.

Metabolism: Lisinopril: Not significantly metabolised. Hydrochlorothiazide: Not metabolised.

Excretion: Half-life elimination: lisinopril: 11-12 hr; hydrochlorothiazide: 5.6-14.8 hr. Excretion: lisinopril Mainly via urine as unchanged drug (lisinopril and hydrochlorothiazide).

CIMS Class

Diuretics / ACE Inhibitors

ATC Classification

C03AA03 - hydrochlorothiazide; Belongs to the class of low-ceiling thiazide diuretics. Used to promote excretion of urine.
C09AA03 - lisinopril; Belongs to the class of ACE inhibitors. Used in the treatment of cardiovascular disease.

*lisinopril + hydrochlorothiazide information:
Note that there are some more drugs interacting with lisinopril + hydrochlorothiazide
lisinopril + hydrochlorothiazide
lisinopril + hydrochlorothiazide brands available in India
Always prescribe with Generic Name : lisinopril + hydrochlorothiazide, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : CIPRIL-H FORTE tab CIPRIL-H tab LIPRIL-H tab LISORIL-5 HT tab LISTRIL PLUS tab ZONAPRIL-H tab
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([all drugs])
lithium
CIMS Class : (Antidepressants)
lithium

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related lithium information

Indication & Dosage

Oral

Mania, Bipolar disorder, Recurrent unipolar depression

Adult: Dose depends on the preparation used. Doses should be adjusted to produce a serum-lithium concentration of 0.4-1 mmol/l. Camcolit® tablets: Treatment: Initiate at 1-1.5 g daily; Prevention: Initiate at 300-400 mg daily. Priadel® tablets: Treatment and prevention: Initially, 400-1,200 mg daily in 1-2 divided doses. Priadel® syrup: Treatment and prevention: Initially, 1.04-3.12 g daily in 2 divided doses. Liskonum® tablets: Treatment: Initially, 450-675 mg bid; Prevention: Initially, 450 mg bid. Doses should be divided throughout the day during the initial period; once-daily dosing may be used when serum-lithium concentrations have stabilised. Adjust initial dose 4-7 days after starting based on results of serum-lithium concentrations. Monitor serum-lithium concentrations once wkly until dosage has remained constant for 4 wk, after which monitoring may be reduced to once every 3 mth.

Child: =12 yr: Acute phase: Serum concentrations of 1-1.2 mEq/l. Max dose: 1.5 mEq/l. Initially, 1.8 g lithium carbonate daily as conventional capsules/tablets in 3-4 divided doses, or 30 ml (approx 48 mEq) lithium citrate oral solution daily in 3-4 divided doses. Alternatively, initially 1.8 g lithium carbonate daily as extended-release tablets in 2-3 divided doses. Maintenance: Not established.

Elderly: =900 mg lithium carbonate daily. Titrate dose slowly to achieve therapeutic serum concentrations. Maintenance: Maintain serum concentrations at the lower end of 0.6-1.2 mEq/l.

CrCl (ml/min)

Dosage Recommendation

10-50

50-75% of normal dose.

<10

25-50% of normal dose.

Administration

Should be taken with food.

Overdosage

Symptoms: Sedation, confusion, tremors, joint pain, visual changes, seizures, coma. Management: No specific antidote. Acute overdose: Discontinue admin and remove any unabsorbed drug by gastric lavage. Correct fluid and electrolyte imbalances and provide supportive care. Dialysis (severe cases).

Contraindications

Severe renal and cardiac disease; severe dehydration, sodium depletion, debilitation.

Special Precautions

Monitor serum lithium levels (twice wkly or more frequently in acute phase; at least every 2 mth during maintenance). Thyroid disorders, mild to moderate renal or cardiac impairment. Marked fluid loss (protracted sweating, diarrhoea or prolonged fever). Maintain normal fluid and salt intake. Elderly. Monitor changes in renal function. Patients with suicidal tendency. May impair ability to drive or operate machinery. Children <12 yr. Pregnancy and lactation.

Adverse Drug Reactions

Exacerbation of psoriasis, acne, rash; nausea, diarrhoea, vertigo, muscle weakness, dazed feeling; loss of concentration; tremors; hypothyroidism; wt gain, oedema; cardiac arrhythmias; exophthalmos; restlessness; electrolyte disturbances.
Potentially Fatal: Severe neurotoxicity, leucopenia.

Drug Interactions

Reduced serum levels with carbonic anhydrase inhibitors, chlorpromazine, sodium-containing preparations,theophylline, urea. Enhanced hypothyroid effects with iodine salts. Enhanced effects of neuromuscular-blocking agents. Reduced pressor response to sympathomimetics.
Potentially Fatal: Increased risk of lithium toxicity with ACE inhibitors, angiotensin receptor antagonists, loop diuretics, metronidazole, phenytoin. Increased risk of neurotoxicity with carbamazepine, calcium-channel blockers, haloperidol, methyldopa, phenothiazines, SSRIs, TCAs. Increased serum levels with COX-2 inhibitors, NSAIDs (except sulindac, aspirin), tetracyclines, thiazide diuretics. Increased risk of encephalopathy with haloperidol. Increased risk

of serotonin syndrome with sibutramine. Fatal malignant hyperpyrexia may occur when used with MAOIs.

Food Interaction

Caffeine may reduce serum concentrations of lithium.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store at 25°C (77°F).

Mechanism of Action

Lithium's exact mechanism is unclear but it alters intraneuronal metabolism of catecholamines and sodium transport in neurons and muscle cells.

Absorption: Readily and completely absorbed from the GI tract (oral); serum levels increase with food. Peak plasma concentrations after 0.5-3 hr (conventional preparation), 2-12 hr (modified-release preparations).
Distribution: Throughout the body, bones, thyroid gland, portions of the brain; crosses the placenta, enters breast milk. Not protein-bound.
Metabolism: Not metabolised.
Excretion: Via urine (as unchanged drug), faeces, saliva, sweat (small amounts). Elimination half-life: 20-24 hr (normal renal function), 36 hr (elderly), 40-50 hr (renal dysfunction).

CIMS Class

Antidepressants

ATC Classification

N05AN - Lithium; Used in the management of psychosis.
N05AN01 - lithium; Belongs to the class of lithium antipsychotics. Used in the management of psychosis.

*lithium information:

Note that there are some more drugs interacting with lithium

lithium

lithium brands available in India

Always prescribe with Generic Name : lithium, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : A-LITH SR-tab A-LITH tab ALKALITH CR tab CARBOLITH SR-tab CARBOLITH tab ELCAB tab GENLITH SR-tab GENLITH tab INDLITH tab INTALITH CR-tab INTALITH tab LALITHIUM tab LALITHIUM XR-tab LICAB tab LICAB XL-tab LITHIUM SR-tab LITHIUM tab LITHOCAP cap LITHOCENT tab LITHOCENT-CR tab LITHOPIK tab LITHORIL SR-tab LITHORIL tab LITHOSUN SR-tab LITHOSUN tab LITHUS tab MANICARB tab PSYCOLITH CR-tab SALITH SR-tab STALETH tab TRILITH SR SR-tab

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([all drugs])

lomefloxacin

CIMS Class : (Quinolones) , (Eye Anti-infectives & Antiseptics) , (Ear Anti-infectives & Antiseptics)

lomefloxacin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related lomefloxacin information

Indication & Dosage

Oral

Acute bacterial exacerbation of chronic bronchitis

Adult: 400 mg once daily for 10 days.

Renal impairment: Haemodialysis: Initially, 400 mg daily. Maintenance: 200 mg daily.

CrCl (ml/min)

Dosage Recommendation

10-40

Initially, 400 mg daily. Maintenance: 200 mg daily.

Oral

Prophylaxis of surgical infections

Adult: 400 mg as a single dose 1-6 hr before procedure.

Oral

Uncomplicated urinary tract infections

Adult: 400 mg once daily. Due to E. coli: For 3 successive days. Due to K. pneumoniae, P. mirabilis or S. saprophyticus: For 10 successive days.

Renal impairment: Haemodialysis: Initially, 400 mg daily. Maintenance: 200 mg daily.

CrCl (ml/min)

Dosage Recommendation

10-40

Initially, 400 mg daily. Maintenance: 200 mg daily.

Oral

Complicated urinary tract infections

Adult: Due to E. coli, K. pneumoniae, P. mirabilis or P. aeruginosa: 400 mg once daily for 14 successive days.

Renal impairment: Haemodialysis: Initially, 400 mg daily. Maintenance: 200 mg daily.

CrCl (ml/min)

Dosage Recommendation

10-40

Initially, 400 mg daily. Maintenance: 200 mg daily.

Ophthalmic

Bacterial conjunctivitis

Adult: Instil 0.3% solution into the affected eye/s.

Otic/Aural

Otitis externa

Adult: Instil 0.3% solution into the affected ear/s.

Otic/Aural

Otitis media

Adult: Instil 0.3% solution into the affected ear/s.

Administration

May be taken with or without food.

Overdosage

Empty the stomach by inducing vomiting or by gastric lavage. Treatment is supportive. Maintain adequate hydration. Haemodialysis or peritoneal dialysis is unlikely to be helpful.

Contraindications

Hypersensitivity to the drug or other quinolones; children <18 yr; pregnancy and lactation.

Special Precautions

Avoid prolonged exposure to sunlight or artificial UV light. Known or suspected CNS disorders e.g. severe cerebral arteriosclerosis, epilepsy or other factors that predispose to seizures. Avoid in patients with known QT prolongation, uncorrected hypokalaemia. May impair ability to drive or operate machinery. Renal impairment.

Adverse Drug Reactions

Nausea, abdominal pain or discomfort, diarrhoea; headache, dizziness, insomnia; rash, pruritus, photosensitivity; thrombocytopenia.
Potentially Fatal: Anaphylactic or anaphylactoid reactions.

Drug Interactions

Reduced bioavailability with sucralfate, antacids containing magnesium or aluminium, vitamin or mineral supplements containing iron. Increased serum levels with cimetidine. Potential increase in serum levels of ciclosporin. Renal elimination reduced with probenecid.

Potentially Fatal: Increased risk of ventricular arrhythmias with class IA (quinidine, procainamide) or class III (amiodarone, sotalol) antiarrhythmic agents.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Lomefloxacin promotes breakage of double-stranded DNA in susceptible organisms and inhibits DNA gyrase, which is essential in reproduction of bacterial DNA.

Absorption: Rapid and complete from the GI tract (oral); peak plasma concentrations after 1-1.5 hr. Absorption delayed with food.

Distribution: Widely distributed; lungs and prostate. Protein-binding: 10%.

Excretion: Via urine (as unchanged drug and small amounts of glucuronide metabolites); may be prolonged in renal impairment. Via faeces (small amounts as unchanged drug); 7-8 hr (elimination half-life).

CIMS Class

Quinolones / Eye Anti-infectives & Antiseptics / Ear Anti-infectives & Antiseptics

ATC Classification

J01MA07 - lomefloxacin; Belongs to the class of quinolones, fluoroquinolone. Used in the treatment of systemic infections.
S01AX17 - lomefloxacin; Belongs to the class of other antiinfectives. Used in the treatment of eye infections.

*lomefloxacin information:
Note that there are some more drugs interacting with lomefloxacin
lomefloxacin
lomefloxacin brands available in India
Always prescribe with Generic Name : lomefloxacin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : FLOXADAY tab FOXIL tab GYNALOM tab LOMADAY tab LOMEDON tab LOMEF-400 tab LOMEWON tab LOMEXEL

tab LOMFLOX-400 tab LOMIBACT DPS eye drops LOMIBACT tab LOMITAS tab LOXIPEN tab MAHAQUIN tab OKACIN eye drops QUMAX tab RELOM tab SOLOFLOX FC-tab TAURLOM tab

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([all drugs])

lomustine

CIMS Class : (Cytotoxic Chemotherapy)

lomustine

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related lomustine information

Indication & Dosage

Oral

Brain tumours, Hodgkin's disease, resistant or relapsed, Malignant melanoma, Lung cancer

Adult: 100-130 mg/m2 as a single dose every 6 wk. Adjust dose according to platelet and leukocyte counts. Compromised marrow function: 100 mg/m2 as a single dose every 6 wk.

Child: 75-150 mg/m2 as a single dose every 6 wk. Readjust dose according to platelet and leukocyte counts.

CrCl (ml/min)

Dosage Recommendation

10-50

Admin 75% of normal dose.

<10

Admin 25-50% of normal dose.

Administration

Should be taken on an empty stomach. (Take on an empty stomach. May be taken at bedtime to reduce occurrence of nausea.)

Overdosage

Symptoms: Pancytopenia, hepatic dysfunction, abdominal pain, pulmonary toxicity with tachypnoea and hypoxaemia, confusion and disorientation. Severe myelosuppression. Management: Symptomatic and supportive.

Contraindications

Pregnancy and lactation.

Special Precautions

Monitor CBC with differential platelet count wkly for at least 6 wk after a dose. Periodically perform pulmonary function studies and LFTs.

Adverse Drug Reactions

Pulmonary infiltrates, pulmonary fibrosis, nausea, vomiting, hepatotoxicity, nephrotoxicity, stomatitis, alopecia, disorientation, lethargy, dysarthria, ataxia, visual disturbances.
Potentially Fatal: Delayed bone marrow suppression and permanent marrow damage following prolonged use.

Drug Interactions

Increased levels/effects with CYP2D6 inhibitors.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or

for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store at 15-30°C (59-86°F).

Mechanism of Action

Lomustine inhibits the synthesis of DNA and RNA via alkylation although carbamoylation and modification of cellular proteins may also be involved.

Absorption: Rapidly absorbed from the GI tract (oral); also absorbed after topical application. Peak plasma concentrations of metabolites after 1-6 hr (oral).

Distribution: Widely distributed; drug and metabolites cross the blood-brain barrier; active metabolites appear in CSF within 30 min (oral); metabolites present in milk.

Metabolism: Hepatic via hydroxylation; enterohepatically recycled.

Excretion: Via urine (approx 50%); via faeces (<5%); via expired air (<10%).

CIMS Class

Cytotoxic Chemotherapy

ATC Classification

L01AD02 - lomustine; Belongs to the class of alkylating agents, nitrosoureas. Used in the treatment of cancer.

*lomustine information:
Note that there are some more drugs interacting with lomustine
lomustine
lomustine brands available in India
Always prescribe with Generic Name : lomustine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : LOMTIN cap LOMUSTINE cap LUSTINE cap
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([all drugs])
loperamide
CIMS Class : (Antidiarrheals)
loperamide
P - Caution when used during pregnancy

L - Caution when used during lactation

related loperamide information

Indication & Dosage

Oral

Acute diarrhoea

Adult: As hydrochloride: Initially, 4 mg followed by 2 mg after each loose stool. Usual dose: 6-8 mg daily. As oxide: Initially, 2-4 mg followed by 1 mg after each loose stool. Max dose as hydrochloride: 16 mg daily; as oxide: 8 mg daily.

Child: As hydrochloride: 4-8 yr: 1 mg 3 or 4 times daily for up to 3 days; 9-12 yr: 2 mg 4 times daily for up to 5 days.

Oral

Chronic diarrhoea

Adult: As hydrochloride: Initially, 4-8 mg daily in divided doses, adjusted if necessary. Max: 16 mg daily; discontinue if no improvement at this dose after 10 days.

Child: Treatment in children is generally not recommended but the following doses have been suggested: 1 mth-1 yr: As hydrochloride, 100-200 mcg/kg bid given 30 min before feeds (Max: 2 mg/kg daily); 1-12 yr: As hydrochloride, 100-200 mcg/kg (Max: 2 mg/dose) 3 to 4 times daily (Max: 16 mg daily).

Administration

May be taken with or without food.

Overdosage

Urinary retention, paralytic ileus and CNS depression may occur. Perform gastric lavage (not necessary if spontaneous vomiting occurs) followed by administration of a slurry of 100 g activated charcoal. If symptoms of overdose occur, naloxone may be given as an antidote.

Contraindications

Conditions when inhibition of peristalsis is undesirable (e.g. ileus or megacolon); antibiotic induced colitis; active inflammatory bowel disease; if abdominal distention develops during use; abdominal pain in the absence of diarrhoea.

Special Precautions

Concomitant specific therapy must be given in those with infectious diarrhoea; hepatic dysfunction; infants; pregnancy, lactation.

Adverse Drug Reactions

Abdominal pain, distention, and discomfort; paralytic ileus; constipation, dry mouth, drowsiness, dizziness, fatigue, rash.
Potentially Fatal: Toxic megacolon.

Drug Interactions

Bioavailability increased by co-trimoxazole, ritonavir, saquinavir. Respiratory depression reported when administered with quinidine. Loperamide increases GI absorption of desmopressin and decreases exposure to saquinavir.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Mechanism of Action

Loperamide inhibits peristalsis and prolongs transit time by acting directly on intestinal wall muscles. It also reduces faecal volume, increases viscosity and decreases fluid and electrolyte loss.
Onset: 0.5-1 hr.
Absorption: Absorbed from the GI tract. Peak plasma concentrations achieved after 2.5 hr (oral solution) or 4-5 hr (capsule).
Excretion: Excreted in the urine (<2%) and faeces (30% as unchanged drug). Elimination half life of around 10.8 hr.

CIMS Class

Antidiarrheals

ATC Classification

A07DA03 - loperamide; Belongs to the class of antipropulsives. Used in the treatment of diarrhea.

*loperamide information:
Note that there are some more drugs interacting with loperamide
loperamide further details are available in official CIMS India
loperamide

loperamide brands available in India

Always prescribe with Generic Name : loperamide, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ANDIAL liqd ANDIAL tab DIARLOP CAP cap DIARLOP PLUS CAP cap DYLOCK-LB DT-tab ELDOPER cap ELDOPER PLUS tab IMODIUM cap LOMIN tab LOPAMIDE tab LOPERAM cap LOPERAMIDE cap LOPERAMIDE TAB tab LOPERIV tab LOPONA tab RIDOL tab ROKO cap SANIDIS tab STARLOP cap STARLOP tab

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([all drugs])

lopinavir + ritonavir

CIMS Class : (Antivirals)

lopinavir + ritonavir

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related lopinavir + ritonavir information

Indication & Dosage

Oral

HIV infection

Adult: Each capsule contains lopinavir 133.3 mg and ritonavir 33.3 mg. For treatment-naive patients: 3 capsules bid or 6 capsules once daily. For treatment-experienced patients: 3 capsules bid. When used with efavirenz, nevirapine, amprenavir or nelfinavir, it is recommended that dose is increased to 4 capsules bid.

Administration

Cap & oral soln: Should be taken with food.

Tab: May be taken with or without food. (Swallow whole, do not chew/ crush/ break.)

Contraindications

Hypersensitivity. Avoid concomitant use with ergot derivatives (dihydroergotamine, ergonovine, ergotamine, methylergonovine), cisapride, pimozide, and sedatives (midazolam, triazolam).

Special Precautions

Pancreatitis, hepatic impairment, haemophilia. Pregnancy, lactation, elderly, child <6 mth.

Adverse Drug Reactions

Diarrhoea, vomiting, headache, asthenia, abdominal pain, and nausea ; elevations in liver enzymes, total cholesterol and triglycerides.

Drug Interactions

Co-administration with drugs primarily metabolized by CYP3A (e.g. dihydropyridine Ca channel blockers, HMG-CoA reductase inhibitors, immunosuppressants and sildenafil) may result in increased plasma concentrations of the other drugs that could increase or prolong their therapeutic and adverse effects.
Potentially Fatal: Drugs that should not be used concurrently: rifampicin, ergot derivatives, cisapride, HMG Co-A inhibitors, pimozide, and sedatives (midazolam, triazolam).

Food Interaction

Concurrent use with St John's wort may substantially reduce concentrations of protease inhibitors leading to reduced/loss of virologic response which increases risk of resistance.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Lopinavir inhibits HIV protease, causing the enzyme incapable of processing the polyprotein precursor. This leads to the production of non-infectious and immature HIV particles. Ritonavir, a selectively competitive reversible inhibitor of HIV protease, interferes with the formation of essential proteins and enzymes. After which, the formation of immature and non-infectious viruses follows. It also interferes with the production of infectious HIV and limits further infectious spread of the virus.

CIMS Class

Antivirals

ATC Classification

J05AE03 - ritonavir; Belongs to the class of protease inhibitors. Used in the systemic treatment of viral infections.
J05AE06 - lopinavir; Belongs to the class of protease inhibitors. Used in the systemic treatment of viral infections.

*lopinavir + ritonavir information:
Note that there are some more drugs interacting with lopinavir + ritonavir
lopinavir + ritonavir
lopinavir + ritonavir brands available in India
Always prescribe with Generic Name : lopinavir + ritonavir, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : EMLETRA tab LOPIMUNE cap LOPIMUNE tab RITOMAX-L cap V-LETRA tab
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([all drugs])

loratadine

CIMS Class : (Antihistamines & Antiallergics)

loratadine

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related loratadine information

Indication & Dosage

Oral

Allergic conditions

Adult: 10 mg once daily.

Child: 2-5 yr: 5 mg once daily. 6-12 yr: 10 mg once daily.

Renal impairment: Dosage may need to be reduced to alternate day admin.

Hepatic impairment: Dosage may need to be reduced to alternate day admin.

Administration

May be taken with or without food.

Contraindications

Pregnancy, lactation, children <2 yr.

Special Precautions

Severe hepatic damage, epilepsy, renal insufficiency.

Adverse Drug Reactions

Fatigue, giddiness, dizziness, dry mouth, headache, nausea, somnolence.

Drug Interactions

Plasma concentrations increased by ketoconazole, cimetidine, nefazodone, erythromycin and possibly other inhibitors of CYP3A4.

Lab Interference

Reactions to skin testing procedures may be reduced.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Mechanism of Action

Loratadine is a non-sedating antihistamine. It works by selectively binding to peripheral histamine H1 -receptors on effector cells.

Absorption: Absorbed rapidly from the GI tract (oral); peak plasma concentrations after 1 hr. Absorption delayed by the presence of food.

Distribution: Enters breast milk, does not cross the blood-brain barrier. Protein-binding: 98%.

Metabolism: Extensively hepatic; converted to descarboethoxyloratadine (desloratadine).

Excretion: Via urine and faeces (as metabolites);elimination half-life 8.4 hr (loratadine) and 28 hr (desloratadine).

CIMS Class

Antihistamines & Antiallergics

ATC Classification

R06AX13 - loratadine; Belongs to the class of other agents used as systemic antihistamines.

*loratadine information:
Note that there are some more drugs interacting with loratadine
loratadine further details are available in official CIMS India
loratadine
loratadine brands available in India
Always prescribe with Generic Name : loratadine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ALASPAN syr ALASPAN tab ALGYFREE syr ALGYFREE tab ALLERBAN tab AURA tab CLARIDIN dispertab CLARIDIN tab COZY tab ELDIN-MD tab INTRALOR syr INTRALOR tab JAPLOR tab LATAR tab LONLOR tab LOR tab LORA DT tab LORAN-D tab LORANGE tab LORARIV tab LORATIA tab LORATIN tab LORFAST MELTAB tab LORFAST tab LORID dispertab LORIDIN susp LORIDIN tab LORIN susp LORIN tab LORINOL tab LORISPA tab LORKIND MD-tab LORMEG

syr LORMEG tab LORONET dispertab LR-10 tab LTD-10 tab NEXX-DT dispertab RAPIDIN tab RATLO-10 tab ROLETRA syr ROLETRA tab SNIZID PLUS tab SNIZID tab SVLORAT tab TADIN-10 tab TIDOR tab TIRLOR tab WYLOR tab

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([all drugs])

lorazepam

CIMS Class : (Anxiolytics) , (Anticonvulsants) , (Antivertigo Drugs)

lorazepam

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related lorazepam information

Indication & Dosage

Oral

Anxiety

Adult: Usual dose: 1-6 mg daily in 2 or 3 divided doses. Largest dose taken at night. Up to 10 mg daily has been used.

Elderly: Initial dose of 1-2 mg daily in 2 or 3 divided doses. Adjust as necessary.

Oral

Insomnia associated with anxiety

Adult: 1-4 mg as a single dose given at bedtime.

Elderly: 1-2 mg initially, adjust as needed.

Oral

Premedication in surgery

Adult: 2-3 mg given the night before the operation followed by a smaller dose if necessary, the next morning. Alternatively, 2-4 mg is given 1-2 hr before the operation.

Child: 1 mth-12 yr: 0.05-0.1 mg/kg (max: 4 mg) given at least 1 hr before surgery. Same dose may be given the night before either as an addition to or to replace the pre-operative dose.

Oral

Prophylaxis of nausea and vomiting associated with cytotoxic therapy

Adult: For moderately emetogenic chemotherapy: May add 1-2 mg to the antiemetic therapy with domperidone or metoclopramide.

Parenteral

Acute anxiety

Adult: 25-30 mcg/kg repeated every 6 hr if necessary. Dose may be given via IV or IM inj. Give IV inj at a rate of not >2 mg/minute into a large vein.

Child: Usual: 50 mcg/kg every 4-8 hr.

Intravenous

Status epilepticus

Adult: 4 mg injected slowly, may repeat once after 10 minutes if seizures recur. Dose should be given at a rate not >2 mg/minute into a large vein.

Child: Neonates and children up to 12 yr: 0.1 mg/kg (max: 4 mg) as a single dose, may repeat once after 10 minutes if needed.

Parenteral

Premedication in surgery

Adult: 50 mcg/kg, to be given 30-45 minutes before the operation if given via IV inj or 1-1.5 hr before operation if given via IM inj.

Intravenous

Sedation in critical care

Adult: 0.02-0.06 mg/kg every 2-6 hr as inj or 0.01-0.1 mg/kg/hr as continuous IV infusion.

Child: =2 mth: 0.025-0.05 mg/kg (max 2 mg) every 2-4 hr as intermittent IV infusion or 0.025 mg/kg/hr (to a max of 2 mg/hr) as continuous IV infusion.

Administration

May be taken with or without food.

Overdosage

The main symptom of overdosage is excessive CNS depression. Treatment is generally supportive but flumazenil may also be used in hospitalised patients if the benefits are thought to outweigh the risk of seizure.

Contraindications

Severe hepatic impairment; respiratory depression; acute narrow-angle glaucoma; pregnancy and lactation.

Special Precautions

Hepatic and renal dysfunction; pulmonary insufficiency; myasthenia gravis; may impair ability to drive or operate machinery; elderly or debilitated patients.

Adverse Drug Reactions

Drowsiness, headache, dizziness, confusion; blurred vision; nausea; weakness; unsteadiness.
Potentially Fatal: Respiratory depression.

Drug Interactions

Potentiation of CNS depression produced by alcohol; general anaesthetics; narcotic analgesics; TCAs; MAOIs; phenothiazines; antipsychotics; barbiturates; scopolamine.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Mechanism of Action

Lorazepam is a short acting benzodiazepine. Lorazepam enhances the inhibitory effect of GABA on neuronal excitability by modulating GABAA receptors.

Onset: Hypnosis: 20-30 min (IM); sedation: 5-20 min (IV); anticonvulsant: 5 min (IV), 30-60 min (oral).

Duration: 6-8 hr.

Absorption: Readily absorbed (oral, IM); peak plasma concentrations after 2 hr.

Distribution: Crosses the placenta and blood-brain barrier; enters breast milk. Protein-binding: 85%.
Metabolism: Hepatic; converted to inactive metabolites.
Excretion: Urine and faeces; 10-20 hr (elimination half-life).

CIMS Class

Anxiolytics / Anticonvulsants / Antivertigo Drugs

ATC Classification

N05BA06 - lorazepam; Belongs to the class of benzodiazepine derivatives anxiolytics. Used in the management of anxiety, agitation or tension.

*lorazepam information:
Note that there are some more drugs interacting with lorazepam
lorazepam further details are available in official CIMS India
lorazepam
lorazepam brands available in India
Always prescribe with Generic Name : lorazepam, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ALMAZINE tab ANXIPOSE tab ATIPAM tab ATIVAN INJ inj ATIVAN tab CALMESE amp CALMESE tab C-VAN tab L.PAM tab LARPOSE tab LOPEZ amp LOPEZ tab LORA amp LORACALM tab LORAZ inj LORAZ tab LORCIN tab LOREL tab LORIPAM inj LORIPAM sublingual tab LORIPAM tab LORIVAN tab LORPIK tab LORVAN tab L-ZEPAM tab ORAZEP tab PSYCOPAN tab TRAPEX tab ZEPATRAC tab ZEPNAP tab

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([all drugs])

lornoxicam

CIMS Class : (Nonsteroidal Anti-inflammatory Drugs (NSAIDs))

lornoxicam

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related lornoxicam information

Indication & Dosage

Oral

Pain relief

Adult: 8-16 mg daily. Max: 24 mg daily.

Oral

Osteoarthritis

Adult: 12 mg daily in 2-3 divided doses, up to 16 mg daily if needed.

Oral

Rheumatoid arthritis

Adult: 12 mg daily in 2-3 divided doses, up to 16 mg daily if needed.

Parenteral

Pain relief

Adult: 8 mg once or twice daily by IM/IV inj. Max: 24 mg daily.

Contraindications

Patients with peptic ulceration; severe renal impairment; pregnancy and lactation.

Special Precautions

Active infections; asthma; allergic disorders; haemorrhagic disorders; hypertension; impaired renal, hepatic, cardiac function.

Adverse Drug Reactions

Abdominal pain, diarrhoea, dizziness, dyspepsia, nausea, vomiting; headache; haematologic disorders; CNS effects; visual disturbance; tinnitus; nephrotoxicity; fluid retention; photosensitivity; alveolitis; pancreatitis; Stevens-Johnson syndrome; toxic epidermal necrolysis; colitis induction/exacerbation; stomatitis; hypertension, palpitation; insomnia, somnolence.

Drug Interactions

Increased lornoxicam blood conc when given concomitantly with cimetidine.Enhanced effects of anticoagulants, sulfonylureas, methotrexate, ciclosporin, digoxin. Decreased effects of diuretics, ACE inhibitors.
Potentially Fatal: Increased risk of lithium toxicity.

Mechanism of Action

Lornoxicam is an NSAID that is used in musculoskeletal, joint disorders and other painful conditions including postoperative pain. Lornoxicam is a potent inhibitor of both COX-1 and COX-2 enzymes.

Absorption: Extensively absorbed from the GI tract. Peak plasma concentration within 1-2 hr (oral) or 25 min (IM).
Distribution: 99% bound to plasma proteins.
Metabolism: Metabolised to its inactive metabolite.
Excretion: Excreted in the faeces (as metabolites) and urine (as unchanged drug). Mean elimination half life of 3-4 hr.

CIMS Class

Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

ATC Classification

M01AC05 - lornoxicam; Belongs to the class of non-steroidal antiinflammatory and antirheumatic products, oxicams. Used in the treatment of inflammation and rheumatism.

*lornoxicam information:
Note that there are some more drugs interacting with lornoxicam
lornoxicam
lornoxicam brands available in India
Always prescribe with Generic Name : lornoxicam, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CAMPAR tab CAMRI tab C-CUM tab CINCAM-P tab FLEXILOR tab LENOR tab LENOR-P tab LEZDES-P tab LOFECAM tab LOLIRA-P tab LONI tab LONI-PLUS tab LORBIT-P tab LORMOTO tab LORMOTO-P tab LORNICA tab LORNISTAR tab LORNISTAR-P tab LORNIZ tab LORNOFAN film-coated tab LORNOFAN-P film-coated tab LORNOXI film-coated tab LORNOXI vial LOROX tab LORSAID vial LORSAID-P tab LORTHOX-P tab LORUP PLUS film-coated tab LULOXY-P tab MITILOR film-coated tab NEUCAM tab NEUCAM vial NEUCAM-P tab ORILOX-P tab PARATEL-LC tab POWERNAC-L tab RELOR FORTE tab RENOX tab RENOX-A tab STARGESIC tab STARGESIC-P tab TORAFLAM-P tab UNIVER tab VERNOX FORTE tab XILOR tab ZELORN tab ZION tab

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([all drugs])

losartan

CIMS Class : (Angiotensin II Antagonists)

losartan

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related losartan information

Indication & Dosage

Oral

Hypertension

Adult: 50 mg once daily, increased to 100 mg daily as a single dose or in 2 divided doses if needed.

Child: =6 yr: Initially 700 mcg/kg increased to a maximum of 50 mg once daily if needed.

Elderly: >75 yr: Initally, 25 mg once daily.

CrCl (ml/min)

Dosage Recommendation

<20

Initially 25 mg once daily.

Hepatic impairment: Initially, 25 mg once daily

Oral

Diabetic nephropathy in Type 2 diabetes mellitus

Adult: 50 mg once daily, increased to 100 mg daily as a single dose or in 2 divided doses if needed.

Elderly: >75: Initially 25 mg once daily.

Renal impairment: CrCl <20 ml/min: Initially 25 mg once daily.

CrCl (ml/min)

Dosage Recommendation

<20

Initially 25 mg once daily.

Hepatic impairment: Initially 25 mg once daily.

Special Populations: Patients with intravascular fluid depletion: Initially, 25 mg once daily.

Administration

May be taken with or without food.

Contraindications

Pregnancy, lactation; children with CrCl <30 ml/min/1.73m2.

Special Precautions

Volume-depleted patients including patients on diuretics and salt restriction; renal artery stenosis; elderly; renal or hepatic impairment. Monitor serum-potassium concentration.

Adverse Drug Reactions

Headache, dizziness, back pain, myalgia, respiratory tract disorders, asthenia/fatigue, first dose hypotension, rash, angioedema, neutropenia, GI disturbances, transient elevation of liver enzymes, impaired renal function, taste disturbances and hyperkalaemia.

Drug Interactions

Hypotensive effect of losartan potentiated by diuretics and other antihypertensives. Risk of hyperkalaemia increases with concomitant ACE inhibitors, ciclosporin, potassium-sparing diuretics and K supplements. Hypotensive effect may be antagonised and increased risk of renal impairment when used with NSAIDs.
Potentially Fatal: Risk of lithium toxicity with losartan use.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

in 2nd & 3rd trimesters.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Mechanism of Action

Losartan is an angiotensin II receptor antagonist. The drug and its active metabolite selectively block the vasoconstrictor and aldosterone-secreting effects of angiotensin II by selectively antagonising its binding to AT1 receptors.

Absorption: Readily absorbed from GI tract with peak plasma concentrations of losartan after around 1 hr and its active metabolite after 3-4 hr.

Distribution: 98% plasma protein bound.

Metabolism: Hepatic metabolism principally by isoenzymes CYP3A4 and 2C9.

Excretion: Excreted in faeces and urine as metabolites and unchanged drug. Terminal elimination half life of 2 hr (losartan) and 6-9 hr (active metabolite).

CIMS Class

Angiotensin II Antagonists

ATC Classification

C09CA01 - losartan; Belongs to the class of angiotensin II antagonists. Used in the treatment of cardiovascular disease.

*losartan information:

Note that there are some more drugs interacting with losartan

losartan further details are available in official CIMS India

losartan

losartan brands available in India

Always prescribe with Generic Name : losartan, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACTILOP tab ADPACE-4 tab ALSARTAN tab ANGILO tab ANGILOS tab ANGIZAAR tab ANGIZAAR-AT tab ARBLOS tab ASART tab ASIPRESS tab ASORTAN tab BIOZAAR tab BLOSAR film-coated tab CARDIKARE film-coated tab COSART film-coated tab COVANCE tab CZAR tab CZARTAN tab ETOTAN tab ETOTAN-AT tab GIFTAN tab GOSART reagent strip GOSART tab HYPART tab LANXES tab LAP tab LARA tab LARTAN tab LO tab LO-E tab LORIL tab LORTAN tab LOSACAR tab LOSADEN tab LOSADEN-AM tab LOSAGARD tab LOSAIN tab LOSAKARE tab LOSAKIND film-coated tab LOSAMAX tab LOSAN tab LOSAPOT film-coated tab LOSAR tab LOSAR-BETA tab LOSARIV tab LOSARTAS tab LOSASUN tab LOSATEC tab LOSATRUST tab LOSAVAS tab LOSAVIK tab LOSCARD tab LOSCOM tab LOSIN tab LOSIT tab LOSIUM tab LOSPI tab LOSPOT tab LOSSAR tab LOSTAT film-coated tab LOT tab LOTACE tab LOTAN tab LOTAN-A tab LOZITAN tab LSP tab LTP tab MIOTIN tab NUSAR tab NUSAR-ATN tab OSART tab PRESARTAN tab REPACE tab RESILO tab RIGARD tab SARTAN tab TOZAAR tab VAZORTAN tab VIDA 25 film-coated tab ZAART tab ZARGO tab ZILOS tab ZYLTAN film-coated tab

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([all drugs])

losartan + hydrochlorothiazide

CIMS Class : (Angiotensin II Antagonists) , (Diuretics)

losartan + hydrochlorothiazide

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related losartan + hydrochlorothiazide information

Indication & Dosage

Oral

Hypertension

Adult: Per tablet contains losartan 50 mg and hydrochlorothiazide 12.5 mg. For patients who are not adequately controlled on losartan or hydrochlorothiazide monotherapy: 1 tab once daily. May increase to 2 tabs once daily 2-4 wk later if needed. Max: 2 tabs/day.

Renal impairment: Dialysis patients: Avoid.

CrCl (ml/min)

Dosage Recommendation

<20

Avoid.

Overdosage

Symptoms: hypotension and tachycardia. Treatment: supportive and symptom specific. Not removed via haemodialysis.

Contraindications

Pregnancy, lactation; intravascular volume depletion.

Special Precautions

Existing electrolyte disturbances; hepatic cirrhosis; severe hepatic failure; oedema; elderly (>75 yr); renal impairment; hepatic impairment; diabetes, gout, hyperlipidaemia; hyperuricaemia; ECG: LVH and/or ventricular ectopics extrasystoles); volume depleted patients; patients on diuretics and salt restriction; renal artery stenosis; aortic and mitral stenosis. Monitor potassium concentration. Discontinue before performing tests for parathyroid function.

Adverse Drug Reactions

Volume depletion and electrolyte imbalance (especially hyperkalaemia); dry mouth, thirst; lethargy, drowsiness; muscle pain and cramps; rashes, photosensitivity, thrombocytopenia, jaundice, pancreatitis; fatigue, weakness; may precipitate an attack of gout; impotence; hyperglycaemia; anorexia, nausea, vomiting, constipation, diarrhoea; sialdenitis; raised urinary calcium concentration; headache, dizziness; back pain, myalgia; first-dose hypotension; angiodema; neutropenia; GI disturbances; transient elevation of liver enzymes; taste disturbances, cough; exacerbation or activation of systemic lupus erythematous; palpitations; xanthopsia; leucopenia, agranulocytosis, aplastic anaemia; necrotising angiitis; glucosuria; renal dysfunction, interstitial nephritis, renal failure; migraine; hyponatraemia; UTI; chest pain; gastritis, wt gain, dyspepsia, abdominal pain; bronchitis, upper respiratory infection, nasal congestion, sinusitis; rise in cholesterol and/or triglycerides.

Potentially Fatal: Hypersensitivity reactions; hemolytic anaemia; toxic epidermal necrolysis.

Drug Interactions

Hydrochlorothiazide increases plasma concentration fluconazole. Increased hypotensive effect with: ACE inhibitors, alcohol, adrenergic neurone blockers, aldesleukin, a-blockers, alprostadil, general anaesthetics, antipsychotics, anxiolytics and hypnotics, baclofen, ß-blockers, calcium-channel blockers, clonidine, diazoxide, epoetin, hydralazine, levodopa, MAOIs, methyldopa, minoxidil, monoxidine, nitrates, NSAIDs, oestrogens, sodium nitroprusside, tizanidine, phenothiazines. Increased risk of renal impairment with aspirin (in doses >300 mg daily), NSAIDs. Hypotensive effect antagonised by aspirin, corticosteroids, indomethacin, ketorolac. Increased risk of hyperkalaemia with potassium-sparing and aldosterone antagonists, drospirenone (monitor serum potassium during 1st cycle), epoetin, heparin, ketorolac, potassium salts. Increased risk of hypersensitivity with allopurinol (especially in renal impairment). May antagonise hypoglycaemic effects of antidiabetics. Increased risk of hypercalcaemia with calcium salts and vitamin D. Increased risk of hyponatraemia with chlorpropamide. Increased risk of hypermagnesaemia with ciclosporin. Absorption may be reduced by colestipol and colestyramine (take at least 2 hr apart).

Potentially Fatal: Increased risk of nephrotoxicity and ototoxicity with platinum compounds, aminoglycosides. Hypokalaemia caused

by diuretics may cause cardiac toxicity with amiodarone (interaction may occur for several weeks or months due to long half life of amiodarone). Increased risk of nephrotoxicity and hyperkalaemia with ciclosporin. Reduced excretion of lithium (risk of lithium toxicity with diuretics).

Food Interaction

Avoid dong quai (if using for hypertension as it has estrogenic activity; ephedra, ginseng, yohimbe (may worsen hypertension), garlic (may have additive effects), St John's wort (may decrease levels).

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

in 2nd & 3rd trimesters.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite

the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Protect from light and store at 15-30 °C.

Mechanism of Action

Hydrochlorothiazide increases renal excretion of sodium and chloride and reduces cardiac load. Losartan is an angiotensin II receptor (type AT1) antagonist antihypertensive which acts by blocking the actions of angiotensin II of renin-angiotensin-aldosterone system. The drug and its active metabolite selectively block the vasoconstrictor and aldosterone secreting effects of angiotensin II. The two drugs exert additive effects in hypertension.

Onset: Hydrochlorothiazide: diuresis: approx 2 hr; losartan: 6 hr.

Duration: Hydrochlorothiazide: 6-12 hr.

Absorption: Hydrochlorothiazide: oral absorption: Approx 50-80%; time to peak: 1-2.5 hr; peak effect: 4-6 hr; bioavailability: 50-80%. Losartan: time to peak: 1 hr; losartan's active metabolite (E-3174): time to peak 3-4 hr (AUC is 4 times greater than that of losartan); bioavailability: 25-33%.

Distribution: Hydrochlorothiazide: 3.6-7.8 L/kg; protein binding: 68%. Losartan: volume of distribution: 34 L; plasma protein binding: high. Losartan's active metabolite (E-3174): volume of distribution:12 L.

Metabolism: Hydrochlorothiazide: Not metabolised. Losartan: Hepatic (14%) via CYP2CP and CYP3A4 to active metabolite, E-3174 (40 more times potent than losartan), extensive 1st-pass effect.

Excretion: Hydrochlorothiazide: half life elimination: 5.6-14.8 hr; excretion: via urine (as unchanged drug). Losartan: excretion via urine (4% as unchanged drug and 6% as active metabolite); plasma clearance: 600 ml/minute (active metabolite: 50 ml/min).

CIMS Class

Angiotensin II Antagonists / Diuretics

ATC Classification

C03AA03 - hydrochlorothiazide; Belongs to the class of low-ceiling thiazide diuretics. Used to promote excretion of urine.

C09CA01 - losartan; Belongs to the class of angiotensin II antagonists. Used in the treatment of cardiovascular disease.

*losartan + hydrochlorothiazide information:

Note that there are some more drugs interacting with losartan + hydrochlorothiazide

losartan + hydrochlorothiazide

losartan + hydrochlorothiazide brands available in India

Always prescribe with Generic Name : losartan + hydrochlorothiazide, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACTILOP-H tab ALSARTAN-H tab ANGILO-H tab ANGILOS-H tab ANGIZAAR-H tab ARBLOS-H tab ASART-HT tab ASIPRESS-H tab CARDIKARE-H film-coated tab COSART-H FC-tab COVANCE-D CP Compliancepack COVANCE-D tab CZAR-H tab ETOTAN-H tab ETOTAN-HR tab GIFTAN-HC tab HYPART-H tab HYSARTAS tab LANXES-H tab LAP PLUS tab LARA-H film-coated tab LARTAN-H tab LOAR-H tab LOCIN-H tab LO-H tab LORIL-HT tab LOSACAR-H tab LOSADEN-H tab LOSAGEN-H tab LOSAIN-H tab LOSAKARE-H tab LOSAKIND-H FC-tab LOSAMAX-H tab LOSAPOT-H film-coated tab LOSAR-BETA-H tab LOSAR-H tab LOSARTAR H tab LOSARTAS HT tab LOSASUN-HT tab LOSATEC-H tab LOSATRUST-H

tab LOSAVAS-H tab LOSAVIK-H tab LOSCARD-H tab LOSCOM-H film-coated tab LOSIUM-H tab LOSPOT-H tab LOSTAT H film-coated tab LOTACE-H tab LOTEMOS-HT tab LOT-H tab LSP PLUS tab LSR-H tab LTP-H tab NUSAR-H tab OMNITAN H film-coated tab OSART-H tab REPACE-H tab RIGARD-H tab STROK ROK tab TOZAAR-ATH tab TOZAAR-H film-coated tab TRILOPACE tab VAZORTAN-H tab VIDA-H film-coated tab ZAART-H tab ZARGO-H tab ZILOS-H tab

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([all drugs])

losartan + ramipril

CIMS Class : (ACE Inhibitors) , (Angiotensin II Antagonists)

losartan + ramipril

P - Contraindicated in pregnancy

L - Caution when used during lactation

related losartan + ramipril information

Indication & Dosage

Oral

Mild to moderate hypertension

Adult: 1 tab daily (losartan K 50 mg and ramipril 1.25 mg). Treatment should be initiated with a lower dose and the dosage may be gradually increased till the max response is observed.

Special Populations: The initial recommended dose for patients with CrCl < 40ml/min/1.73m3 is losartan K 50mg plus ramipril 1.25mg once daily. The dosage adjustment is recommended in cirrhotic patients, impaired liver function.

Contraindications

Hypersensitivity, history of angioedema, bilateral renal stenosis, high-dose diuretic therapy, salt depleted states, renal impairment, pregnancy

Special Precautions

Patients on diuretic, renal impairment, heart failure and hereditary edema, serum K conc should be monitored in elderly and patients with renal stenosis and lactation.

Adverse Drug Reactions

First-dose hypotension, angioedema, hyperkalaemia, dyspepsia, muscle cramp, myalgia, dizziness, insomnia, nasal congestion, cough, upper resp infection, sinusitis, asthenia, oedema, abdominal pain, chest pain, nausea, headache, pharyngitis, superficial peeling of palms and haemolysis, renal impairment, pancytopaenia, haemolytic anaemia, thrombocytopaenia, increase in BUN and serum creatinine, angioneurotic oedema, cough, arthralgia, fever, impotence, increased sweating, malaise, wt gain, rash.

Drug Interactions

Concomitant use of potassium-sparing diuretics (eg, spironolactone, triamterene, amiloride), K supplements, or salt substitutes containing K may lead to increase in serum potassium. Cimetidine may increase AUC of losartan, phenobarbital may reduce the AUC of losartan and that of its active metabolite. Co-administration with diuretics can cause hypotension. Serum lithium level is increased when lithium is co-administered with ramipril.

Mechanism of Action

Losartan and its principal active metabolite block the vasoconstrictor and aldosterone-secreting effects of angiotensin II by selectively blocking the binding of angiotensin II to the AT1 receptor found in many tissues (vascular smooth muscle, adrenal gland). Ramipril and its metabolite, ramiprilat inhibit angiotensin-converting enzyme (ACE). Inhibition of ACE results in decreased plasma angiotensin II. Both administered in combination gives additive antihypertensive effect.

CIMS Class

ACE Inhibitors / Angiotensin II Antagonists

ATC Classification

C09AA05 - ramipril; Belongs to the class of ACE inhibitors. Used in the treatment of cardiovascular disease.
C09CA01 - losartan; Belongs to the class of angiotensin II antagonists. Used in the treatment of cardiovascular disease.

*losartan + ramipril information:
Note that there are some more drugs interacting with losartan + ramipril

losartan + ramipril

losartan + ramipril brands available in India

Always prescribe with Generic Name : losartan + ramipril, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ETOTAN-R tab LORAM tab LORAM-H tab LOSANORM-HR tab LOSCOM-R film-coated tab LR cap RIGARD-R tab SARTACE H tab SARTACE tab TOZAAR-R tab

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([all drugs])

loteprednol

CIMS Class : (Eye Corticosteroids)

loteprednol

P - Caution when used during pregnancy

L - Caution when used during lactation

related loteprednol information

Indication & Dosage

Ophthalmic

Allergic conjunctivitis

Adult: Instil 1 drop of a 0.2% suspension into the affected eye(s) 4 times daily for <2 wk.

Ophthalmic

Ocular inflammation

Adult: Instil 1-2 drops of a 0.5% suspension into the affected eye(s) 4 times daily. May initiate with 1 drop of a 0.5% suspension every hr; may reduce frequency gradually once improvement occurs.

Ophthalmic

Postoperative ocular inflammation

Adult: Instil 1-2 drops of a 0.5% suspension 4 times daily into the eye(s) undergoing surgery beginning 24 hr after surgery for 2 wk.

Contraindications

Viral infections of the cornea and conjunctiva; mycobacterial eye infection; fungal infections of ocular structures.

Special Precautions

May mask and exacerbate existing ocular infection. Re-evaluate patients if symptoms do not improve after 2 days. Glaucoma; may delay healing after cataract surgery. Monitor intraocular pressure (prolonged use).

Adverse Drug Reactions

Headache. Rhinitis, pharyngitis. Abnormal vision/blurring, burning sensation on instillation, chemosis, dry eyes, itching, conjunctivitis/irritation, corneal abnormalities, eyelid erythema, papillae uveitis. Glaucoma and optic nerve injury, posterior subcapsular cataracts (prolonged use). Changes in visual acuity, field defects. Secondary ocular infection.

Storage

Ophthalmic: Store at 15-25°C.

Mechanism of Action

Loteprednol is a synthetic nonfluorinated glucocorticoid. It stimulates the production of lipicortins, proteins that modulate the activity of prostaglandins and leukotrienes.

CIMS Class

Eye Corticosteroids

*loteprednol information:

loteprednol

loteprednol brands available in India

Always prescribe with Generic Name : loteprednol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : LOTEFLAM eye drops LOTEPRED eye drops

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([all drugs])

lovastatin

CIMS Class : (Dyslipidaemic Agents)

lovastatin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related lovastatin information

Indication & Dosage

Oral

Hyperlipidaemias, Primary prophylaxis of coronary artery disease

Adult: Initially, 10-20 mg daily at night; may be increased at 4-wk intervals as necessary. Max: 80 mg/day (immediate-release); 60 mg/day (extended-release).

Child: Adjunct to diet in adolescent patients with heterozygous familial hypercholesterolaemia with LDL >189 mg/dl, or LDL >160 mg/dl with positive family history of premature CVD, or LDL >160 mg/dl in the presence of at least 2 other CVD risk factors: 10-17 yr: Immediate-release tablet: LDL reduction <20%: Initially, 10 mg/day. =20%: Initially, 20 mg/day. Usual range: 10-40 mg daily, then adjust dose at 4-wk intervals. Doses to be taken at night.

CrCl (ml/min)

Dosage Recommendation

<30

Doses >20 mg/day should be used with caution.

Special Populations: Patient on concurrent ciclosporin or other immunosuppressants: Initially, 10 mg/day. Max dose: 20 mg/day. Patient on concurrent fibrates, danazol and/or niacin (>1 g/day): Max dose: 20 mg/day. Avoid concurrent use unless risk to benefit favors use. Patient on concurrent amiodarone/verapamil: Max dose: 40 mg/day (immediate release); 20 mg/day (extended release).

Administration

Should be taken with food.

Contraindications

Active liver disease; unexplained persistently elevated serum transaminases. Pregnancy and lactation.

Special Precautions

Renal impairment; inadequately controlled hypothyroidism; history of liver disease; alcoholism; patients at risk of rhabdomyolysis. Elderly. Monitor LFTs.

Adverse Drug Reactions

Increased creatine phosphokinase; flatulence, nausea, dyspepsia, constipation or diarrhoea, abdominal pain; muscle cramps, myalgia, weakness; blurred vision; headache, dizziness; rash.
Potentially Fatal: Rhabdomyolysis and acute renal failure.

Drug Interactions

Reduced absorption with cholestyramine, isradipine. May increase warfarin effect.
Potentially Fatal: Increased risk of myopathy and rhabdomyolysis with amiodarone, azole antifungals, fibrates, colchicine, ciclosporin, danazol, macrolides, nefazodone, niacin (high doses), protease inhibitors,verapamil. Increased levels/effects with diclofenac, doxycycline, imatinib, isoniazid, nicardipine, propofol, quinidine, diltiazem.

Food Interaction

Bioavailability of extended-release tablet reduced by food; bioavailability of immediate-release tablet increased by food. Serum levels increased with grapefruit juice; avoid concurrent intake of >1 quart/day. Serum levels reduced with St John's wort.

Lab Interference

May alter thyroid function tests.

Pregnancy Category (US FDA)

Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.

Storage

Oral: Immediate-release tablet: Store at 5-30°C (41-86°F). Extended-release tablet: Store at 20-25°C (68-77°F).

Mechanism of Action

Lovastatin reduces cholesterol synthesis by inhibiting the rate-limiting step catalysed by HMG-CoA reductase.

Absorption: 30% absorbed from the GI tract; peak plasma concentrations after 2-4 hr (oral).

Distribution: <5% reach the circulation. Protein-binding: >95%.

Metabolism: Extensively hepatic via hydrolysis; converted to active ß-hydroxyacid form.

Excretion: Via faeces (85%); via urine (10%); 1-2 hr (elimination half-life).

CIMS Class

Dyslipidaemic Agents

ATC Classification

C10AA02 - lovastatin; Belongs to the class of HMG CoA reductase inhibitors. Used in the treatment of hyperlipidemia.

*lovastatin information:
Note that there are some more drugs interacting with lovastatin
lovastatin further details are available in official CIMS India
lovastatin
lovastatin brands available in India
Always prescribe with Generic Name : lovastatin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : AZTATIN tab ELSTATIN tab FAVOLIP tab LESTRIC tab LIPISTAT tab LOCHOL tab LOSTATIN tab LOTIN tab LOVA tab LOVACARD tab LOVADAC tab LOVALIP tab LOVAMEG tab LOVASTAT tab LOVASTROL tab LOVATIN tab LOVEX tab PRO HDL tab RECOL tab ROVACOR tab

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([all drugs])

loxapine

CIMS Class : (Antipsychotics)

loxapine

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related loxapine information

Indication & Dosage

Oral

Psychoses

Adult: Initially, 20-50 mg daily in 2 divided doses. Increase according to patient response and tolerance over the next 7-10 days to 60-100 mg daily or more, in 2-4 divided doses. Max dose: 250 mg daily. Maintenance dose range: 20-100 mg daily in divided doses.

Elderly: 20-60 mg/day.

Intramuscular

Acute psychosis

Adult: Up to 300 mg daily in 2-3 divided doses.
Elderly: Reduced dose may be required.

Administration

Should be taken with food.

Overdosage

Symptoms: Deep sleep, dystonia, agitation, dysrhythmias, extrapyramidal reactions, hypotension, seizures. Management: Symptomatic and supportive.

Contraindications

Severe CNS depression, coma.

Special Precautions

Parkinson's disease. Haemodynamic instability; bone marrow suppression; predisposition to seizures; subcortical brain damage; severe cardiac, hepatic, renal or respiratory impairment. Patients at risk of pneumonia (e.g. Alzheimer's disease). Breast cancer or other

prolactin-dependent tumours. Cerebrovascular disease. Decreased GI motility, urinary retention, benign prostatic hyperplasia, xerostomia or visual problems. Narrow-angle glaucoma; myasthenia gravis. May impair ability to drive or operate machinery. Pregnancy and lactation.

Adverse Drug Reactions

Arrhythmia, BP changes, orthostatic hypotension, tachycardia, syncope; agitation, ataxia, confusion, dizziness, drowsiness, extrapyramidal symptoms, faintness, headache, insomnia, lightheadedness, seizure, slurred speech, tension; sexual dysfunction, urinary retention; agranulocytosis, leukopenia, thrombocytopenia; muscle weakness; alopecia, dermatitis, photosensitivity, pruritus, rash, seborrhoea; amenorrhoea, irregular menstruation, breast enlargement, galactorrhoea, gynaecomastia; ileus, constipation, nausea, vomiting, polydipsia, wt changes, xerostomia; blurred vision; nasal congestion.
Potentially Fatal: Neuroleptic malignant syndrome.

Drug Interactions

Inhibits vasopressor effect of epinephrine.

Potentially Fatal: Additive CNS depression with other CNS depressants (e.g. benzodiazepines, barbiturates, alcohol).

Food Interaction

CNS depression may be increased with kava kava, gotu kola, valerian, St John's wort.

Lab Interference

False-positive tests for phenylketonuria, amylase, uroporphyrins, urobilinogen.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 20-25°C (68-77°F).

Mechanism of Action

Loxapine, a dibenzoxazepine antipsychotic, antagonises central dopaminergic action by blocking postsynaptic mesolimbic D1 and D2 receptors in the brain. It also has serotonin 5-HT2 inhibiting activity.

Absorption: Absorbed readily from the GI tract; peak plasma concentrations within 1-2 hr.

Distribution: Widely distributed; crosses the placenta and distributes into breast milk.

Metabolism: Very rapidly and extensively hepatic. Major metabolites: 7- and 8-hydroxyloxapine.

Excretion: Mainly via urine (as conjugated metabolites); via faeces (small amounts as unconjugated metabolites). 12-19 hr (terminal elimination half-life).

CIMS Class

Antipsychotics

ATC Classification

N05AH01 - loxapine; Belongs to the class of diazepines, oxazepines and thiazepines antipsychotics. Used in the management of psychosis.

*loxapine information:

Note that there are some more drugs interacting with loxapine

loxapine

loxapine brands available in India

Always prescribe with Generic Name : loxapine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : LOXAPAC cap LOXAPAC liqd

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([all drugs])

magnesium hydroxide

CIMS Class : (Antacids, Antireflux Agents & Antiulcerants) , (Laxatives, Purgatives)

magnesium hydroxide

P - Caution when used during pregnancy

related magnesium hydroxide information

Indication & Dosage

Oral

Gastrointestinal hyperacidity

Adult: Up to 1 g daily, usually given in conjunction with an aluminium-containing antacid eg, aluminium hydroxide.

Oral

Osmotic laxative

Adult: 2.4-4.8 g daily as a single dose or in divided doses.

Child: 6?11 yr: 1.2?2.4 g daily; 2?5 yr: 0.4?1.2 g daily. Doses may be given as a single dose or in divided doses.

Contraindications

Intestinal obstruction, faecal impaction; renal failure; appendicitis.

Special Precautions

Colostomy, ileostomy; electrolyte imbalance. Monitor for toxicity in patients with impaired renal function. Pregnancy.

Adverse Drug Reactions

GI irritation, diarrhoea, abdominal cramps; hypermagnesaemia (in patients with renal impairment). Paralytic ileus.

Drug Interactions

Decreases absorption of tetracyclines and biphosphonates. Separate administration of these and other drugs by around 2 hr.

Mechanism of Action

Magnesium hydroxide increases peristaltic activity causing osmotic retention of fluids, thus resulting in bowel evacuation. It also reduces stomach acid by reacting with hydrochloric acid to form Mg chloride.

CIMS Class

Antacids, Antireflux Agents & Antiulcerants / Laxatives, Purgatives

ATC Classification

A02AA04 - magnesium hydroxide; Belongs to the class of magnesium-containing antacids. Used for the treatment of acid-related disorders.
G04BX01 - magnesium hydroxide; Belongs to the class of other urologicals. Used in the treatment of urological problems.

*magnesium hydroxide information:
Note that there are some more drugs interacting with magnesium hydroxide
magnesium hydroxide
magnesium hydroxide brands available in India
Always prescribe with Generic Name : magnesium hydroxide, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ASILAX syr CMD PLUS tab DAFFOLAC-P susp DEY'S MILK OF MAGNESIA susp DEY'S MILK OF MAGNESIA tab GUDLAX-PLUS susp NOVALAX susp
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([all drugs])
mannitol

CIMS Class : (Diuretics) , (Intravenous & Other Sterile Solutions)

mannitol

P - Caution when used during pregnancy

L - Caution when used during lactation

related mannitol information

Indication & Dosage

Intravenous

Oliguric phase of renal failure

Adult: 50-100 g in a 24-hr period by IV infusion of a 5-25% solution. Adjust rate of administration to maintain a urine flow of at least 30-50 mL/hr.

Child: 0.25-2 g/kg.

Intravenous

Reduction of raised intraocular pressure

Adult: 0.25-2 g/kg by IV infusion of a 15-25% solution given over 30-60 minutes.

Intravenous

Reduction of raised intracranial pressure

Adult: 0.25-2 g/kg by IV infusion of a 15-25% solution given over 30-60 minutes.

Intravenous

Cerebral oedema

Adult: 0.25-2 g/kg by IV infusion of a 15-25% solution given over 30-60 minutes.

Intravenous

Renal function testing

Adult: 0.2 g/kg infused over 3-5 min.

Irrigation

Transurethral prostatic resection

Adult: Use 2.5-5% solution for bladder irrigation.

Contraindications

Pulmonary congestion or oedema; intracranial bleeding; CHF; metabolic oedema with abnormal capillary fragility; anuria due to severe renal disease; severe dehydration.

Special Precautions

Hypervolaemia; urinary tract obstruction; check for signs of fluid and electrolyte imbalance. Should not be administered with whole blood. Pregnancy, lactation.

Adverse Drug Reactions

Fluid and electrolyte imbalance; acidosis (with high doses). Nausea, vomiting, thirst; headache, dizziness, convulsions, chills, fever; tachycardia, chest pain; blurred vision; urticaria and hypotension or hypertension; acute renal failure; skin necrosis; thrombophloebitis.

Drug Interactions

Increased nephrotoxicity with ciclosporin.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intravenous: Store at 20-25°C Irrigation: Store at 20-25°C

Mechanism of Action

Mannitol increases urinary output by inhibiting tubular reabsorption of water and electrolytes. It raises the osmotic pressure of the plasma allowing water to be drawn out of body tissues.

Onset: Diuresis: 1-3 hr. Reduction in intracerebral pressure: around 15 min.

Duration: Reduction in intracerebral pressure: 1.5-6 hr.

Absorption: Small amounts are absorbed from the GI tract.

Distribution: Concentrated in extracellular compartments. It does not penetrate the blood-brain barrier nor the eye.

Metabolism: Minimal hepatic metabolism, converted to glycogen.

Excretion: Urine via the kidneys (unchanged drug).

CIMS Class

Diuretics / Intravenous & Other Sterile Solutions

ATC Classification

A06AD16 - mannitol; Belongs to the class of osmotically acting laxatives. Used in the treatment of constipation.

B05BC01 - mannitol; Belongs to the class of solutions producing osmotic diuresis used in I.V. solutions.

B05CX04 - mannitol; Belongs to the class of other solutions used as irrigating solutions.

*mannitol information:
Note that there are some more drugs interacting with mannitol
mannitol
mannitol brands available in India
Always prescribe with Generic Name : mannitol, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : 20% MANNITOL INF infusion KRATOL inj MANNIGYL inj MANNITOL (Prem) infusion MANNITOL 20% infusion MANNITOL infusion MANNITOL IV inj NEUROTOL infusion NEUROTOL-M infusion SIPTOL-G infusion
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([all drugs])
mebendazole
CIMS Class : (Anthelmintics)
mebendazole
P - Caution when used during pregnancy
L - Caution when used during lactation

Food ¤ - Food interaction

related mebendazole information

Indication & Dosage

Oral

Ascariasis

Adult: 100 mg bid for 3 consecutive days. Alternatively, 500 mg as a single dose. A 2nd course may be given if patient is not cured within 3-4 wk.

Child: >1 yr: 100 mg bid for 3 consecutive days. Alternatively, 500 mg as a single dose. A 2nd course may be given if patient is not cured within 3-4 wk.

Hepatic impairment: Dose reduction may be required.

Oral

Trichuriasis

Adult: 100 mg bid for 3 consecutive days. Alternatively, 500 mg as a single dose. A 2nd course may be given if patient is not cured within 3-4 wk.

Child: >1 yr: 100 mg bid for 3 consecutive days. Alternatively, 500 mg as a single dose. A 2nd course may be given if patient is not cured within 3-4 wk.

Hepatic impairment: Dose reduction may be required.

Oral

Hookworm infections

Adult: 100 mg bid for 3 consecutive days. Alternatively, 500 mg as a single dose. A 2nd course may be given if patient is not cured within 3-4 wk.

Child: >1 yr: 100 mg bid for 3 consecutive days. Alternatively, 500 mg as a single dose. A 2nd course may be given if patient is not cured within 3-4 wk.

Hepatic impairment: Dose reduction may be required.

Oral

Enterobiasis

Adult: 100 mg as a single dose; may repeat if necessary 2-3 wk after initial treatment.

Child: >2 yr: 100 mg as a single dose; may repeat if necessary 2-3 wk after initial treatment.

Hepatic impairment: Dose reduction may be required.

Oral

Capillariasis

Adult: 200 mg bid for 20 days.

Child: >2 yr: 200 mg bid for 20 days.

Hepatic impairment: Dose reduction may be required.

Oral

Filariasis

Adult: Caused by Mansonella perstans: 100 mg bid for 30 days; caused by Onchocerca volvulus: 1 g bid for 28 days.

Child: >2 yr: 100 mg bid for 30 days.

Hepatic impairment: Dose reduction may be required.

Oral

Toxocariasis

Adult: 100-200 mg bid for 5 days; may continue for up to 20 days.

Child: >2 yr: 100-200 mg bid for 5-20 days.

Hepatic impairment: Dose reduction may be required.

Oral

Trichinellosis

Adult: Caused by Trichinella spiralis: 200-400 mg tid for 3 days followed by 400-500 mg tid for 10 days.

Child: >2 yr: 200-400 mg tid for 3 days followed by 500 mg tid for 10 days.

Hepatic impairment: Dose reduction may be required.

Oral

Trichostrongyliasis

Adult: Caused by Trichostronglus: 100 mg bid for 3 consecutive days.

Child: >2 yr: 100 mg bid for 3 consecutive days.

Hepatic impairment: Dose reduction may be required.

Oral

Dracunculiasis

Adult: Caused by Dracunculus medinensis: 400-800 mg daily for 6 days.

Administration

May be taken with or without food.

Overdosage

Symptoms: Abdominal pain, altered mental status. Management: Supportive.

Contraindications

Hypersensitivity. Infants and children <2 yr.

Special Precautions

Monitor blood counts and hepatic function especially in patients receiving high doses. Pregnancy and lactation.

Adverse Drug Reactions

Transient diarrhoea, abdominal pain, nausea, vomiting, headache, tinnitus, numbness, fever and dizziness.
Potentially Fatal: Myelosuppression (high doses).

Drug Interactions

Reduced plasma levels with enzyme inducers e.g. phenytoin, carbamazepine. Increased plasma levels withcimetidine.

Food Interaction

Fatty food increases absorption.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.
Mechanism of Action

Mebendazole acts by destroying the cytoplasmic microtubules in the worm's intestinal cells. This blocks the uptake of glucose and other nutrients resulting in death of the helminth.
Absorption: Poorly absorbed from the GI tract.
Distribution: Highly protein-bound.
Metabolism: Extensively hepatic; undergoes 1st-pass elimination.
Excretion: Mainly via faeces (as unchanged drug and metabolites); via urine (2%, as unchanged drug and metabolites).

CIMS Class

Anthelmintics

ATC Classification

P02CA01 - mebendazole; Belongs to the class of benzimidazole derivative agents used as antinematodal.

*mebendazole information:
Note that there are some more drugs interacting with mebendazole
mebendazole further details are available in official CIMS India
mebendazole
mebendazole brands available in India

Always prescribe with Generic Name : mebendazole, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : EBEN syr EBEN tab ELMIN susp ELMIN tab EXIT susp EXIT tab HELMINTOL susp HELMINTOL tab IDIBEND susp IDIBEND tab KIT KAT susp KIT KAT tab LUPIMEB tab MEBAZOLE tab MEBEX granules MEBEX PLUS tab MEBEX susp MEBEX tab MENDAZOLE tab NEOMEX tab STA tab WORMIN susp WORMIN tab WORMNIL tab ZUMIN susp ZUMIN tab

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([all drugs])

mebeverine

CIMS Class : (Antispasmodics)

mebeverine

P - Caution when used during pregnancy

L - Caution when used during lactation

related mebeverine information

Indication & Dosage

Oral

Irritable bowel syndrome, Gastrointestinal tract spasm

Adult: As hydrochloride: 135 mg tid or 100 mg tid. Modified-release preparation: 200 mg bid. As embonate: 150 mg tid.

Child: As hydrochloride: 3-4 yr: 25 mg; 4-8 yr: 50 mg; 8-10 yr: 100 mg; >10 yr: 135-150 mg. All doses may be given tid. Modified-release preparation: Not recommended.

Administration

Should be taken with food. (Take immediately before or during meals.)

Contraindications

Paralytic ileus.

Special Precautions

Severe hepatic or renal impairment; cardiac disorders e.g. heart block; porphyria. May impair ability to drive or operate machinery. Pregnancy and lactation.

Adverse Drug Reactions

GI disturbances, dizziness, headache, insomnia, anorexia, decreased heart rate, hypersensitivity reactions.

Storage

Oral: Conventional preparation: Store at or below 30°C. Modified-release preparation: Store at 5-25°C.

Mechanism of Action

Mebeverine is an antispasmodic agent which exerts direct action on the GI smooth muscle.
Absorption: Rapidly absorbed from the GI tract (oral); peak plasma concentrations within 1-3 hr.
Distribution: Protein-binding: 75% to albumin.
Metabolism: Hydrolysed completely in the liver to veratric acid and mebeverine alcohol.
Excretion: Via urine (as metabolites).

CIMS Class

Antispasmodics

*mebeverine information:

mebeverine

mebeverine brands available in India

Always prescribe with Generic Name : mebeverine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : COLOSPA RETARD cap COLOSPA tab MEBASAP AL tab MEBASPA tab MEBIZ SR cap MEBRIN tab MEBRIN-AZ tab MEVA SR-cap MEVA SR-tab MEVA-C cap MOREASE tab MOREASE-I granules

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([all drugs])

meclozine

CIMS Class : (Antivertigo Drugs)

meclozine

P - Caution when used during pregnancy

L - Caution when used during lactation

related meclozine information

Indication & Dosage

Oral

Motion sickness

Adult: 25-50 mg 1 hr before travelling and repeat every 24 hr if needed.

Child: As hydrochloride: 2-6 yr: 6.25 mg once daily; 6-12 yr: 12.5 mg once daily; >12 yr: 25-50 mg 1 hr before travelling and repeat every 24 hr if needed.

Oral

Vertigo and vestibular disorders

Adult: Up to 100 mg daily in divided doses.

Special Precautions

Angle-closure glaucoma, prostatic hyperplasia; pyloric or duodenal obstruction; asthma. Elderly. May affect the ability to drive or operate machinery. Pregnancy and lactation.

Adverse Drug Reactions

Drowsiness, thickening of bronchial secretions, dry mouth, fatigue, blurred vision.

Drug Interactions

Additive effects with CNS depressants, neuroleptics, anticholinergics, alcohol.

Storage

Oral: Conventional tablet: Store at 15-30°C (59-86°F). Chewable tablet: Store below 30°C (86°F).

Mechanism of Action

Meclozine blocks vasopressor response to histamine and has a slight blocking action against acetylcholine. It decreases excitability of the middle ear labyrinth and blocks conduction in the middle ear vestibular-cerebellar pathways.
Onset: About 1 hr (oral).
Duration: 8-24 hr (oral).
Metabolism: Hepatic.
Excretion: Via urine (as metabolites); via faeces (as unchanged drug).

CIMS Class

Antivertigo Drugs

ATC Classification

R06AE05 - meclozine; Belongs to the class of piperazine derivatives used as systemic antihistamines.

*meclozine information:
Note that there are some more drugs interacting with meclozine
meclozine
meclozine brands available in India
Always prescribe with Generic Name : meclozine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : DILIGAN tab PNV TABLET tab PREGNIDOXIN tab
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([all drugs])
mecobalamin
CIMS Class : (Vitamin B-Complex / with C) , (Nootropics & Neurotonics)
mecobalamin

Lab ¤ - Lab interference

related mecobalamin information

Indication & Dosage

Oral

Peripheral neuropathies

Adult: 1500 mcg/day in 3 divided doses.

Parenteral

Peripheral neuropathies

Adult: 500 mcg daily IM/IV 3 times/wk.

Parenteral

Megaloblastic anaemia caused by vitamin B12 deficiency

Adult: 500 mcg daily IM/IV 3 times/wk. Maintenance dose: After about 2 mth of therapy, reduce dose to single admin of 500 mcg every 1-3 mth.

Administration

May be taken with or without food.

Adverse Drug Reactions

Oral: Anorexia, nausea, vomiting and diarrhoea. Parenteral: Rash, headache, hot sensation, diaphoresis and pain/induration at IM inj site.
Potentially Fatal: Anaphylactoid reactions (parenteral).

Drug Interactions

Decreased GI tract absorption with neomycin, aminosalicylic acid, H2-blockers and colchicine. Reduced serum concentrations with oral contraceptives. Reduced effects in anaemia with parenteral chloramphenicol.

Lab Interference

May interfere with precise diagnosis in patients with folate deficiency.

Storage

Oral: Store at room temperature. Protect from moisture and light. Parenteral: Store at room temperature. Do not expose to direct light.

Mechanism of Action

Mecobalamin is the neurologically active form of vitamin B12 and occurs as a water-soluble vitamin in the body. It is a cofactor in the enzyme methionine synthase, which functions to transfer methyl groups for the regeneration of methionine from homocysteine. In anaemia, it increases erythrocyte production by promoting nucleic acid synthesis in the bone marrow and by promoting maturation and division of erythrocytes.

Absorption: Peak plasma concentrations after 3 hr (oral); 0.9 hr (IM); 3 min (IV).

Excretion: Via urine.

CIMS Class

Vitamin B-Complex / with C / Nootropics & Neurotonics

ATC Classification

B03BA05 - mecobalamin;

*mecobalamin information:

mecobalamin

mecobalamin brands available in India

Always prescribe with Generic Name : mecobalamin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACMIC INJ inj ACMIC tab ACMIC-S liqd ACOBMIN inj ACOBMIN tab ACOBMIN-OD inj ACOBMIN-OD tab ACTORICH tab ACVIT-12 INJ inj ACVIT-12 tab ADEE-12 INJ amp ADEE-12 tab AGEMAX PLUS CAP cap AGEMAX PLUS INJ amp AGEMAX syr AGEMAX-G cap ALCRIN-M cap ALFARIZ INJ inj ALFARIZ tab ALMECOL cap ALNACOB inj ALNACOB-OD softgel ALPHA-MEC tab ALPHAMIX INJ amp ALPHANEURON cap ALTIMIC inj AMECO INJ inj AMECO PLUS soft-gelatin caps ANCOB PLUS amp ANCOB tab ARMET PLUS tab ATNURON INJ inj ATNURON tab AVINEURON amp AVINEURON TAB tab AXINEURON tab AXO-VIT cap AZED amp AZED MD- tab AZED-M tab BALCOBAL tab BAROVIT tab BASIX-OD tab BAVITAM tab BECOBOL inj BENERV FORTE tab BENFINURON FORTE soft-gelatin caps BENFO FORTE tab BENFREE cap BEROCIN-CZ soft-gelatin caps BETANEURON OD tab BIGVIN inj BIGVIN tab BIGVIN-F syr BIGVIN-F tab BIOCOBAL FORTE INJ inj BIOCOBAL FORTE tab BIOCOBAL inj BIOCOBAL PLUS INJ inj BIOCOBAL PLUS tab BIOCOBAL SYR

syr BIOCOBAL tab BIOMIC tab BOLOVIT FC inj BYNURO amp BYNURO FORTE cap BYNURO-BID tab CABOSOFT INJ amp CADGROW-M cap CANBOL PLUS cap CANBOL tab CANBOL-F tab CANMIK tab CHINY FORTE syr CHINY FORTE tab CHINY inj COBA tab COBADAY INJ inj COBADAY tab COBADAY-OD tab COBAL film-coated tab COBAL FORTE film-coated tab COBAL PLUS tab COBAL-F syr COBALIP tab COBAL-OD film-coated tab COBALOM TAB tab COBALOM vial COBALS PLUS tab COBALVIT 1ML inj COBALVIT FORTE cap COBALVIT INJ inj COBALVIT PLUS tab COBALVIT tab COBALVIT-D SYR syr COBALVIT-GT tab COBALVIT-OD tab COBAMET-OD filcotab COBANERVE amp COBANERVE OD-tab COBANERVE-HR tab COBASOFT cap COBAVER vial COBAVER-M tab COBAVER-OD soft-gelatin caps COBLONA INJ amp COBLONA PLUS cap COBLONA tab COBSA inj COBSA tab COLABA-B INJ amp COLABA-B tab COMPICARE INJ amp COMPLETE-12 film-coated tab CUBAL inj CUMEE vial CUMEE-A cap DIABANERVE cap DIABANERVE inj DIABANERVE tab DIACOBAL FORTE INJ inj DIACOBAL FORTE tab DIACOBAL inj DIACOBAL PLUS INJ amp DIACOBAL PLUS tab DIACOBAL sublingual tab DIACOBAL SYR syr DIACOBAL tab E-COB amp ECOBAL cap ECOBAL INJ kit ECOBAL-OD cap ECOBAL-PLUS cap EFCOBA -F tab EFCOBA

PLUS tab EFCOBA tab EFCOBA-OD tab EFCOBEN tab ELECTA FORTE syr ELECTA FORTE tab ELECTA inj ELMECOB film-coated tab ELMECOB INJ amp ELMECOB-OD film-coated tab ELNEURO soft-gelatin caps ESCOBAL tab EUCOBAL cap EXACOR tab FAXTRA tab FOCOBAL PLUS amp FOL-G1 tab FOLIRICH-B cap FOTIA PLUS tab FOTIA-F tab GABATOP cap GAME tab GCOBAL LA tab GIC-M film-coated tab GLA-M cap GLOMEC amp GLOMEC PLUS amp GMAB PLUS tab HICOBAL cap HOSIT TAB tab HOSIT-L tab HYTERON-M tab INCOBAL PLUS cap INCOBAL-OD cap INERVE cap INGAVIT B12 vial INTACOB KIT amp INTACOB-OD cap J.P.TONE INJ inj JUVINATE inj KEENEURON INJ inj KEENEURON tab KP-12 inj LAMECO-OD sublingual tab LBEX-12 OD tab LENOVA-MF cap LEVINEURO soft-gelatin caps LINEURON amp LINEURON tab LOGIC soft-gelatin caps LOGY inj LYCOBAL FORTE cap MACONEURON-OD cap MACRABERIN-M soft-gelatin caps MACRABERIN-P cap MALAMIN-DS tab MALZIX soft-gelatin caps MALZIX-GB tab MARINOL ALPHA cap MARINOL inj MARINOL PLUS cap MARINOL tab MARINOL-B vial MATILDA FORTE cap MATILDA INJ amp MATILDA PLUS soft-gelatin caps MATILDA-OD film-coated tab MB-12 amp MCB amp MCBIT amp MCBM 69 OD film-coated tab MCBM INJ amp MCBM-69 tab ME PLUS cap ME PLUS-OD cap ME-12 INJ

amp ME-12 tab ME-12-OD tab MEBAL-PLUS cap MECATIN tab MECATIN-MD tab MECMIN amp MECMIN tab MECOBA ALPHA cap MECOBA inj MECOBA OD film-coated tab MECOBAL inj MECOBAL PLUS cap MECOBAL PLUS INJ vial MECOBAL-GB tab MECOBAL-OD tab MECOBEST inj MECOBEX TAB tab MECOBIL-OD cap MECOBIL-P cap MECOBION cap MECOBION-OD cap MECOBYTE tab MECOCAD cap MECOCAS OD tab MECOCAS tab MECOFLASH sublingual tab MECOFOL inj MECOFOL tab MECOFOL-A tab MECOLIFE INJ inj MECOLIFE PLUS cap MECOLIFE-OD tab MECOMED inj MECOMED tab MECOMPY-FORTE tab MECONA inj MECONA PLUS inj MECONERV amp MECONERV FORTE tab MECONERV PLUS cap MECONERV SYR syr MECONERV tab MECONEURON amp MECONEURON film-coated tab MECONEURON-HR film-coated tab MECONEURON-OD MD-tab MECONOVIT-OD tab MECOPHAR tab MECOPIL FORTE tab MECOPIL tab MECORIV tab MECORIV-G tab MECOSA-OD tab MECOVON cap MECOVON INJ vial MECZE FL tab MECZE tab MEDHAMIN amp MEDHAMIN FORTE film-coated tab MEDINERV tab MEGANEURON cap MEGO amp MEGO sublingual tab MEGO-XL cap MEGO-XL INJ amp MELIFE-OD tab MEMI amp MEPIK cap ME-PLUS tab MERICOBAL cap MERICOBAL INJ inj METHERLIN tab METHERLIN vial METHICO inj METHICO

tab METHICO-AL cap METHICO-OD tab METHILOC inj METHILOC tab METHONEURON-C Combi-pack METHOVIT INJ amp METHYCO inj METHYCOBAL amp METHYCOBAL tab METHYGARD INJ amp METHYGARD-OD soft-gelatin caps METHYNEURON tab METHYNEURON-OD tab MET-NEUROBION soft-gelatin caps MEWIN tab MEWIN-GB tab MEXIVIT cap MEZEN cap MEZEN INJ amp MEZEN PLUS cap MICO-B amp MIKO amp MIKO G tab MIKO TAB tab MIKO-OD tab MOBLO film-coated tab MOBLO-AF cap MOBLO-M12 vial MOBLO-PLUS cap MOKIA-G tab MOLU PLUS liqd MOTRIN GB tab MYCOBAL inj MYCOBAL tab MYCOL INJ amp MYCONOVA tab MYCOTOP CAP cap MYCOTOP inj MYCOVIT tab MYCOVIT-GB tab MYCOVIT-OD inj MYELOGEN film-coated tab MYNEURON inj MYNURON tab NECOB film-coated tab NECOB PLUS cap NEPHROCAPS cap NERFIT tab NERVE-O-FITT cap NERVIC CAP cap NERVIC INJ inj NERVIC SYR syr NERVIC TABS tab NERVIC-1500 tab NERVICIN INJ amp NERVICIN softgel NERVICIN-G cap NERVIJEN amp NERVIJEN cap NERVIM-P tab NERVION cap NERVION INJ amp NERVON-GM tab NERVONIC SYR syr NERVONIC tab NERVON-M amp NERVON-PM tab NERVUP FORTE cap NERVUP INJ amp NERVUP soft-gelatin caps NERVUP-ER tab NERVUP-OD soft-gelatin caps NERVUPTIN tab NERVZ

cap NERVZ-B cap NERWIN-GT tab NERWIN-MD tab NEUCOBAL tab NEUCOBAL-FORTE soft-gelatin caps NEUCOBAL-OD tab NEURACTIN cap NEURACTIN FORTE softgel NEURATAB-M FORTE inj NEURATAB-M inj NEURO GM cap NEUROAGE CAP cap NEUROAGE GF tab NEUROAGE SYR syr NEUROAGE tab NEUROAGE-OD tab NEUROCAP-OD cap NEUROCHEK cap NEUROCHEK-FORTE cap NEUROFORTE cap NEUROGAB tab NEUROGLOW cap NEUROGLOW-B cap NEUROKAB-OD tab NEUROKAIR cap NEUROKAIR INJ inj NEUROLAC-MD tab NEUROLAX inj NEUROLAX-OD tab NEUROMED cap NEUROMIN liqd NEUROMIN tab NEUROMIN vial NEUROMIN-M cap NEUROMIN-M liqd NEURONTIN TAB tab NEUROSET inj NEUROSOZ-MC cap NEUROSWIFT inj NEUROTONE INJ inj NEUROTOP PLUS softgel NEUROTOP-M amp NEUROVIG-M amp NEUROVIG-MD tab NEUROZ FORTE cap NEUROZ inj NEUROZEN tab NEUROZ-OD tab NEUTRON amp NEUVESCA cap NEXCOB PLUS cap NEXCOB-G tab NIFABOL vial NISCOBAL inj N-MEEDIA inj NOVOMINE inj NOVOMINE-OD tab NU VOLT inj NU VOLT tab NUMETH cap NUROBEST cap NUROBEX FORTE amp NUROCLAD film-coated tab NUROCLAD-PLUS cap NURODAY tab NUROKIND inj NUROKIND PLUS cap NUROKIND PLUS INJ inj NUROKIND tab NUROKIND-OD sublingual tab NURO-M PLUS tab NURO-M

SYP syr NURO-M tab NUROMAX amp NUROMAX-OD tab NUROSENZ cap NUROVIR cap NUROZAC-A softgel NUROZ-OD film-coated tab NUTRARED inj NUTRIFOL film-coated tab NUVOLT inj NUVOLT PLUS amp NUVOLT PLUS tab NUVOLT tab OB-12 film-coated tab OB-12 FORTE sublingual tab OBRASE soft-gelatin caps ODICOBA tembid OMYBAL tab OSCOB FORTE tab PENTANEURON OD cap PREMED SYR syr PREMED tab PSYNEURON tab RADICOB-OD soft-gelatin caps R-COBALA enteric-coated tab REGEM SYR syr REGEN tab REJUNEX CAP softgel REJUNEX inj REJUNEX-OD cap REJUNURON amp REJUNURON PLUS cap REJUNURON PLUS INJ inj REJUNURON-DL cap REJUNURON-OD soft-gelatin caps RENERVE INJ inj RENERVE PLUS CAPS soft-gelatin caps RENERVE PLUS inj RENERVE soft-gelatin caps RENERVE-MAX soft-gelatin caps RENUGEN tab RESNER soft-gelatin caps RITOX cap SAFYVIT vial SAFYVIT SYR syr SAFYVIT-AL tab SALUTE INJ amp SALUTE-MD INJ amp SANCOL inj SANCOVIT inj SLB inj SLB sublingual tab SUCOBA tab SURJUVIN cap SYMETH tab SYNERVE film-coated tab TALCOBAL LIQD liqd TALCOBAL PLUS INJ inj TALCOBAL tab TECLOB tab TECSOVIT FORTE tab TEFROMIN syr THYCOBAL inj TONEX inj TRINERGIC FORTE soft-gelatin caps TRINERGIC INJ amp TRINERGIC PLUS soft-gelatin

caps TRINERVE soft-gelatin caps TROPOVIT amp TWO B cap UNICOBAL FORTE soft-gelatin caps UNICOBAL INJ amp UNICOBAL PLUS soft-gelatin caps UNICOBAL tab VANTI-M cap VANTI-M INJ inj VARNURON INJ amp VARNURON tab VEGICOB tab VEGITO-A cap VIMINTA FORTE cap VIMINTA INJ inj VIT-AF cap VITCOBIN inj VITCOBIN tab VITCOBIN-P cap VOLTA-M amp VOLTANEURON film-coated tab VOLTANEURON-DN film-coated tab ZELITA-7 soft-gelatin caps ZINCOBAL CAP cap ZINCOBAL inj ZONURON amp ZONURON TAB tab ZYMICO INJ inj

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([all drugs])

medroxyprogesterone

CIMS Class : (Oestrogens & Progesterones & Related Synthetic Drugs)

medroxyprogesterone

P - Contraindicated in pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related medroxyprogesterone information

Indication & Dosage

Oral

Menorrhagia

Adult: 2.5-10 mg daily for 5-10 days starting on the 16th-21st day of the menstrual cycle. Repeat for 2 cycles.

Oral

Mild to moderate endometriosis

Adult: 10 mg tid.

Oral

As progestogen component in menopausal hormonal replacement therapy

Adult: Dosage dependant on oestrogen component of therapy, several regimens are used: 1.5 mg, 2.5 mg or 5 mg daily; 5 or 10 mg daily for 12-14 days of a 28-day cycle; 20 mg daily for 14 days of a 91-day cycle.

Oral

Breast cancer

Adult: 0.4-1.5 g daily. Max: 2 g daily.

Oral

Palliative treatment of endometrial and renal carcinoma

Adult: 200-600 mg daily.

Oral

Secondary amenorrhoea

Adult: 2.5-10 mg daily for 5-10 days. Repeated for 3 cycles.

Oral

Palliative treatment of prostatic carcinoma

Adult: 100-600 mg daily.

Intramuscular

Endometriosis

Adult: 50 mg wkly or 100 mg every 2 wk.

Intramuscular

Contraception

Adult: 150 mg every 12 wk.

Intramuscular

Breast cancer

Adult: 0.5-1 g daily for first 4 wk. Maintenance 0.5 g twice wkly.

Intramuscular

Palliative treatment of endometrial and renal carcinoma

Adult: Initially 0.4-1 g wkly. Reduce as necessary, maintenance may be as low as 0.4 g mthly.

Intramuscular

Palliative treatment of prostatic carcinoma

Adult: 0.5 g twice wkly for first 3 mth. Maintenance 0.5 g wkly.

Subcutaneous

Endometriosis

Adult: 104 mg every 12-14 wk.

Subcutaneous

Contraception

Adult: 104 mg every 12-14 wk.

Administration

May be taken with or without food. (Incidence of minor indigestion may increase as dose increases. Take w/ meals if necessary.)

Contraindications

Thromboembolic disorders; cerebral apoplexy; severe hepatic dysfunction; undiagnosed vaginal bleeding, incomplete abortion, hormone-dependent carcinoma; pregnancy.

Special Precautions

Patients with depression, DM, epilepsy, asthma, migraine, hypertension, renal or cardiac dysfunction. Monitor patient closely for loss of vision, proptosis, diplopia and thromboembolic disorders. Lactation.

Adverse Drug Reactions

Depression, fluid retention. Fatigue, insomnia, dizziness, headache, nausea; breast tenderness; wt gain/loss, anorexia; cholestatic jaundice; pain at Inj site.
Potentially Fatal: Thrombophlebitis and pulmonary embolism.

Drug Interactions

Aminoglutethimide and enzyme-inducing drugs (e.g. carbamazepine, griseofulvin, phenobarbital, rifampicin, phenytoin) may reduce plasma concentrations leading to reduced efficacy. Additional measures required when medroxyprogesterone is used for contraception during coadministration with these drugs.

Lab Interference

Altered thyroid and liver function tests.

Pregnancy Category (US FDA)

Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible

benefit. The drug is contraindicated in women who are or may become pregnant.

Mechanism of Action

Medroxyprogesterone is a synthetic progestogen which converts the proliferative phase of the endometrium into secretory phase. It has some androgenic and anabolic activities but no oestrogenic effects. Parenteral use leads to inhibition of pituitary gonadotropins, thus preventing follicular maturation and ovulation.

Absorption: Well absorbed from the GIT (oral).

Distribution: Enters the breast milk. Protein-binding: Highly bound to albumin.

Metabolism: Hepatic.

Excretion: Via the urine and faeces (as glucuronide conjugates); Elimination half-life: 24-30 hrs (oral), 50 days (IM).

CIMS Class

Oestrogens & Progesterones & Related Synthetic Drugs

ATC Classification

G03AC06 - medroxyprogesterone; Belongs to the class of progestogens. Used as systemic contraceptives.

G03DA02 - medroxyprogesterone; Belongs to the class of pregnen (4) derivative progestogens used in progestogenic hormone preparations.

L02AB02 - medroxyprogesterone; Belongs to the class of progestogens. Used in endocrine therapy.

*medroxyprogesterone information:

Note that there are some more drugs interacting with medroxyprogesterone

medroxyprogesterone

medroxyprogesterone brands available in India

Always prescribe with Generic Name : medroxyprogesterone, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : DEPO PROGESTIN inj DEPO-PROVERA inj DEPRO tab DEVIRY tab DUBLOC tab EMPEEA tab FARLUTAL tab GEEVA tab MEDRIGEST tab MEDRONORM tab MEDTET tab MEGEST tab MEPRATE tab MODUS tab ORGAMED tab PREMELLE tab PROVERA tab REGEEVA tab TAB LITMUS tab

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([all drugs])

mefenamic acid

CIMS Class : (Nonsteroidal Anti-inflammatory Drugs (NSAIDs))

mefenamic acid

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related mefenamic acid information

Indication & Dosage

Oral

Mild to moderate pain, Rheumatoid arthritis, Dental pain, Postoperative pain, Dysmenorrhoea,Osteoarthritis, Menorrhagia

Adult: 250-500 mg tid.

Child: >6 mth: 25 mg/kg daily in divided doses for up to 7 days.

Administration

Should be taken with food.

Contraindications

Inflammatory bowel disease; peptic ulcer; neonates; pregnancy (3rd trimester), lactation. Coronary artery bypass graft surgery, severe renal impairment, severe heart failure.

Special Precautions

Renal and hepatic impairment, asthma. Monitor blood counts and liver function during long-term therapy. Drowsiness may affect ability to perform skilled tasks. Elderly.

Adverse Drug Reactions

Abdominal pain, dyspepsia, constipation, diarrhoea, nausea, GI ulcers; oedema; bronchospasm; headache, drowsiness, insomnia, visual disturbances; CHF, hypertension, tachycardia, syncope; urticaria, rash; thrombocytopenia, aplastic anaemia, agranulocytosis; tinnitus; elevated liver enzymes; abnormal renal function.
Potentially Fatal: Autoimmune haemolytic anaemia; convulsions (overdosage).

Drug Interactions

Enhances activity of oral anticoagulants but rarely significant. Increases risk of GI irritation with alcohol. Increased ciclosporin, lithium toxicity and convulsions reported with ciprofloxacin. Absorption increased bymagnesium hydroxide antacids. ACE inhibitor effects may be antagonised.

Lab Interference

False-positive test for bile in urine.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

in 3rd trimester or near delivery.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or

for a serious disease for which safer drugs cannot be used or are ineffective).

Mechanism of Action

Mefenamic acid inhibits the enzymes cyclooxygenase (COX)-1 and COX-2 and reduces the formation of prostaglandins and leukotrienes. It also acts as an antagonist at prostaglandin receptor sites. It has analgesic and antipyretic properties with minor anti-inflammatory activity.

Absorption: Absorbed from the GIT (oral); peak plasma concentrations after 2-4 hrs.

Distribution: Enters breast milk (small amounts). >90% bound to plasma albumin. Apparent volume of distribution 1.06 l/kg.

Metabolism: Hepatic via enzyme CYP2C9.

Excretion: Urine (52%) as unchanged drug and metabolites; faeces (20%). Elimination half life 2-4 hrs.

CIMS Class

Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

ATC Classification

M01AG01 - mefenamic acid; Belongs to the class of non-steroidal antiinflammatory and antirheumatic products, fenamates. Used in the treatment of inflammation and rheumatism.

*mefenamic acid information:

Note that there are some more drugs interacting with mefenamic acid

mefenamic acid further details are available in official CIMS India

mefenamic acid

mefenamic acid brands available in India

Always prescribe with Generic Name : mefenamic acid, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ABDROT-PLUS tab DYSMEN 500 tab DYSMEN FORTE tab GEFPLUS tab LENAGESIC tab MEFAC tab MEFACID dispertab MEFACID FORTE tab MEFACID susp MEFACID tab MEFDOL FORTE tab MEFEGESIC tab MEFLUP FORTE tab MEFLUP tab MEFTAGESIC SUSP susp MEFTAGESIC TAB tab MEFTAL FORTE tab MEFTAL tab MEFTAL-P dispertab MEFTAL-P susp MEFZYS drops MEPAR tab PAL-MF tab PONSTAN susp PONSTAN tab SPAMIC PLUS tab SPASMONIL FORTE tab TAURPOL MF tab

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([all drugs])

mefloquine

CIMS Class : (Antimalarials)

mefloquine

P - Caution when used during pregnancy

L - Caution when used during lactation

related mefloquine information

Indication & Dosage

Oral

Malaria

Adult: 20-25 mg/kg as a single dose or preferably in 2 or 3 divided doses at 6-8 hrs interval. Max dose 1.5 g.

Child: 20-25 mg/kg taken in 2 divided doses.

Oral

Prophylaxis of malaria

Adult: 250 mg once wkly taken 1-3 wk before exposure and continuing for 4 wk after leaving the malarious area.

Child: <45 kg: 250 mg once wkly; 30-45 kg: 187.5 mg once wkly; 20-30 kg: 125 mg once wkly; 10-20 kg: 62.5 mg once wkly; 5-10 kg:

31.25 mg once wkly. Start prophylaxis 1-3 wk before exposure and continue for 4 wk after leaving malarious area.

Administration

Should be taken with food. (Best taken w/ meals & a full glass of water.)

Contraindications

Treatment with quinine during the preceding 12 hr. Prophylaxis in patients with history of psychiatric illness, seizure, hepatic disorder. Co-admin with halofantrine due to increased risk of cardiac arrhythmias.

Special Precautions

Epilepsy; delay admin until at least 12 hr after the last dose of quinine/quinine-related compounds (monitoring of cardiac and neurological functions is warranted). Avoid driving or operating machines during and up to 3 wk after mefloquine use. Pregnancy, lactation; cardiac conduction disturbances; children <3 mth or 5 kg.

Adverse Drug Reactions

Nausea, vomiting, abdominal pain, diarrhoea; dysphoria, dizziness; headache; sleep disorders; vertigo; neuropsychiatric reactions; bradycardia; visual/auditory disturbances; pruritus; sialorrhea, arthralgia and fatigue; syncope; extrasystole.
Potentially Fatal: Seizures, thrombocytopenia, leucopenia, AV block, encephalopathy.

Drug Interactions

Mefloquine may compromise adequate immunization by live typhoid vaccine. Increased risk of ventricular arrhythmias with amiodarone, atomoxetine, ivrabradine, moxifloxacin, pimozide. Increased risk of cardiac toxicity and/or convulsions when used with quinidine, quinine, chloroquine and hydroxychloroquine. May antagonise anticonvulsant effects of antiepileptics. Bradycardia may occur with digoxin, calcium channel blockers and ß-blockers.
Potentially Fatal: Avoid concommitant use with halofantrine as potentially fatal cardiac arrythmias may occur.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Mefloquine is a 4-methanolquinine antimalarial which acts as a blood schizontocide. It is active against mostPlasmodium species and is used both as prophylaxis and treatment against malaria.

Absorption: Well absorbed from the GIT (oral).

Distribution: Widely distributed; small amount enters breast milk, crosses placenta. Protein-binding: 98%

Metabolism: Hepatic (small amounts).

Excretion: Urine (as unchanged drug and metabolites), faeces. Elimination half-life: 2-4 wk

CIMS Class

Antimalarials

ATC Classification

P01BC02 - mefloquine; Belongs to the class of methanolquinoline antimalarials. Used in the management of malarial infections.

*mefloquine information:
Note that there are some more drugs interacting with mefloquine
mefloquine further details are available in official CIMS India
mefloquine
mefloquine brands available in India
Always prescribe with Generic Name : mefloquine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : CONFAL tab FACITAL tab FALCITAL tab LARIMEF tab MEFAX tab MEFCY tab MEFLIAM tab MEFLOC tab MEFLOQUINE tab MEFLOTAS tab MEFQUE tab MEPALEX tab MQF tab
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([all drugs])
megestrol
CIMS Class : (Hormonal Chemotherapy)
megestrol
P - Contraindicated in pregnancy

L - Contraindicated in lactation

related megestrol information

Indication & Dosage

Oral

Palliative treatment of breast carcinoma

Adult: 40 mg 4 times daily or 160 mg once daily.

Oral

Palliative treatment of endometrial carcinoma

Adult: 40-320 mg daily in divided doses.

Oral

Anorexia and cachexia in patients with cancer or AIDS

Adult: Initial: 800 mg daily. Usual range: 400-800 mg daily. As suspension containing 625 mg megestrol acetate in 5 ml: 625 mg daily.

Administration

Standard formulation: Should be taken with food.

Megace ES: May be taken with or without food.

Contraindications

Pregnancy and lactation. Severe hepatic impairment.

Special Precautions

History of thrombophlebitis, mild to moderate hepatic impairment, risk of fluid retention, history of depression, diabetes, hypertension, renal or cardiac dysfunction.

Adverse Drug Reactions

Acne, urticaria, fluid retention, wt gain, heart failure, nausea, vomiting, GI disturbances, changes in libido, breast discomfort, premenstrual symptoms, irregular menstrual cycles, depression, insomnia, somnolence, alopoecia, hirsutism, anaphylactoid-like reaction, jaundice, hot flushes, adrenocortical suppression, nausea, carpal tunnel syndrome, hypercalcaemia, tumour flare, hypertension.

Drug Interactions

Concentrations of indinavir may be reduced. Possible reduced efficacy of cisplatin. Warfarin half life may be increased. Megestrol

concentration may be decreased by aminoglutethimide and enzyme-inducing drugs.

Mechanism of Action

Megestrol is a progestogen used as an antineplastic and appetite stimulant. The mechanism of it's antineoplastic effects is not known but may be due to inhibition of oestrogen synthesis, modulation of other steroid hormones and/or a direct cytotoxic effect on tumour cells.
Absorption: Variable absorption from the GIT (oral); peak plasma concentrations after 1-3 hrs.
Distribution: Protein-binding: High.
Metabolism: Hepatic.
Excretion: Urine (as steroid metabolites and inactive compound), faeces.

CIMS Class

Hormonal Chemotherapy

ATC Classification

G03AC05 - megestrol; Belongs to the class of progestogens. Used as systemic contraceptives.
G03DB02 - megestrol; Belongs to the class of pregnadien derivative progestogens used in progestogenic hormone preparations.
L02AB01 - megestrol; Belongs to the class of progestogens. Used in endocrine therapy.

*megestrol information:
Note that there are some more drugs interacting with megestrol
megestrol further details are available in official CIMS India
megestrol
megestrol brands available in India
Always prescribe with Generic Name : megestrol, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ENDACE-40 tab
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([all drugs])
melatonin
CIMS Class : (Supplements & Adjuvant Therapy)
melatonin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related melatonin information

Indication & Dosage

Oral

Disturbed biorhythms, Sleep disorders

Adult: Usual dose 3-6 mg at bedtime.

Child: 2-3 mg at bedtime, increased after 1-2 wk to 4-6 mg if needed. Max dose 10 mg.

Contraindications

Pregnancy and lactation.

Special Precautions

May impair ability to drive or operate machinery. Epilepsy

Adverse Drug Reactions

Increased seizure activity; drowsiness, headache. Disruption of normal circadian rhythm. May worsen symptoms for individuals with depression.

Mechanism of Action

Melatonin is the hormone secreted by the pineal gland. In humans, the plasma levels of melatonin are high at night and low during the day and it appears to have a role in circardian rhythm regulation. This action of melotonin finds a possible place in the management of jet lag and other sleep disorders. Melatonin is also being used in the treatment of cluster headaches.

CIMS Class

Supplements & Adjuvant Therapy

ATC Classification

N05CH01 - melatonin;

*melatonin information:
melatonin

melatonin brands available in India

Always prescribe with Generic Name : melatonin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : MELOSET tab ZYTONIN tab

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([all drugs])

meloxicam

CIMS Class : (Nonsteroidal Anti-inflammatory Drugs (NSAIDs))

meloxicam

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related meloxicam information

Indication & Dosage

Oral

Rheumatoid arthritis

Adult: 15 mg daily as a single dose. Patients with increased risk of adverse effects: Initially 7.5 mg.

Elderly: 7.5 mg daily for long-term treatment.

Oral

Ankylosing spondylitis

Adult: 15 mg daily as a single dose. Patients with increased risk of adverse effects: Initially 7.5 mg.

Elderly: 7.5 mg daily for long-term treatment.

Oral

Acute exacerbations of osteoarthritis

Adult: 7.5 mg daily up to a max of 15 mg as a single dose.

Elderly: 7.5 mg daily.

Oral

Juvenile rheumatoid arthritis

Child: =2 yr: 125 mcg/kg ocne daily. Max dose: 7.5 mg daily.

Rectal

Ankylosing spondylitis

Adult: 15 mg daily as a single dose. Patient with increased risk of adverse effects: Initially 7.5 mg. Limit use to the shortest time possible.

Elderly: 7.5 mg daily. Limit use to the shortest time possible.

Rectal

Rheumatoid arthritis

Adult: 15 mg daily as a single dose. Patient with increased risk of adverse effects: Initially 7.5 mg. Limit use to the shortest time possible.

Elderly: 7.5 mg daily. Limit use to the shortest time possible.

Rectal

Acute exacerbations of osteoarthritis

Adult: 7.5 mg daily up to a max of 15 mg daily as a single dose. Limit use to the shortest time possible.

Elderly: 7.5 mg daily. Limit use to the shortest time possible.

Administration

May be taken with or without food. (May be taken w/ meals if GI discomfort occurs.)

Overdosage

Symptoms: Lethargy, drowsiness, nausea, vomiting, epigastric pain. Severe symptoms e.g. apnoea, metabolic acidosis, coma, nystagmus, seizures, leukocytosis, renal failure may occur. Management: Supportive and symptomatic. Multiple doses of charcoal may be needed; cholestyramine increases meloxicam clearance. Not dialysable.

Contraindications

Hypersensitivity to meloxicam, aspirin or other NSAIDs; severe hepatic impairment; bleeding disorders; renal failure without dialysis. Rectal admin in patients with proctitis, haemorrhoids or rectal bleeding.

Special Precautions

History of GI disease, asthma, hypertension, CVD or risk factors, fluid retention or heart failure. Monitor patients with advanced renal disease. May impair ability to drive or operate machinery. Elderly. Pregnancy (avoid in the 3rd trimester) and lactation.

Adverse Drug Reactions

Dyspepsia, headache, nausea, diarrhoea, upper respiratory tract infection, abdominal pain, dizziness, oedema, flatulence, influenza-like symptoms, back pain, muscle spasms, musculoskeletal pain, rash, anaemia. GI perforation, ulceration and/or bleeding. In children: Abdominal pain, vomiting, diarrhoea, headache, pyrexia.
Potentially Fatal: Stevens Johnson syndrome, thrombocytopenia, interstitial nephritis and idiosyncratic liver abnormality.

Drug Interactions

May reduce effects of antihypertensives. Increased clearance with bile acid sequestrants e.g. colestyramine. Increased risk of renal failure with diuretics; may reduce natriuretic effects of furosemide and thiazides. May increase toxicity of methotrexate. Potentially Fatal: May increase plasma concentrations and toxicity of lithium. Increased risk of severe GI effects with aspirin, warfarin.

Food Interaction

Avoid herbal preparations or food with antiplatelet activity e.g. alfalfa, anise, bilberry, bladderwrack, bromelain, cat's claw, celery, coleus, cordyceps, dong quai, evening primrose, feverfew, fenugreek, garlic, ginger, ginkgo biloba, red clover, horse chestnut, grapeseed, green tea, ginseng, guggul, horse chestnut seed, horseradish, licorice, prickly ash, red clover, reishi, sweet clover, turmeric, white willow.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals

are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

in 3rd trimester or near term.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store at 25°C (77°F).

Mechanism of Action

Meloxicam inhibits prostaglandin synthesis by reducing cyclooxygenase enzyme activity. This results in decreased production of prostaglandin precursors.

Absorption: Well absorbed from the GI tract (oral).

Distribution: Protein-binding: 99%.

Metabolism: Extensively hepatic via oxidation pathway.

Excretion: Via urine and faeces (as inactive metabolites); 20 hr (elimination half-life).

CIMS Class

Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

ATC Classification

M01AC06 - meloxicam; Belongs to the class of non-steroidal antiinflammatory and antirheumatic products, oxicams. Used in the treatment of inflammation and rheumatism.

*meloxicam information:
Note that there are some more drugs interacting with meloxicam
meloxicam further details are available in official CIMS India
meloxicam
meloxicam brands available in India
Always prescribe with Generic Name : meloxicam, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ECWIN tab M-CAM tab MELFLAM tab MEL-OD tab MELODOL tab MELOGESIC MINTABS tab MELONE

tab MELOSUGANRIL tab MEXAM tab MOVAC tab MUVERA tab MUVIK tab RAFREE tab

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([all drugs])

melphalan

CIMS Class : (Cytotoxic Chemotherapy)

melphalan

P - Contraindicated in pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related melphalan information

Indication & Dosage

Oral

Multiple myeloma

Adult: 150 mcg/kg daily in divided doses for 4-7 days or 250 mcg/kg daily for 4 days or 6 mg daily for 2-3 wk. Usually combined with corticosteroids. Follow treatment course by a rest period of up to 6 wk to allow haematologic recovery. Then repeat the course or start maintenance treatment with 1-3 mg or up to 50 mcg/kg daily.

For optimal effect, adjust therapy to produce moderate leucopenia (WBC counts of 3,000-3,500 cells/mm3).

Renal impairment: Dose reduction may be required.

Oral

Breast cancer

Adult: 150 mcg/kg daily or 6 mg/m2 daily for 5 days, repeated every 6 wk.

Renal impairment: Dose reduction may be required.

Oral

Ovarian carcinoma

Adult: 200 mcg/kg daily for 5 days every 4-8 wk.

Renal impairment: Dose reduction may be required.

Oral

Polycythemia vera

Adult: 6-10 mg daily for 5-7 days; 2-4 mg daily for remission induction. Maintenance dose: 2-6 mg wkly.

Renal impairment: Dose reduction may be required.

Intravenous

Ovarian adenocarcinoma

Adult: 1 mg/kg as a single dose repeated in 4 wk if platelet and neutrophil counts permit. May be infused in sodium chloride 0.9% or inj into the tubing of a fast-running drip.

Renal impairment: Reduce dose by 50%.

Intravenous

Multiple myeloma

Adult: 400 mcg/kg or 16 mg/m2 infused over 15-20 min. First 4 doses may be given every 2 wk and further doses given every 4 wk depending on toxicity. High-dose regimen: 100-200 mg/m2 followed by autologous stem cell rescue which is essential if doses exceed 140 mg/m2, to be given through a central venous catheter.

Renal impairment: Conventional dose: Reduce dose by 50%. High-dose regimen: Not recommended in moderate to severe impairment.

Intravenous

Neuroblastoma

Adult: High-dose regimen: 100-240 mg/m2 followed by autologous stem cell rescue which is essential if doses are >140 mg/m2. Give through a central venous catheter.

Renal impairment: High-dose regimen: Not recommended in moderate to severe impairment.

Intra-arterial

Melanoma

Adult: Upper extremity perfusions: 0.6-1 mg/kg. Lower extremity perfusions: 0.8-1.5 mg/kg (in melanoma) or 1-1.4 mg/kg (in sarcoma).

Renal impairment: Reduce dose by 50%.

Intra-arterial

Soft tissue sarcoma

Adult: Upper extremity perfusions: 0.6-1 mg/kg. Lower extremity perfusions: 0.8-1.5 mg/kg (in melanoma) or 1-1.4 mg/kg (in sarcoma).

Renal impairment: Reduce dose by 50%.

Reconstitution: Inj must be prepared fresh. Keep to a minimum (<60 min) the time between reconstitution/dilution and admin. Dissolve powder initially with diluent 10 ml to a concentration of 5 mg/ml. Shake vigorously to dissolve. Immediately dilute in 250-500 ml normal saline to a concentration of 0.1-0.45 mg/ml.

Incompatibility: Dextrose 5% in water, Lactated Ringer's; variable stability in normal saline.

Administration

Should be taken on an empty stomach. (Take on an empty stomach 1 hr before or 2 hr after meals.)

Overdosage

Symptoms: Hypocalcaemia, hyponatraemia, pulmonary fibrosis, severe nausea and vomiting, diarrhoea, GI haemorrhage, mucositis, stomatitis, bone marrow suppression. Deaths have been reported (IV). Management: Symptomatic and supportive. Closely monitor haematologic function for 3-6 wk. Growth factor support, transfusions and antibiotics may be considered. Not removed by haemodialysis.

Contraindications

Hypersensitivity. Severe bone marrow suppression. Pregnancy.

Special Precautions

Renal impairment. Lactation. Prior bone marrow suppression, prior chemotherapy or irradiation. May mask signs of infection e.g. fever and increased WBC. Elderly.

Adverse Drug Reactions

Diarrhoea, stomatitis, vomiting; haemolytic anaemia, vasculitis, pulmonary fibrosis, hepatic disorders, suppression of ovarian

function in premenopausal women, temporary or permanent sterility in male patients. Allergic reactions.
Potentially Fatal: Bone marrow suppression. Secondary malignancy, cardiac arrest. Anaphylaxis.

Food Interaction

Food significantly reduces oral absorption. Avoid excessive alcohol intake.

Lab Interference

False-positive Coombs' test.

Pregnancy Category (US FDA)
Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).
Storage

Intravenous: Store at room temperature (15-30°C). Protect from light. Oral: Store in a refrigerator at 2-8°C (36-46°F). Protect from light.

Mechanism of Action

Melphalan, a mechlorethamine derivative, is an alkylating antineoplastic agent. It forms carbonium ions, resulting in DNA and RNA synthesis inhibition. It cross-links DNA strands and acts on both resting and rapidly dividing tumour cells.

Absorption: Variable absorption from the GI tract; absorption reduced by food (oral).

Distribution: Rapid throughout body water. Protein-binding: 50-60%, mainly to albumin.

Metabolism: Inactivated by hydrolysis.

Excretion: Via urine (10%, as unchanged drug); 30-150 min (terminal half-life).

CIMS Class

Cytotoxic Chemotherapy

ATC Classification

L01AA03 - melphalan; Belongs to the class of alkylating agents, nitrogen mustard analogues. Used in the treatment of cancer.

*melphalan information:

Note that there are some more drugs interacting with melphalan

melphalan

melphalan brands available in India

Always prescribe with Generic Name : melphalan, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ALKACEL film-coated tab ALKACEL vial ALKERAN tab ALKERAN vial ALPHALAN tab

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([all drugs])

menotrophin

CIMS Class : (Trophic Hormones & Related Synthetic Drugs)

menotrophin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related menotrophin information

Indication & Dosage

Parenteral

Female infertility

Adult: Dosage and schedule depends on patient's needs. Dose is given via IM/SC admin to provide 75-150 units of FSH daily. Adjust dose gradually until adequate response is achieved. Once reached, stop menotrophin admin and induce ovulation by administering chorionic gonadotrophin 1-2 days later at doses of 5,000-10,000 units. In menstruating patients, start treatment within the 1st 7 days of the menstrual cycle; may repeat cycle at least twice more if needed. Alternatively, admin 3 equal doses of menotrophin (each providing 225-375 units of FSH) on alternate days, followed by chorionic gonadotrophin 1 wk after the 1st dose.

Parenteral

In vitro fertilisation procedures or other assisted conception techniques

Adult: As monotherapy or in conjunction with clomiphene citrate or gonadorelin agonist: Dose providing 75-300 units of FSH is admin daily via IM/SC inj to stimulate follicular growth, usually started on the 2nd or 3rd of the menstrual cycle and continued until adequate response is obtained. After the final inj of menotrophin, this is followed by chorionic gonadotrophin 1-2 days

later to stimulate egg maturation. Admin human chorionic gonadotrophin only if there are at least 3 follicles >17 mm in diameter with 17-ß-oestradiol levels =3500 pmol/L (920 picograms/ml). Egg retrieval may be carried out 32-36 hr after the human chorionic gonadotrophin inj.

Parenteral

Male infertility

Adult: In conjunction with chorionic gonadotrophin (1000 - 2000 IU 2-3 times wkly): Menotrophin is admin at a dose providing 75 or 150 units of FSH via IM/SC inj 2-3 times wkly, continue treatment for at least 3-4 mth.

Reconstitution: Reconstitute with the provided diluent before use.

Overdosage

Symptoms: Ovarian hyperstimulation, ranging from mild to severe. Management: In mild to moderate hyperstimulation: Bed rest, close observation and symptomatic relief. In severe hyperstimulation: Treatment is conservative and aims at restoring blood volume and preventing shock. If conception does not occur, acute symptoms will go away after several days and ovaries return to normal in 20 - 40 days. If conception occurs, symptoms may be prolonged.

Contraindications

Pregnancy & lactation. Ovarian cysts or enlarged ovaries (not due to polycystic ovarian syndrome), uncontrolled thyroid and adrenal dysfunction, organic intracranial lesions (e.g. pituitary tumours), abnormal genital bleeding of unknown cause, presence of other causes of infertility other than anovulation (unless they are candidates of in vitro-fertilisation), hormone sensitive tumours e.g. breast, uterus, prostate, ovaries or testes. Primary ovarian failure, malformation of sexual organs or fibroid tumours of the uterus incompatible with pregnancy, structural abnormalities such as tubal occlusion (unless superovulation is to be induced), ovarian dysgenesis, absent uterus or premature menopause.

Special Precautions

In females: Monitor ovarian activity and measure urinary oestrogen at regular intervals, until stimulation occurs. Discontinue menotrophin treatment and withhold human chorionic gonadotrophin if urinary oestrogen levels >540 nmol/24 hr, or if plasma 17 ß-oestradiol levels >3000 pmol/l, or if there is any sharp rise in values. Refrain from sexual intercourse or use barrier

contraception methods for at least 4 days and pelvic examinations to be avoided or carried out with care.

Adverse Drug Reactions

Ovarian enlargement, ovarian cysts, enlarged abdomen, GI disturbances (e.g. nausea, vomiting, diarrhoea, abdominal pain or cramps, bloating), inj site reactions, headache, dizziness, tachycardia, dyspnoea, tachypnoea, hypersensitivity reactions. Multiple births and miscarriages.
Potentially Fatal: Ovarian Hyperstimulation Syndrome, severe pulmonary conditions (e.g atelectasis, acute respiratory distress syndrome) and thromboembolic events.

Drug Interactions

Increased follicular response with clomiphene citrate. Higher dose of menotrophin needed when gonadotropin-releasing hormone agonist is used for pituitary desensitisation.

Pregnancy Category (US FDA)

Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal

risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.

Storage

Parenteral: Store =25°C. Protect from light.

Mechanism of Action

Menotrophins, a purified extract of human post-menopausal urine, contain follicle-stimulating hormone (FSH) and luteinising hormone (LH) in a ratio of 1:1. The biological effectiveness of menotrophins is mainly due to its FSH content. In the ovaries, the FSH-component increases the quantity of growing follicles and stimulates their development. Under the influence of LH, FSH increases oestradiol production in the granulosa cells. In the testes, FSH induces the maturation of Sertoli cells and the seminal canals and the development of the spermatozoa.

Absorption: Max FSH serum levels reached: 18 hr (IM inj) and 12 hr (SC inj).

Excretion: Half-life: 55 hr (IM inj) and 50 hr (SC inj). Mainly excreted by kidneys.

CIMS Class

Trophic Hormones & Related Synthetic Drugs

*menotrophin information:
menotrophin
menotrophin brands available in India
Always prescribe with Generic Name : menotrophin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : FERGONAD-M amp GMH inj GYNOGEN inj HUMEGON amp IVF-M inj PREGO-M vial
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([all drugs])
mephentermine
CIMS Class : (Vasoconstrictors)
mephentermine
P - Caution when used during pregnancy
L - Caution when used during lactation
related mephentermine information

Indication & Dosage

Intravenous

Maintenance of blood pressure in hypotensive states

Adult: 30-45 mg as a single dose, repeated as necessary or followed by IV infusion of 0.1% mephentermine in 5% dextrose, rate and duration of administration will depend on patient's response.

Intravenous

Hypotension secondary to spinal anaesthesia in obstetric patients

Adult: 15 mg as a single dose, repeat if needed.

Contraindications

Hypotension caused by phenothiazines. Hypertension. Phaeochromocytoma.

Special Precautions

Patient on MAOIs. For shock due to loss of blood or fluid, give fluid replacement therapy primarily, CVS disease, hypertension, hyperthyroidism, chronic illnesses. Lactation, pregnancy.

Adverse Drug Reactions

Drowsiness, incoherence, hallucinations, convulsions, tachycardia. Fear, anxiety, restlessness, tremor, insomnia, confusion, irritability and psychosis. Nausea, vomiting, reduced appetite, urinary retention, dyspnoea, weakness.
Potentially Fatal: AV block, CNS stimulation. Cerebral haemorrhage and pulmonary oedema, ventricular arrhythmias.

Drug Interactions

Antagonises effect of hypotensive agents. Severe hypertension with MAOIs and possibly TCAs. Additive vasoconstricting effects with ergot alkaloids, oxytocin.
Potentially Fatal: Risk of arrhythmia in patients undergoing anesthesia with cyclopropane and halothane.

Mechanism of Action

Mephentermine appears to act by indirect stimulation of ß-adrenergic receptors causing the release of norepinephrine from its storage sites. It has a positive inotropic effect on the myocardium. AV conduction and refractory period of AV node is shortened with an increase in ventricular conduction velocity. It dilates arteries

and arterioles in the skeletal muscle and mesenteric vascular beds, leading to an increase in venous return.
Onset: 5-15 minutes (IM), immediate (IV).
Duration: 4 hr (IM), 30 minutes (IV).
Metabolism: Rapidly demethylated in the body followed by hydroxylation.
Excretion: Via urine (as unchanged and metabolites); more rapid in acidic urine.

CIMS Class

Vasoconstrictors

ATC Classification

C01CA11 - mephentermine; Belongs to the class of adrenergic and dopaminergic cardiac stimulants excluding glycosides. Used in the treatment of heart failure.

*mephentermine information:
Note that there are some more drugs interacting with mephentermine
mephentermine

mephentermine brands available in India

Always prescribe with Generic Name : mephentermine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : MEPHENTINE amp MEPHENTINE tab TERMIN vial

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([all drugs])

mercaptopurine

CIMS Class : (Cytotoxic Chemotherapy)

mercaptopurine

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related mercaptopurine information

Indication & Dosage

Oral

Acute lymphatic leukaemia

Adult: Usual maintenance dose: Initially, 1.5-2.5 mg/kg daily as a single dose, usually used in combination with methotrexate. Dose may vary individually based on response and tolerance. Monitor blood counts at least once wkly. Withdraw treatment immedietely

if there is a sharp drop in the white cell count or severe bone-marrowdepression. May resume treatment slowly and carefully if white cell count remains constant for 2-3 days or rises. Reduce dose when used with allopurinol.

Child: Usual maintenance dose: Initially, 1.5-2.5 mg/kg daily as a single dose, usually used in combination with methotrexate. Dose may vary individually based on response and tolerance. Monitor blood counts at least once wkly. Withdraw treatment immedietely if there is a sharp drop in the white cell count or severe bone-marrow depression. May resume treatment slowly and carefully if white cell count remains constant for 2-3 days or rises. Reduce dose when used with allopurinol.

Renal impairment: Dosage may need to be reduced.

Hepatic impairment: Dosage may need to be reduced

Oral

Crohn's disease

Adult: Initially 1-1.5 mg/kg daily, may increase to 125 mg daily.

Child: Initially 1-1.5 mg/kg daily increased to a max of 75 mg daily

Renal impairment: Dosage may need to be reduced.

Hepatic impairment: Dosage may need to be reduced.

Special Populations: Dosage adjustment in patients with thiopurine-S-methyl transferase (TPMT) deficiency to prevent life-

threatening myelotoxicity. For patients with homozygous TPMT deficiency: Substantial reduction is required. For patients with heterozygous TPMT deficiency: Some may require reduction but most will tolerate the usual dosages.

Administration

Should be taken on an empty stomach. (Best taken on an empty stomach 1 hr before or 2 hr after meals. Ensure adequate fluid intake.)

Contraindications

Pregnancy and lactation. Prior resistance to mercaptopurine or thioguanine; severe liver disease; severe bone marrow suppression.

Special Precautions

Hepatic or renal dysfunction; monitor hepatic function periodically. Mercaptopurine is potentially carcinogenic. Thiopurine S-methyl transferase (TPMT) deficiency; porphyria.

Adverse Drug Reactions

Hyperuricaemia, bone marrow toxicity, hypoplasia, anorexia, diarrhoea, leukopenia, thrombocytopenia, intestinal ulceration, crystalluria with haematuria, immunosuppression, interstitial pneumonitis. Cutaneous hyperpigmentation, alopecia.
Potentially Fatal: Myelosuppression; hepatotoxicity, cholestatic jaundice.

Drug Interactions

Anticoagulant action of warfarin may be inhibited by mercaptopurine. Enhanced toxicity with myelosuppressive drugs.
Potentially Fatal: Effects enhanced by allopurinol (reduce dose of mercaptopurine). Other hepatotoxic drugs (e.g. doxorubicin) potentiate toxicity.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store at 20-25°C

Mechanism of Action

Mercaptopurine is a purine antagonist which is converted intracellularly into its active nucleotides, including thioinosinic acid. The nucleotides inhibit several reactions which ultimately interferes with nucleic acid synthesis and prevents the formation of RNA and DNA.

Absorption: Variable and incomplete; peak plasma concentrations within 2 hr (oral).

Distribution: Widely distributed; crosses the blood-brain barrier and CSF.

Metabolism: Hepatic by methylation, oxidation and formation of inorganic sulfates.

Excretion: Urine (as metabolites and unchanged drug).

CIMS Class

Cytotoxic Chemotherapy

ATC Classification

L01BB02 - mercaptopurine; Belongs to the class of antimetabolites, purine analogues. Used in the treatment of cancer.

*mercaptopurine information:
Note that there are some more drugs interacting with mercaptopurine
mercaptopurine further details are available in official CIMS India
mercaptopurine
mercaptopurine brands available in India
Always prescribe with Generic Name : mercaptopurine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : 6 MP tab EMPURINE tab MERCAPTO tab PURI-NETHOL tab PURINETONE tab
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([all drugs])
meropenem
CIMS Class : (Other Beta-lactams)
meropenem

P - Caution when used during pregnancy

L - Caution when used during lactation

related meropenem information

Indication & Dosage

Intravenous

Susceptible infections

Adult: 0.5-1 g every 8 hr.

Child: Neonate: <7 days: 20 mg/kg 12 hrly (severe infection 40 mg/kg 12 hrly); 7-28 days: 20 mg/kg 8 hrly (severe infection 40 mg/kg 8 hrly). 1-3 mth: 10 mg/kg 8 hrly; >3 mth and <50 kg: 10-20 mg/kg 8 hrly.

Renal impairment: Haemodialysis: Usual dose after dialysis session.

CrCl (ml/min)

Dosage Recommendation

26-50

Normal dose 12 hrly.

10-25

Half normal dose 12 hrly.

<10

Half normal dose 24 hrly.

Intravenous

Meningitis

Adult: 2 g every 8 hr.

Child: >3 mth and <50 kg: 40 mg/kg every 8 hr.

Renal impairment: Haemodialysis: Usual dose after dialysis session.

CrCl (ml/min)

Dosage Recommendation

26-50

Normal dose 12 hrly.

10-25

½ normal dose 12 hrly.

<10

½ normal dose 24 hrly

Intravenous

Cystic fibrosis

Adult: Up to 2 g every 8 hr.

Child: 4-18 yr: 25-40 mg/kg every 8 hr.

Renal impairment: Haemodialysis: Usual dose after dialysis session.

CrCl (ml/min)

Dosage Recommendation

26-50

Normal dose 12 hrly.

10-25

½ normal dose 12 hrly

<10

½ normal dose 24 hrly

Intravenous

Skin and skin structure infections

Adult: 500 mg every 8 hr.

Child: =3 mth: <50 kg: 10 mg/kg (max: 500 mg) every 8 hr; >50 kg: 500 mg every 8 hr.

Renal impairment: Haemodialysis: Usual dose after dialysis session.

CrCl (ml/min)

Dosage Recommendation

26-50

Normal dose 12 hrly.

10-25

Half normal dose 12 hrly.

<10

Half normal dose 24 hrly.

Intravenous

Intra-abdominal infections

Adult: 1 g every 8 hr.

Child: =3 mth: <50 kg: 20 mg/kg (max: 1 g) every 8 hr; >50 kg: 1 g every 8 hr.

Renal impairment: Haemodialysis: Usual dose after dialysis session.

CrCl (ml/min)

Dosage Recommendation

26-50

Normal dose 12 hrly.

10-25

Half normal dose 12 hrly.

<10

Half normal dose 24 hrly.

Intravenous

Diabetic foot infection

Adult: 1 g every 8 hr.

Child: =3 mth: <50 kg: 20 mg/kg (max: 1 g) every 8 hr; >50 kg: 1 g every 8 hr.

Renal impairment: Haemodialysis: Usual dose after dialysis session.

CrCl (ml/min)

Dosage Recommendation

26-50

Normal dose 12 hrly.

10-25

Half normal dose 12 hrly.

<10

Half normal dose 24 hrly.

Reconstitution: Direct inj or infusion: add 10 ml of sterile water to 500 mg or 20 ml of sterile water to 1 g. Can be further diluted with compatible IV solution (50-200 ml).

Incompatibility: Admixture: Amphotericin B, metronidazole and multivitamins. Y-site: Amphotericin B, diazepam and metronidazole. Syringe: Pantoprazole.

Overdosage

Treatment: symptomatic. In normal patients, rapid renal elimination will occur. In patients with renal impairment, haemodialysis will remove meropenem and metabolite.

Contraindications

Hypersensitivity.

Special Precautions

History of hypersensitivity to carbapenem, pencillins or other ß-lactam antibiotics; infants <3 mth; renal insufficiency; neurological disorders; pregnancy, lactation. Not recommended for use in MRSA.

Adverse Drug Reactions

Diarrhoea, nausea, vomiting, abdominal pain; headache; constipation; rash, pruritus, uticaria; apnoea; phlebitis, thrombophlebitis, swelling and pain at inj site; disturbances in LFTs (may cause increases in serum transaminases, alkaline phosphatase, lactic dehydrogenase). Rarely: erythema multiforme; eosinophilia, thrombocytopenia, leucopenia, neutropenia; seizures and CNS effects reported in patients with underlying CNS disorders or renal impairment.
Potentially Fatal: Anaphylaxis; pseudomembranous colitis; Stevens-Johnsons sydrome.

Drug Interactions

Serum levels may be increased by probenecid. May reduce serum valproic acid levels; sub-therapeutic levels may be reached in some patients.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Intravenous: Once reconstituted, up to 2 hr at 15-25°C or up to 12 hr at 4°C.

Mechanism of Action

Meropenem is a carbapenem that works by inhibiting the final transpeptidation step of peptidoglycan synthesis in bacterial cell walls by binding to one or more of the penicillin-binding proteins (PBPs), thus inhibiting cell wall biosynthesis resulting to bacterial lysis.

Distribution: Widely distributed into body tissues and fluids; CSF; bile.

Metabolism: More stable to renal dehydropeptidases; converted to one inactive metabolite.

Excretion: Via urine within 12 hr by glomerular filtration and tubular secretion (70% unchanged). Elimination half-life: 1 hr. Removed by dialysis.

CIMS Class

Other Beta-lactams

ATC Classification

J01DH02 - meropenem; Belongs to the class of carbapenems. Used in the treatment of systemic infections.

*meropenem information:
Note that there are some more drugs interacting with meropenem
meropenem
meropenem brands available in India
Always prescribe with Generic Name : meropenem, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ALTIPENEM inj AMEROPEM vial AMROPENEM vial ARIPNEM vial BIOPEN vial COSMOR inj CUREPIN

inj ETOPEN inj EXMER inj FEROPENEM amp GERIOPEN inj GONEM vial INLIFE inj INPENAM inj INSOMER inj MAP vial MARNIF vial MARZIPAN vial MAXINEM vial MAXOPEM vial MAXOPEN vial MEDINUMM vial MENEM vial MERENZ vial MEROBACT vial MEROBEST vial MEROBUS inj MEROCAD vial MEROCRIT vial MEROKEM inj MEROMATE vial MEROMER vial MERONEM vial MERONIS vial MEROPAM inj MEROPENEM vial MEROSAN inj MEROSPECT vial MEROTEC vial MEROTOP vial MEROTROL vial MEROVER inj MEROWOR vial MEROZA vial MERY vial MEXFRIUM vial MICON vial MOREP vial MPENEM vial MYOPAN inj NEUMER inj ONMERO inj OPEN vial PACETAKER vial PENEM vial PEN-EME vial PIPACTUM vial RADIXPIN inj ROMAX inj RONEM vial SANMERO vial TALMOR vial ZAXTER vial

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([all drugs])

mesalazine

CIMS Class : (GIT Regulators, Antiflatulents & Anti-inflammatories)

mesalazine

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related mesalazine information

Indication & Dosage

Oral

Ulcerative colitis

Adult: Dose is dependant on preparation and brand used. Pentasa® tablets: Acute attack: Initially, up to 4 g daily in 2-3 divided doses; maintenance of remission: Initially, 1.5 g daily in 2-3 divided doses, adjust subsequently based on response. Pentasa® granules: Acute attack: Initially, up to 4 g daily in 2-4 doses; maintenance of remission: 2 g daily in 2 divided doses. Asacol® tablets: Acute attack: Initially, 2.4 g daily in divided doses; maintenance of remission: 1.2-2.4 g daily in divided doses. Salofalk® tablets: Acute attack: Initially, 1.5 g daily in 3 divided doses; maintenance of remission: 0.75-1.5 g daily in divided doses. Salofalk® granules: Acute attack: Initially, 1.5-3 g daily in 1-3 divided doses; maintenance of remission: 1.5 g daily in 3 divided doses.

Child: Dose is dependant on preparation and brand used. Pentasa® tablets: 5-15 yr: Acute attack: 15-20 mg/kg (max: 1 g) tid; maintenance of remission: 10 mg/kg (max: 500 mg) 2-3 times daily. Pentasa® granules: 5-12 yr: Acute attack: 15-20 mg/kg (max: 1 g) tid; maintenance of remission: 10 mg/kg (max: 500 mg) 2-3

times daily. Asacol® tablets: 12-18 yr: Acute attack: Initially, 2.4 g daily in divided doses; maintenance of remission: 1.2-2.4 g daily in divided doses. Salofalk® tablets: 12-18 yr: Acute attack: Initially, 1.5 g daily in 3 divided doses; maintenance of remission: 250-500 mg 2-3 times daily. Salofalk® granules: 6-12 yr: Acute attack: 10-15 mg/kg (max: 1 g) tid; maintenance of remission: 7.5-15 mg/kg (max: 500 mg) bid or 250 mg tid for patients weighing <40 kg.

CrCl (ml/min)
Dosage Recommendation
<20
Avoid.

Hepatic impairment: Avoid in severe impairment.
Rectal
Ulcerative proctitis
Adult: Pentasa® suppository or suspension enema: 1 g daily. Asacol® suppository: 0.75-1.5 g daily in divided doses; Asacol ® foam enema: 1 g daily if disease affects the rectosigmoid regions or 2 g daily if disease affects the descending colon. Salofalk® suppository: 0.5-1 g bid-tid; Salofalk® foam or suspension enema: 2 g daily.

Child: As suppository: Pentasa®: 12-18 yr: 1 g daily for 2-4 wk. Salofalk®: 12-18 yr: 0.5-1 g bid-tid according to response.

CrCl (ml/min)
Dosage Recommendation
<20
Avoid.

Hepatic impairment: Avoid in severe impairment.

Administration

Should be taken with food. (Take after meals.)

Contraindications

Hypersensitivity to mesalazine, salicylates and sulfasalazine. Severe impaired renal (CrCl < 20 ml/min) or hepatic function. Children <2 yr.

Special Precautions

Mild to moderate impaired renal or hepatic function (test serum creatinine before treatment, every 3 mth for 1st yr, every 6 mth for next 4 yr, then annually). Elderly; active peptic ulcer; pregnancy, lactation; patients predisposed to pericarditis or myocariditis. Counsel patients to report any unexplained bleeding, bruising, purpura, sore throat, fever or malaise during treatment; perform blood count and stop treatment if blood dyscrasias suspected. Counsel patients taking delayed release tablets to report repeatedly unbroken or partially broken tablets in their faeces. Pyloric stenosis may delay release into colon.

Adverse Drug Reactions

Abdominal pain (if new abdominal pain - consider pancreatitis); headache, nausea; flu; fatigue; fever, rash; sore throat; diarrhoea; joint pain; dizziness; bloating; back pain; haemorrhoids; itching; rectal pain, constipation; hair loss; intolerance syndrome; peripheral oedema; UTI; myocarditis, pre-existing pericarditis; pancreatitis; nephritis; hepatitis; lupus-like syndrome; alopecia; myalgia, arthralgia; increased liver enzyme values.
Potentially Fatal: Blood dyscrasias, aplastic anaemia, agranulocytosis; renal toxicity.

Drug Interactions

Do not give with lactulose or other drugs which lower pH for they prevent release of mesalazine. May decrease digoxin absorption.

Lab Interference

Interferes with tests for glucosuria using copper reagents and for urobilinogen using Erhlick's reagent.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Tablets: store at below 25°C. Capsule: protect from light and store at 15-30°C. Rectal: Store <25°C; may be refrigerated; do not freeze. Protect from direct heat, light and humidity.

Mechanism of Action

Mesalazine is considered to be the active moiety of sulfasalazine. The mechanism of action is uncertain, but may be due to its ability to inhibit local chemical mediators of the inflammatory response especially leukotriene synthesis in the GI mucosa. Action may be topical in terminal ileum and colon rather than systemic.

Absorption: Absorption variable, depending on formulation and route of admin.

Distribution: Enters breast milk and crosses placenta (small amounts) after oral dosing; protein-binding: 40-80%. Distribution into other tissues: variable depending on route of admin.

Metabolism: Exact metabolism pathways not established. Main site of metabolism is probably liver with some N-acetylation occurring in the intestinal wall and/or lumen (where intestinal flora are involved in the acetylation).

Excretion: Dependant upon route of admin. Eliminated via urine <8% as unchanged metabolites) and faeces (<2%).

CIMS Class

GIT Regulators, Antiflatulents & Anti-inflammatories

ATC Classification

A07EC02 - mesalazine; Belongs to the class of aminosalicylic acid and similar antiinflammatory. Used in the treatment of intestinal inflammation.

*mesalazine information:
Note that there are some more drugs interacting with mesalazine
mesalazine further details are available in official CIMS India
mesalazine
mesalazine brands available in India
Always prescribe with Generic Name : mesalazine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : 5A tab ASACOL tab COSACOL tab ELMES sachet ETIASA 500 sachet MESACOL enema MESACOL SUPP supp MESACOL tab MESACOL-OD tab PENTASA-500 SR-tab SALOFALK GR tab TIDOCOL tab WALASA tab
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([all drugs])
mesna

CIMS Class : (Antidotes, Detoxifying Agents & Drugs Used in Substance Dependence) , (Cough & Cold Preparations)

mesna

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related mesna information

Indication & Dosage

Oral

Prophylaxis against urothelial toxicity

Adult: Refer to individual and local protocol. Dose calculated according to cytotoxic dose. Normally given at a dose =cytotoxic dose. Duration of treatment should be as long as cytotoxic treatment; plus the time it takes for concentration of antineoplastic metabolites in urine to fall.

Child: Refer to individual and local protocol.

Intravenous

Prophylaxis against urothelial toxicity

Adult: Refer to individual and local protocol. Dose calculated according to cytotoxic dose. Normally given at a dose =cytotoxic dose. Duration of treatment should be as long as cytotoxic treatment; plus the time it takes for concentration of antineoplastic

metabolites in urine to fall. Administered either by short (15-30 minutes) or continuous (24 hr) infusion.

Child: Refer to individual and local protocol. Has been used in children >4 mth.

Inhalation

Mucolytic in cystic fibrosis

Adult: Used when other mucolytics have failed to reduce sputum viscosity. 3-6 ml of 20% solution is nebulised bid.

Child: Used when other mucolytics have failed to reduce sputum viscosity. 3-6ml of 20% solution is nebulised bid.

Reconstitution: Dilute in flavoured syrup, water, milk, carbonated drinks or apple or orange juice.

Administration

May be taken with or without food.

Contraindications

Hypersensitivity to thiol-containing compounds.

Special Precautions

Protective effect applies only to the urinary tract; pregnancy, lactation. Patients with auto-immune disorders. IV formulation may contain benzyl alcohol as a preservative; avoid in neonates or infants. Instruct patients to seek medical attention if discolouration of urine occurs. During treatment, monitor urine for erythrocytes and haematuria. Maintain adequate hydration in all patients. Patients who vomit within 2 hr of oral dose should repeat dose or receive IV dose.

Adverse Drug Reactions

Nausea, vomiting, colic, diarrhoea, anorexia, dyspepsia, unpleasant taste, constipation; headache, malaise, fatigue, depression, irritability, somnolence, hyperaesthesia, dizziness, confusion; rash, pruritus, generalised urticaria, alopecia, inj site reactions, flushing; leucopenia, thrombocytopenia, anaemia, granulocytopenia, chest pain, oedema (peripheral, facial and periorbital), hypotension, tachycardia, hypertension, increased heart rate, ST-segment elevation; dyspnoea, coughing, pneumonia, tachypnea; fever; hypocalcaemia; increased sweating; back pain, limb pain, myalgia; increased hepatic enzyme concentrations; pharyngitis; ulceration of mucous membranes. In patients receiving oral and/or IV mesna

and were specifically not treated with concurrent cytotoxic therapy: flatulence; rhinitis; rigors; back pain; rash; conjunctivitis; arthralgia. Inhalation: bronchospasm.
Potentially Fatal: May cause haemorrhagic cystitis, systemic anaphylactic reactions.

Lab Interference

False-positive result in diagnostic tests for urinary ketones and may produce a false-positive or negative result in diagnostic tests for urinary erythrocytes.

Pregnancy Category (US FDA)
Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).
Storage

Inhalation: Inj: 15-30°C. Multi-dose vials may be used for 8 days after 1st entry. Discard single use vials immediately after use;

mesna is easily oxidised when exposed to the atmospere. After dilution with a suitable diluent, concentrations of mesna 20 mg/ml are chemically and physically stable for 24 hr at 25°C.Intravenous: Inj: 15-30°C. Multi-dose vials may be used for 8 days after 1st entry. Discard single use vials immediately after use; mesna is easily oxidised when exposed to the atmosphere. After dilution with a suitable diluent, concentrations of mesna 20 mg/ml are chemically and physically stable for 24 hr at 25°C. Do store in glass or plastic syringes with Luer-Lok® fittings for >12 hr as particulates may form. Chemically stable for at least 24 hr when admixed with ifosfamide and cyclophosphamide in 5% dextrose or lactated Ringer's. Oral:Tablet: Store at 20-25°C. Oral solution: Solutions containing mesna 20 or 50 mg/ml in flavoured syrup are stable for 7 days at 25°C. Solutions containing mesna 2, 10 or 50 mg/ml in carbonated drinks or apple or orange juice are stable for at least 24 hr at 5°C.

Mechanism of Action

Mesna is used to prevent urothelial toxicity associated with oxazaphosphorine, ifosfamide or cyclophosphamide. It acts in the kidney; reacting with thiol groups of urotoxic metabolites (e.g. acrolein) of ifosfamide and cyclophosphamide. It is used as a

mucolytic in the management of some respiratory tract conditions e.g. cystic fibrosis where other mucolytics have failed. It acts by reducing the viscosity of pulmonary secretions; the drug's free sulfhydryl group is thought to reduce disulfide linkages of mucoproteins.

Absorption: Oral bioavailability: 45-79%. Time to plasma peak: 2-3 hr.

Distribution: No tissue penetration. Protein-binding: 69-75%.

Metabolism: In blood, rapidly oxidised to mesna disulfide and then reduced back to mesna after glomerular filtration into renal tubules.

Excretion: Via urine: As unchanged drug (18-26%) and metabolites.

Half-life elimination: Mesna: 24 minutes; Mesna disulfide: 72 minutes.

CIMS Class

Antidotes, Detoxifying Agents & Drugs Used in Substance Dependence / Cough & Cold Preparations

ATC Classification

R05CB05 - mesna; Belongs to the class of mucolytics. Used in the treatment of wet cough.

V03AF01 - mesna; Belongs to the class of detoxifying agents used in antineoplastic treatment.

*mesna information:

mesna further details are available in official CIMS India

mesna

mesna brands available in India

Always prescribe with Generic Name : mesna, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : MESNA (Cytocare) amp MESNA (UBPL) amp MESNA 200 amp MESNA INJ amp MESNA vial MISTABRON amp UROMES inj UROMITEXAN inj

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([all drugs])

mesterolone

CIMS Class : (Androgens & Related Synthetic Drugs)

mesterolone

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related mesterolone information

Indication & Dosage

Oral

Androgen deficiency, Infertility due to hypogonadism

Adult: Initially, 75-100 mg daily in divided doses. Maintenance: 50-75 mg daily in divided doses.

Administration

May be taken with or without food.

Contraindications

Prostatic or breast carcinoma. Previous or existing hepatic tumours. Pregnancy and lactation.

Special Precautions

Regularly examine the prostate and breast during treatment. CV disorders, renal or hepatic impairment, epilepsy, migraine, DM or

other conditions that may be exacerbated by the possible fluid retention or oedema. Skeletal metastases (risk of hypercalcaemia). Children. Monitor skeletal maturation during therapy.

Adverse Drug Reactions

Frequent or persistent erections.
Potentially Fatal: Malignant liver tumours.

Drug Interactions

Enhances effects of ciclosporin, antidiabetics, levothyroxine, anticoagulants e.g. warfarin. Resistance to the effects of neuromuscular blockers may occur.

Lab Interference

May Interfere with glucose tolerance and thyroid function tests.

Mechanism of Action

Mesterolone is an androgen with less inhibitory effects on intrinsic testicular function compared to testosterone.

Absorption: Rapidly and almost completely absorbed (oral); peak serum levels in about 1.6 hr.
Distribution: Protein-binding: About 40% to albumin and 58% to sex-hormone binding globulin.
Metabolism: Rapidly metabolised; absolute bioavailability: 3% of the oral dose. Not metabolised to oestrogenic compounds.
Excretion: Via urine (approx 77% of the metabolites); via faeces (approx 13%); 12-13 hr (terminal half-life).

CIMS Class

Androgens & Related Synthetic Drugs

ATC Classification

G03BB01 - mesterolone; Belongs to the class of 5-androstanon (3) derivative androgens used in androgenic hormone preparations.

*mesterolone information:
Note that there are some more drugs interacting with mesterolone
mesterolone
mesterolone brands available in India

Always prescribe with Generic Name : mesterolone, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : MESTILON tab PROVIRONUM tab RESTORE tab

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([all drugs])

metadoxine

CIMS Class : (Cholagogues, Cholelitholytics & Hepatic Protectors)

metadoxine

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related metadoxine information

Indication & Dosage

Oral

Acute alcohol intoxication

Adult: 500-1000 mg daily.

Oral

Alcoholic fatty liver

Adult: 1000 mg daily.

Oral

Supportive treatment of acute and chronic liver diseases

Adult: 1000 mg daily.

Parenteral

Acute alcohol intoxication

Adult: 300-600 mg daily IM/IV.

Parenteral

Alcoholic fatty liver

Adult: 300 mg daily IM/IV.

Parenteral

Supportive treatment of acute and chronic liver diseases

Adult: 300 mg daily IM/IV.

Contraindications

Pregnancy and lactation.

Drug Interactions

May reduce effects of levodopa; administer levodopa with a dopa-decarboxylase inhibitor to minimise interaction.

Mechanism of Action

Metadoxine enhances the elimination of alcohol from blood and tissues, which leads to faster recovery from alcohol intoxication. In the early stages of alcoholic liver disease, metadoxine has been suggested to prevent the redox imbalance of the hepatocytes and to prevent TNF-a induction.

CIMS Class

Cholagogues, Cholelitholytics & Hepatic Protectors

*metadoxine information:
Note that there are some more drugs interacting with metadoxine
metadoxine
metadoxine brands available in India
Always prescribe with Generic Name : metadoxine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ALCOLIV tab METADOXIL inj METADOXIL tab VIBOLIV inj VIBOLIV tab
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([all drugs])

metformin

CIMS Class : (Antidiabetic Agents)

metformin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related metformin information

Indication & Dosage

Oral

Type 2 diabetes mellitus

Adult: Initiate therapy slowly in order to minimise adverse gastric events. Initially 500 mg bid-tid or 850 mg 1-2 times daily, may increase doses in steps of 500 mg at intervals of at least 1 wk. Max: 2.25 g daily.

Child: =10 yr: Initiate therapy slowly in order to minimise adverse gastric events. Initially 500 or 850 mg once daily, increase doses either wkly by 500 mg daily or every 2 wk by 850 mg daily to a maintenance dose of 1500 - 2000 mg daily in 2 or 3 divided doses. Max dose 2000 mg daily.

Elderly: Doses may need to be reduced by around a third in elderly patients.

Oral

Polycystic ovarian syndrome

Adult: Initially 500 mg daily in the morning for 1 wk, then 500 mg bid for 1 wk, then 1.5-1.7 g daily in 2-3 divided doses.

Administration

Should be taken with food.

Overdosage

Lactic acidosis may occur. Accumulated drug may be removed by haemodialysis.

Contraindications

Acute or chronic metabolic acidosis with or without coma (including diabetic ketoacidosis). Renal failure, severe renal or hepatic impairment, acute conditions which may affect renal function e.g. dehydration, severe infection or shock. Cardiac failure, CHF, IDDM, severe impairment of thyroid function; acute or chronic alcoholism. Acute or chronic diseases which may cause tissue hypoxia e.g. cardiac or respiratory failure, recent MI or shock. Pregnancy, lactation.

Special Precautions

Caution when used in patients with CHF especially in those with unstable or acute heart failure. Risk of lactic acid accumulation increases with the degree of renal impairment. May need to discontinue treatment in patients with stress-related states e.g. fever, trauma, infection or surgery. Metformin should be temporarily discontinued for 48 hr in patients undergoing radiologic studies involving intravascular admin of iodinated contrast materials. Elderly. Monitor renal function regularly. May impair ability to drive or operate machinery.

Adverse Drug Reactions

Anorexia, nausea, vomiting, diarrhoea, wt loss, flatulence, occasional metallic taste; weakness; hypoglycaemia; rash, malabsorption of vit B12. Chest discomfort, flushing, palpitation, chills, headache, lightheadedness, indigestion, abdominal discomfort.
Potentially Fatal: Lactic acidosis in presence of renal failure and alcoholism.

Drug Interactions

Additive effect with sulphonylureas. Glycaemic control may be affected by diuretics, corticosteroids, phenothiazines, thyroid products, oestrogens, oral contraceptives, phenytoin, nicotinic acid, sympathomimetics, calcium channel blockers, chlorpromazine and isoniazid. Metformin effects may be increased by ACE inhibitors, disopyramide, MAOIs. Cimetidine may increase the serum levels of metformin. Concurrent use with contrast agents may increase the risk of metformin-induced lactic acidosis. May decrease the anticoagulant effect of phenprocoumon, therefore routine anticoagulant monitoring is recommended.
Potentially Fatal: Lactic acidosis with alcohol. Thrombocytopenia has been reported with ketotifen.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store at 20-25°C.

Mechanism of Action

The exact mechanism of action of metformin is unclear but it appears to reduce glucose absorption from the GI tract, reduce gluconeogenesis and enhance insulin sensitivity by increasing peripheral glucose uptake and utilisation.
Absorption: Slow and incomplete from the GI tract (oral); reduced if taken with food.
Distribution: Protein-binding: Negligible.
Excretion: Urine (as unchanged drug).

CIMS Class

Antidiabetic Agents

ATC Classification

A10BA02 - metformin; Belongs to the class of biguanides. Used in the treatment of diabetes.

*metformin information:

Note that there are some more drugs interacting with metformin

metformin further details are available in official CIMS India

metformin

metformin brands available in India

Always prescribe with Generic Name : metformin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ALNAMET tab ASOFORMIN SR-tab ASOFORMIN tab ATFORMIN tab AVIMET tab BIGAN tab BIGESENS tab BIGOMET tab BIGSENS-XR tab CETAPIN XR tab CHROMET SR film-coated tab CHROMET tab C-MINE tab CONFORMIN SR tab DAOMET SR SR-tab DAOMET tab D-BAY tab DIAFER FORTE tab DIAFER tab DIAFER-ER tab DIAMET SR-tab DIAMET tab DIBETA-SR tab DIBIMET tab DIFORM film-coated tab D-MET SR-tab D-MET tab EMFOR SR-tab EMNORM tab ETFORMIN tab EUMET tab EXEED-SR tab EXERMET tab FIBMET tab FORMET film-coated tab FORMET SR film-coated tab FORMIN tab FORMINAL SR tab FORMINAL tab FRAME-SR tab G.REG SR-tab G.REG tab GLINATE MF tab GLUCONORM SR SR-tab GLUFORMIN tab GLUFORMIN XL SR-tab GLUMET extentabs GLUMET tab GLUMET-XR tab GLYCIPHAGE SR-tab GLYCIPHAGE tab GLYCOMET SR-

tab GLYCOMET tab GLYREP tab G-MET tab G-REG SR-tab G-REG tab INSUMET tab JANUMET tab K-MET SR SR-tab MATCE tab MEDFORMIN tab MELMET SR-tab MELMET tab METADOZE-IPR tab METAFOR tab METANORM tab METCALF-SR tab METCHEK tab METCO-SR tab METFOR tab METICA tab METKAP tab METKOR tab METLIFE tab METLIFE XR-tab METLONG tab METLONG-DS extentab METMIN tab METNEED film-coated tab METSAFE tab METSAR SR-tab METSWIFT SR-tab M-FORLIN tab MF-SR tab MINIMET SR-tab MINIMET tab MR-MET MR-tab OBIMET SR-tab OBIMET tab OKAMET tab OMET tab ORIPHAGE SR-tab Q-MET tab Q-MET XL SR-tab REDIDROP SRtab REDIDROP tab RIOMET liqd RIOMET-OD extentab ROFTEM-SR tab SOLOMET SR-tab SUMET SR-tab TGMET-SR tab WALAPHAGE SR-tab WALAPHAGE tab WYMET tab XMET tab XMET-SR tab ZETFOR tab ZINIMET XL extentab ZOFORM SR-tab ZOMELIS-MET tab ZOMET SRtab ZOMET tab ZOMET TH SRtab

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([all drugs])

methocarbamol

CIMS Class : (Muscle Relaxants)

methocarbamol

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related methocarbamol information

Indication & Dosage

Oral

Painful muscle spasm associated with musculoskeletal conditions

Adult: Initially: 1.5 g 4 times daily, reduced according to response after 2-3 days. Maintenance: 2.25-4 g daily in divided doses. Max dose 8 g daily.

Elderly: Dose may need to be reduced by half.

Intravenous

Painful muscle spasm associated with musculoskeletal conditions

Adult: 1 g administered by slow inj or infusion at a rate not faster than 300 mg/min. In cases where patients are not able to continue with oral therapy, additional doses of 1 g every 8 hr may be used for up to 3 consecutive days. Max 3 g daily.

Elderly: Dose may need to be reduced by half.

Intramuscular

Painful muscle spasm associated with musculoskeletal conditions

Adult: Up to 500 mg into each gluteal region at intervals of 8 hr. In cases where patients are not able to continue with oral therapy, additional doses of 1 g every 8 hr may be used for up to consecutive 3 days. Max 3 g daily.

Elderly: Dose may need to be reduced by half.

Intravenous

Tetanus

Adult: Initial total dose: 3 g with 1?2 g via direct inj at a rate of 300 mg/minute and the remainder 1-2 g may be administered via infusion. Repeat infusion of 1-2 g every 6 hr until a nasogastric tube can be inserted. Tablets may be crushed and suspended in water or saline solutions and administered through the nasogastric tube. Total oral dosage of up to 24 g daily may be needed.

Child: 15 mg/kg or 500 mg/m2 given by IV inj (suggested rate 180 mg/m2/min). Dose may be repeated every 6 hr if necessary by IV inj or infusion. Max dose 1.8 g/m2 daily for 3 consecutive days.

Administration

May be taken with or without food. (May be taken w/ meals to reduce GI discomfort.)

Overdosage

Manage with symptomatic and supportive treatment.

Contraindications

Coma or pre-coma states, brain damage, myasthenia gravis Do not admin parenteral solutions in patients with renal impairment, epilepsy or history of epilepsy.

Special Precautions

Renal or hepatic impairment; acidosis. Pregnancy and lactation. May impair ability to drive or operate machinery. Children =12 yr.

Adverse Drug Reactions

Nausea, anorexia, lassitude, drowsiness, dizziness, restlesness, anxiety, confusion, fever, headache, blurred vision, convulsions; hypersensitivity reactions e.g. rashes, pruritus, urticaria, angiodema. Parenteral: Flushing and a metallic taste; incoordination, diplopia, nystagmus, vertigo; sloughing and thrombophloebitis at the site of inj.

Potentially Fatal: Parenteral: Syncope, hypotension, bradycardia, anaphylaxis.

Drug Interactions

Action potentiated by alcohol and other CNS depressants. May inhibit effect of pyridostigmine, use with caution with anticholinesterase agents.

Lab Interference

May cause colour interference in screening tests for 5-hydroxyindoleacetic acid using nitrosonaphthol reagent and in screening tests for urinary vanillylmandelic acid using the Gitlow method.

Storage

Intramuscular: Store at 20-25°C Intravenous: Store at 20-25°C Oral: Store at 20-25°C

Mechanism of Action

Methocarbamol is a centrally acting skeletal muscle relaxant whose precise mode of action is not known. It is said to cause general depression of the central nervous system.

Absorption: Rapidly and almost completely absorbed from the GI tract. Peak plasma concentration in 1-2 hr (oral).

Distribution: Plasma protein boumd 46-50%. Crosses placenta.

Metabolism: Metabolised by dealkylation and hydroxylation.

Excretion: Via urine as metabolites and unchanged drug. 1-2 hr (elimination half-life).

CIMS Class

Muscle Relaxants

ATC Classification

M03BA03 - methocarbamol; Belongs to the class of carbamic esters used as centrally-acting muscle relaxants.

*methocarbamol information:

Note that there are some more drugs interacting with methocarbamol

methocarbamol

methocarbamol brands available in India

Always prescribe with Generic Name : methocarbamol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : FLEXINOL tab NEUROMOL-MR tab ROBIFLAM tab ROBILID tab ROBINAX inj ROBINAX tab ROBINAXOL tab ROBINAXOL-D tab ULTRANAC-MR tab

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([all drugs])

methotrexate

CIMS Class : (Cytotoxic Chemotherapy) , (Immunosuppressants)

methotrexate

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related methotrexate information

Indication & Dosage

Oral

Burkitt's lymphoma

Adult: 10-25 mg daily for 4-8 days, repeated after 7-10 days.

CrCl (ml/min)
Dosage Recommendation
61-80
75% of dose
51-60
70% of dose
10-50
30-50% of dose
<10
Avoid use

Hepatic impairment: Bilirubin 3.1-5 mg/dl: Administer 75% of dose; Bilirubin >5 mg/dl: Avoid use.
Oral
Acute lymphoblastic leukaemia
Adult: Maintenance: 15 mg/m2 once or twice wkly, with other agents.

CrCl (ml/min)
Dosage Recommendation
61-80

75% of dose

51-60

70% of dose

10-50

30-50% of dose

<10

Avoid use

Hepatic impairment: Bilirubin 3.1-5 mg/dl: Administer 75% of dose; Bilirubin >5 mg/dl: Avoid use.

Oral

Choriocarcinoma

Adult: 15-30 mg daily for 5 days, repeat after an interval of =1 wk for 3-5 courses.

CrCl (ml/min)

Dosage Recommendation

61-80

75% of dose

51-60

70% of dose

10-50

30-50% of dose

<10

Avoid use

Hepatic impairment: Bilirubin 3.1-5 mg/dl: Administer 75% of dose; Bilirubin >5 mg/dl: Avoid use.

Oral

Mycosis fungoides

Adult: 2.5-10 mg daily to induce remission.

CrCl (ml/min)

Dosage Recommendation

61-80

75% of dose

51-60

70% of dose

10-50

30-50% of dose

<10

Avoid use

Hepatic impairment: Bilirubin 3.1-5 mg/dl: Administer 75% of dose; Bilirubin >5 mg/dl: Avoid use.

Oral

Psoriasis

Adult: 10-25 mg wkly as a single dose, adjust subsequent doses based on response.

CrCl (ml/min)

Dosage Recommendation

61-80

75% of dose

51-60

70% of dose

10-50

30-50% of dose

<10

Avoid use

Hepatic impairment: Bilirubin 3.1-5 mg/dl: Administer 75% of dose; Bilirubin >5 mg/dl: Avoid use.

Oral

Rheumatoid arthritis

Adult: 7.5 mg once wkly, adjust by response. Not more than 20 mg/wk.

CrCl (ml/min)

Dosage Recommendation

61-80

75% of dose

51-60

70% of dose

10-50

30-50% of dose

<10

Avoid use

Hepatic impairment: Bilirubin 3.1-5 mg/dl: Administer 75% of dose; Bilirubin >5 mg/dl: Avoid use.

Oral

Crohn's disease

Adult: 12.5-22.5 mg once wkly for up to 1 yr.

CrCl (ml/min)

Dosage Recommendation

61-80

75% of use

51-60

70% of use

10-50

30-50% of use

<10

Avoid use

Hepatic impairment: Bilirubin 3.1-5 mg/dl: Administer 75% of dose; Bilirubin >5 mg/dl: Avoid use.

Intrathecal

Meningeal leukaemia

Adult: 12 mg/m2 (max 15 mg) once wkly for 2-3 wk, then once mthly. Alternatively, 200-500 mcg/kg every 2-5 day until CSF cell count is normalised.

Child: <1 yr: 6 mg, 1 yr: 8 mg, 2 yr: 10 mg, >3 yr: 12 mg. Patients <3 yr should be treated in accordance with combination chemotherapy protocols. Admin is at wkly intervals and repeated until the CSF cell count is normal.

CrCl (ml/min)

Dosage Recommendation

61-80

75% of dose

51-60

70% of dose

10-50

30-50% of dose

<10

Avoid use

Hepatic impairment: Bilirubin 3.1-5 mg/dl: Administer 75% of dose; Bilirubin >5 mg/dl: Avoid use.

Intravenous

Osteosarcoma

Adult: Initial recommended dose: 12 g/m2 as a 4-hr infusion, followed by folinic acid, as part of combined therapy. May increase dose to 15 g/m2 in subsequent treatments if initial dosage is insufficient to achieve peak serum methotrexate levels of 454 mcg/mL at the end of the infusion. Methotrexate infusion is administered on postoperative wk 4, 5, 6, 7, 11, 12, 15, 16, 29, 30, 44 and 45; in combination with other chemotherapy agents. Folinic acid can be given orally, IM or IV inj starting 24 hr after the beginning of the methotrexate infusion. Give via parenteral routes If patient experiences GI toxicity (e.g., nausea, vomiting). Usual dosage of folinic acid: 15 mg every 6 hr for a total of 60 hr or a total of 10 doses.

CrCl (ml/min)

Dosage Recommendation

61-80

75% of dose

51-60

70% of dose

10-50

30-50% of dose

<10

Avoid use

Hepatic impairment: Bilirubin 3.1-5 mg/dl: Administer 75% of dose; Bilirubin >5 mg/dl: Avoid use.

Intramuscular

Choriocarcinoma

Adult: 15-30 mg daily for 5 days. Repeat after at least 1 wk for 3-5 courses. Alternatively, 0.25-1 mg/kg (max: 60 mg) every 48 hr for 4 doses followed by folinic acid rescue, repeat at intervals of 7 days for 4 or more courses.

CrCl (ml/min)

Dosage Recommendation

61-80

75% of dose

51-60

70% of dose

10-50

30-50% of dose

<10

Avoid use

Hepatic impairment: Bilirubin 3.1-5 mg/dl: Administer 75% of dose; Bilirubin >5 mg/dl: Avoid use.

Intravenous

Breast cancer

Adult: 10-60 mg/m2 often with cyclophosphamide and fluorouracil.

CrCl (ml/min)

Dosage Recommendation

61-80

75% of dose

51-60

70% of dose

10-50

30-50% of dose

<10

Avoid use

Hepatic impairment: Bilirubin 3.1-5 mg/dl: Administer 75% of dose; Bilirubin >5 mg/dl: Avoid use.

Intravenous

Advanced lymphosarcoma

Adult: Up to 30 mg/kg, followed by folinic acid rescue.

CrCl (ml/min)

Dosage Recommendation

61-80

75% of dose

51-60

70% of dose

10-50

30-50% of dose

<10

Avoid use

Hepatic impairment: Bilirubin 3.1-5 mg/dl: Administer 75% of dose; Bilirubin >5 mg/dl: Avoid use.

Intramuscular

Acute lymphoblastic leukaemia

Adult: Maintenance: 15 mg/m2 once or twice wkly, with other agents.

CrCl (ml/min)
Dosage Recommendation
61-80
75% of dose
51-60
70% of dose
10-50
30-50% of dose
<10
Avoid use

Hepatic impairment: Bilirubin 3.1-5 mg/dl: Administer 75% of dose; Bilirubin >5 mg/dl: Avoid use.
Intravenous
Acute lymphoblastic leukaemia
Adult: Maintenance: 2.5 mg/kg every 14 days.

CrCl (ml/min)
Dosage Recommendation
61-80

75% of dose

51-60

70% of dose

10-50

30-50% of dose

<10

Avoid use

Hepatic impairment: Bilirubin 3.1-5 mg/dl: Administer 75% of dose; Bilirubin >5 mg/dl: Avoid use.

Intramuscular

Mycosis fungoides

Adult: 50 mg wkly as a single dose or 2 divided doses.

CrCl (ml/min)

Dosage Recommendation

61-80

75% of dose

51-60

70% of dose

10-50

30-50% of dose

<10

Avoid use

Hepatic impairment: Bilirubin 3.1-5 mg/dl: Administer 75% of dose; Bilirubin >5 mg/dl: Avoid use.

Parenteral

Psoriasis

Adult: 10-25 mg wkly as a single dose. Adjust subsequent doses based on response. May be given via IV/IM admin.

CrCl (ml/min)

Dosage Recommendation

61-80

75% of dose

51-60

70% of dose

10-50

30-50% of dose

<10

Avoid use

Hepatic impairment: Bilirubin 3.1-5 mg/dl: Administer 75% of dose; Bilirubin >5 mg/dl: Avoid use.

Intramuscular

Crohn's disease

Adult: 25 mg once wkly for 16 wk. Maintenance: 15 mg wkly.

CrCl (ml/min)

Dosage Recommendation

61-80

75% of dose

51-60

70% of dose

10-50

30-50% of dose

<10

Avoid use

Hepatic impairment: Bilirubin 3.1-5 mg/dl: Administer 75% of dose; Bilirubin >5 mg/dl: Avoid use.

Reconstitution: Reconstitute to 2.5-5 mg/ml with normal saline, D5W, lactated Ringer's, or Elliott's B solution. Use preservative-free preparations.

Administration

May be taken with or without food. (May be taken w/ meals to minimise GI discomfort.)

Overdosage

Nausea, vomiting, alopecia, melena, and renal failure.

Contraindications

Severe renal or hepatic impairment, pre-existing profound bone marrow suppression in patients with psoriasis or rheumatoid arthritis, alcoholic liver disease, AIDS, pre-existing blood dyscrasias, pregnancy (in patients with psoriasis or rheumatoid arthritis), breast-feeding.

Special Precautions

Hepatic or renal impairment, bone marrow depression, elderly, neonates. Ulcerative disorders of the GI tract. Monitor haematological, renal and hepatic function, and GI toxicity regularly.

Adverse Drug Reactions

Ulceration of the mouth and GI disturbances (e.g. stomatitis and diarrhoea), bone marrow depression, hepatotoxicity, renal failure, skin reactions, alopecia, ocular irritation, arachnoiditis in intrathecal use, megaloblastic anaemia, osteoporosis, precipitation of diabetes, arthralgias, necrosis of soft tissue and bone, anaphylaxis, impaired fertility.

Potentially Fatal: Pulmonary reactions (e.g. interstitial lung disease); neurotoxicity (e.g. leukoencephalopathy, paresis, demyelination) with intrathecal use; foetal deaths.

Drug Interactions

Decreased effectiveness with folic acid and its derivatives.

Potentially Fatal: Increased toxicity with NSAIDs and salicylates; probenecid; some penicillins; aminoglycosides neomycin and paromomycin; sulfonamides such as sulfafurazole and sulfamethoxazole; co-trimoxazole or trimethoprim; nephrotoxic agents (e.g. cisplatin); ciclosporin; etretinate. Synergistic enhancement of effects with fluorouracil. Increased bioavailability of mercaptopurine. Reduces serum-valproate concentrations. Reduced serum concentrations

with colestyramine. Increased serum concentrations withomeprazole.

Food Interaction

May be given with meals to minimise GI discomfort. Serum levels may be decreased if taken with food. Decreased absorption in milk-rich food, decreased drug response with folate. Avoid ethanol (may be associated with increased liver injury). Avoid echinacea (has immunostimulant properties).

Pregnancy Category (US FDA)

Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.

Storage

Intramuscular: Store intact vials at room temperature (15-25°C). Protect from light. Solutions diluted in D5W or normal saline are stable at room temperature (21-25°C) for 24 hr. Reconstituted

solutions with a preservative may be stored under refrigeration for up to 3 mth, and up to 4 wk at room temperature.Intrathecal: Store intact vials at room temperature (15-25°C). Protect from light. Solutions diluted in D5W or normal saline are stable at room temperature (21-25°C) for 24 hr. Reconstituted solutions with a preservative may be stored under refrigeration for up to 3 mth, and up to 4 wk at room temperature. Dilutions are stable for 7 days at room temperature, but are recommended to be used within 4-8 hr. Intravenous: Store intact vials at room temperature (15-25°C). Protect from light. Solutions diluted in D5W or normal saline are stable at room temperature (21-25°C) for 24 hr. Reconstituted solutions with a preservative may be stored under refrigeration for up to 3 mth, and up to 4 wk at room temperature. Oral: Store tablets at room temperature (15-25°C). Protect from light. Parenteral: Store intact vials at room temperature (15-25°C). Protect from light. Solutions diluted in D5W or normal saline are stable at room temperature (21-25°C) for 24 hr. Reconstituted solutions with a preservative may be stored under refrigeration for up to 3 mth, and up to 4 wk at room temperature.

Mechanism of Action

Methotrexate is a folic acid antagonist that inhibits DNA synthesis. It irreversibly binds to dihydrofolate reductase, inhibiting the formation of reduced folates, and thymidylate synthetase, resulting in inhibition of purine and thymidylic acid synthesis.

Absorption: Rapidly absorbed from the GI tract at low doses, higher doses are less well absorbed. Rapidly and completely absorbed after IM doses. Peak plasma concentrations after 1-2 hr (oral), 30-60 min (IM).

Distribution: Tissues and extracellular fluids; crosses the blood-brain barrier and placenta; enters breast milk. Small amounts in saliva and breastmilk. 50% bound to plasma proteins. Bound as polyglutamate conjugates, bound drug may remain in the body for several mth, particularly in the liver .

Metabolism: Partly by intestinal flora. Does not undergo significant metabolism at low dose therapy; 7-hydroxy metabolite is detected at high-doses.

Excretion: Primarily via urine; small amounts in bile, faeces. Some evidence of enterohepatic recirculation. Interindividual variation exists, patients with delayed clearance are at an increased risk of toxicity.

CIMS Class

Cytotoxic Chemotherapy / Immunosuppressants

ATC Classification

L01BA01 - methotrexate; Belongs to the class of antimetabolites, folic acid analogues. Used in the treatment of cancer.
L04AX03 - methotrexate; Belongs to the class of other immunosupressive agents. Used to induce immunosuppression.

*methotrexate information:
Note that there are some more drugs interacting with methotrexate
methotrexate further details are available in official CIMS India
methotrexate
methotrexate brands available in India
Always prescribe with Generic Name : methotrexate, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ALLTREX tab ALLTREX vial BIOTREXATE tab BIOTREXATE vial CADITREX vial CARDITREX inj CARDITREX tab DERMATREX tab DERMOTREX tab FOLITRAX amp FOLITRAX tab HI-TREX tab IMUTREX inj IMUTREX tab MEREX vial METHOCIP INJ inj METHOREX

tab METHOREX vial METOREX INJ. vial METREX tab METREX vial MEXATE tab MEXATE vial NEOTREXATE tab ONCOTREX inj ONCOTREX tab ONOTREX inj ONOTREX tab PLASTOMET tab PLASTOMET vial REMTREX tab REMTREX vial REXTOP GEL gel TEVATREX vial TREX tab TREX vial TRIXILEM tab UNITREXATE vial VIBZI tab ZEXATE tab ZEXATE vial

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([all drugs])

methoxsalen

CIMS Class : (Psoriasis, Seborrhea & Ichthyosis Preparations) , (Other Dermatologicals)

methoxsalen

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related methoxsalen information

Indication & Dosage

Oral

Repigmentation of vitiliginous areas

Adult: 20 mg or up to 600 mcg/kg 2-4 hr before measured periods of sunlight or UVA exposure depending on the preparation.

Treatment is usually given twice a wk or on alternate days, with at least 48-hr intervals.

Child: >12 yr: 20 mg or up to 600 mcg/kg 2-4 hr before measured periods of sunlight or UVA exposure depending on the preparation. Treatment is usually given twice a wk on alternate days, with at least 48-hr intervals.

Oral

Psoriasis

Adult: Up to 600 mcg/kg 1.5-3 hr before UVA exposure, depending on the preparation. Treatment is usually given twice a wk or increased as necessary, with at least 48-hr intervals between doses. If there is no or minimal response after the 15th PUVA treatment, dose may be increased by 10 mg and this dose used for the remainder of the treatment course.

Topical/Cutaneous

Severe psoriasis

Adult: Apply a 0.15% preparation (or diluted to 0.015%) if necessary onto affected skin areas 15 min before UVA exposure. Alternatively, patient may take a whole body bath in methoxsalen solution (2.6 mg/l or up to 3.7 mg/l) followed by immediate UVA exposure. For treating affected areas, immerse the affected areas for 15 min into 3 mg/l solution of hand and foot soaks followed by a 30-min delay before UVA exposure twice a wk.

Topical/Cutaneous

Repigmentation of vitiliginous areas

Adult: Apply a 1% solution which is usually diluted to 0.1-0.01% (to avoid adverse effects) to the lesions; expose to UVA immediately after application or wait up to 2 hr. Area surrounding the lesion should be protected with a sunscreen. Wash and protect lesions from light after treatment; protection may be up to =48 hr. Treatment is usually repeated once a wk. Substantial repigmentation usually requires 6-9 mth of treatment.

Administration

Should be taken with food.

Overdosage

Symptoms: Nausea and severe burns. Management: In acute oral intoxication, induction of emesis is beneficial within the first 2-3 hr of ingestion. Follow accepted treatment of severe burns. Keep room darkened until reaction subsides (=8-24 hr).

Contraindications

Diseases associated with light sensitivity e.g. porphyria. Aphakia, melanoma or a history of melanoma, invasive squamous cell carcinoma. PUVA therapy in children.

Special Precautions

Certain photosensitivity disorders. Hepatic impairment. Do not sunbathe for 24 hr before and 48 hr after PUVA treatment. Avoid exposure to sunlight for at least 8 hr after admin and patient should wear wrap-around UVA absorbing glasses for 24 hr after admin. Shield male genitalia during PUVA therapy unless specific treatment is required. Perform ophthalmic exam prior to therapy and at regular intervals thereafter, especially in those at increased risk of cataracts. Regularly examine patients for signs of premalignant or malignant skin lesions. Pregnancy and lactation.

Adverse Drug Reactions

Nausea, insomnia, depression, nervousness. Photochemotherapy or PUVA may cause pruritus, mild transient erythema, oedema, dizziness, headache, vesiculation, bulla formation, acneiform eruption, severe skin pain; pigmentation alterations of skin or nails,

onycholysis. Hypersensitivity reactions e.g. fever, bronchoconstriction, contact dermatitis.
Potentially Fatal: Increased risk of skin cancers e.g. squamous cell carcinoma, basal cell carcinoma, malignant melanoma. Isolated reports of leukaemia.

Drug Interactions

Additive effects with drugs known to cause photosensitisation e.g. anthralin, coal tar or derivatives, griseofulvin, phenothiazines, nalidixic acid, sulfonamides., tetracyclines and thiazide diuretics. May increase the levels/effects of aminophylline, fluvoxamine, mexiletine, mirtazapine, ropinirole, theophylline, trifluoperazine, dexmedetomidine and ifosfamide.

Food Interaction

Food containing photosensitisers e.g. figs, limes, parsley, mustard, carrots, cloves, lemon, celery may potentiate its effects. Absorption and serum concentrations appear to increase with food.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Methoxsalen increases skin reactivity to long-wavelength UV rays. It bonds covalently to DNA inhibiting DNA synthesis and cell division, which can lead to cell injury. This effect is used in photochemotherapy or PUVA [psoralen (P) and high-intensity long-wavelength UVA irradiation].

Onset: 1 hr (depending on oral formulation).

Duration: About 8 hr.

Absorption: Well but variably absorbed from the GI tract (oral); peak plasma concentrations after 1-4 hr.

Distribution: Reversibly and highly bound to albumin; taken up by epidermal cells; diffuses into eye lens.

Metabolism: Hepatic; converted to metabolites.

Excretion: Via urine (about 95%, as metabolites).

CIMS Class

Psoriasis, Seborrhea & Ichthyosis Preparations / Other Dermatologicals

ATC Classification

D05AD02 - methoxsalen; Belongs to the class of topical psoralens used in the treatment of psoriasis.
D05BA02 - methoxsalen; Belongs to the class of systemic psoralens used in the treatment of psoriasis.

*methoxsalen information:
Note that there are some more drugs interacting with methoxsalen methoxsalen
methoxsalen brands available in India
Always prescribe with Generic Name : methoxsalen, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : MELADERM tab MELANOCYL oint MELANOCYL soln MELANOCYL TAB tab MELCYL tab MELONIL LOTION lotion MELONIL tab
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([all drugs])

methyldopa

CIMS Class : (Other Antihypertensives)

methyldopa

Lab ¤ - Lab interference

Food ¤ - Food interaction

related methyldopa information

Indication & Dosage

Oral

Hypertension

Adult: Monotherapy: Initially, 250 mg bid-tid for 2 days; adjust according to response not more than every 2 days. Maintenance: 0.5-2 g daily. Max: 3 g daily. Combination therapy: Initial dose should not exceed 500 mg daily in divided doses.

Child: Initially, 10 mg/kg or 300 mg/m2 daily in 2-4 divided doses; increase as necessary. Max: 65 mg/kg, 2 g/m2 or 3 g daily, whichever is least.

Elderly: Initially, 125 mg bid; gradually increase according to response. Max: 2 g daily.

Renal impairment: May respond to smaller doses.

Intravenous

Hypertension

Adult: As methyldopate hydrochloride: 250-500 mg in 100 ml of 5% glucose injected over 30-60 min every 6 hr. Max: 1 g every 6 hr.
Child: As methyldopate hydrochloride: 20-40 mg/kg/24 hr or 0.6-1.2 g/m2/24 hr in equally divided doses every 6 hr. Max 65 mg/kg, 2 g/m2 or 3 g daily, whichever is least.
Renal impairment: May respond to smaller doses.

Incompatibility: Incompatible with amphotericin B, methohexital.

Administration

May be taken with or without food.

Overdosage

Symptoms: Hypotension, sedation, bradycardia, dizziness, constipation or diarrhoea, flatus, nausea, vomiting. Management: Supportive and symptomatic. Can be removed by hemodialysis.

Contraindications

Phaeochromocytoma, active liver disease. Patients in whom previous methyldopa treatment resulted in liver abnormalities or direct Coombs' positive haemolytic anaemia.

Special Precautions

History of haemolytic anaemia, depression, parkinsonism, renal or hepatic impairment. May impair ability to drive or operate machinery. Monitor blood counts and perform LFTs. Elderly.

Adverse Drug Reactions

Peripheral oedema; drug fever, mental depression, anxiety, nightmares, drowsiness, headache; dry mouth; orthostatic hypotension, sinus bradycardia, sodium retention, sexual dysfunction, gynaecomastia, hyperprolactinaemia, thrombocytopenia, positive Coombs' test, transient leukopenia or granulocytopenia, cholestasis or hepatitis and heptocellular injury, increased liver enzymes, jaundice, cirrhosis, dyspnoea, SLE-like syndrome.
Potentially Fatal: Hepatic necrosis, haemolytic anaemia.

Drug Interactions

Reduced hypotensive effects with phenothiazines, TCAs and possibly, amphetamines. Additive hypotensive effects with levodopa; psychosis may also occur. Reduced absorption and effects with oral iron preparations. Reduced doses of general anaesthetics may be required. Effect of ephedrine may be reduced.
Potentially Fatal: Increased risk of severe hypertension with MAOIs. Increased lithium toxicity.

Food Interaction

Hypertension may be exacerbated with ephedra, yohimbe and ginseng. CNS depression may be increased when used with valerian, St John's wort, kava kava and gotu kola. Natural licorice causes sodium and water retention and increases potassium loss. Garlic may increase antihypertensive effect.

Lab Interference

Positive Coombs' test. May interfere with serum creatinine measurement by the alkaline picrate method and with AST estimation by colourimetric methods. May result in falsely high value for urinary catecholamines.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Mechanism of Action

Methyldopa stimulates a2-adrenoceptors which results in reduced sympathetic tone and fall in BP.

Onset: 4-6 hr.

Duration: 48 hr (oral); 10-16 hr (IV).

Absorption: Variable and incomplete from the GI tract, via amino acid active transport system (oral).

Distribution: Crosses the placenta; penetrates the blood-brain barrier; enters the breast milk. Protein-binding: Minimal.

Metabolism: Extensively hepatic. CNS: Decarboxylation to a-methyl-noradrenaline.

Excretion: Via urine (as unchanged drug and as o-sulfate conjugate); prolonged in renal impairment; 1.7 hr (elimination half-life).

CIMS Class

Other Antihypertensives

ATC Classification

C02AB - Methyldopa; Used in the treatment of hypertension.

*methyldopa information:
Note that there are some more drugs interacting with methyldopa
methyldopa
methyldopa brands available in India
Always prescribe with Generic Name : methyldopa, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ALDOPAM TABS tab ALPHADOPA tab DOPAGYT tab EMDOPA tab GYNAPRES tab SEMBRINA tab
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([all drugs])
methylergometrine

CIMS Class : (Drugs Acting on the Uterus)

methylergometrine

P - Contraindicated in pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related methylergometrine information

Indication & Dosage

Oral

Prophylaxis of postpartum haemorrhage

Adult: 200 mcg 3-4 times daily in the puerperium for 2-7 days.

Intramuscular

Treatment and prophylaxis of postpartum and postabortal haemorrhage

Adult: 200 mcg. May repeat every 2-4 hr. Max: 5 doses.

Intravenous

Treatment and prophylaxis of postpartum and postabortal haemorrhage

Adult: As an emergency measure: 200 mcg by slow inj over at least 1 minute, may repeat every 2-4 hr, up to a max of 5 doses.

Overdosage

Symptoms: Prolonged gangrene, numbness in extremities, acute nausea, vomiting, abdominal pain, respiratory depression, changes in BP, seizures. Management: Symptomatic and supportive.

Contraindications

Hypertension, eclamptic or previously hypertensive patients, heart disease, venoatrial shunts, mitral valve stenosis, obliterative vascular disease. Do not use in cases of threatened spontaneous abortion. Pregnancy.

Special Precautions

Captivation of the placenta may occur if given during the 2nd or 3rd stage of labour prior to delivery of the placenta; use in this situation should only be done by a qualified personnel. Avoid prolonged use. Caution in patients with sepsis, hepatic or renal impairment. Lactation.

Adverse Drug Reactions

Headache, dizziness, hallucinations; tinnitus; nausea, vomiting, foul taste, diarrhoea; hypertension, temporary chest pain, palpitations,

bradycardia; nasal congestion, dyspnoea; diaphoresis; thrombophlebitis; haematuria; water intoxication; leg cramps; allergic reactions.
Potentially Fatal: Shock.

Drug Interactions

Possible increase in serum levels and risk of severe vasoconstrictive effects with potent CYP3A4 inhibitors (e.g. erythromycin, troleandomycin, clarithromycin, ritonavir, indinavir, nelfinavir, delavirdine, ketoconazole,itraconazole, voriconazole) and less potent CYP3A4 inhibitors (e.g. saquinavir, nefazodone, fluconazole,fluoxetine, fluvoxamine, zileuton, clotrimazole).

Food Interaction

Possible increase in serum levels and risk of severe vasoconstrictive effects with grapefruit juice.

Storage

Intramuscular: Store under refrigeration at 2-8°C (36-46°F). Protect from light. Intravenous: Store under refrigeration at 2-8°C (36-46°F). Protect from light. Oral: Store below 25°C (77°F).

Mechanism of Action

Methylergometrine is an ergot alkaloid, which directly stimulates contractions of uterine and vascular smooth muscle.
Onset: 5-15 min (oral); 2-5 min (IM); immediate (IV).
Duration: =3 hr (oral/IM); 45 min (IV).
Absorption: Rapidly absorbed (oral; IM).
Distribution: Mainly distributed into plasma and extracellular fluid; rapidly distributed into tissues. Enters the breast milk.
Metabolism: Hepatic: Undergoes first-pass metabolism.
Excretion: Mainly via faeces; via urine (small amounts as unchanged drug); 2-3 hr (elimination half-life).

CIMS Class

Drugs Acting on the Uterus

ATC Classification

G02AB01 - methylergometrine; Belongs to the class of ergot alkaloids. Used to induce abortion or augment labour and to minimize blood loss from the placental site.

*methylergometrine information:

Note that there are some more drugs interacting with methylergometrine

methylergometrine

methylergometrine brands available in India

Always prescribe with Generic Name : methylergometrine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ELMET inj ELMET tab EMATRIN tab EMERGIN amp ERGOGIN inj ERGOGIN tab ERGOLIN amp ERGOLIN tab ERGORIV tab G-METRIN amp G-METRIN tab INGAGEN-M inj LERIN amp LERIN film-coated tab MEM amp MEM tab MEMJET amp MEMJET tab MERGOX amp MERGOX tab METERMIN inj METERMIN tab METHERGIN amp METHERGIN tab METHGING tab METHIN amp METHOCIN inj METHYGIN inj METHYGIN tab METHYLERGOMETRINE MALEATE inj METHYLERGOMETRINE MALEATE

tab MRTHYTDEN amp NIMETH amp SATERGIN inj UTERGIN inj UTERGIN tab UTEROWIN inj UTEROWIN tab

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([all drugs])

methylphenidate

CIMS Class : (Other CNS Drugs & Agents for ADHD)

methylphenidate

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related methylphenidate information

Indication & Dosage

Oral

Narcolepsy

Adult: 20-30 mg daily in divided doses. Effective dose may be 10-60 mg daily.

Oral

Hyperactivity disorders

Child: Conventional forms: =6 yr: Initially, 5 mg once or bid before breakfast or lunch. Increase, as necessary, by 5-10 mg at wkly intervals to a max of 60 mg daily in divided doses. Consider a later

dose in the evening if the effect wears off. Discontinue periodically to re-evaluate or if there is no improvement within 1 mth. Modified-release forms: Dose depends on brand.

Transdermal

Hyperactivity disorders

Child: 6-12 yr: Apply once daily to the hip area 2 hr before an effect is needed and remove after a max of 9 hr. Start patient on the lowest patch strength, then titrate according to response. Increase at wkly intervals as needed. Max: 3.3 mg/hr at wk 4.

Administration

Methylphenidate (ritalin): Should be taken on an empty stomach. (Take 30-45 mins before meals.)

Methylphenidate (concerta): May be taken with or without food. (Swallow whole, do not divide/chew/crush.)

Overdosage

Symptoms: Vomiting, tremor, agitation, muscle twitching, hyperpyrexia, hallucinations, tachycardia, mydriasis, palpitations, sweating. Management: No specific antidote; symptomatic

supportive. Transdermal: Remove patch and thoroughly cleanse area; absorption may continue in absence of patch.

Contraindications

Marked anxiety, tension, agitation; glaucoma; Tourette's syndrome or tics. Known severe structural cardiac abnormalities, cardiomyopathy, serious heart rhythm abnormalities, or other serious cardiac disorders that could increase the risk of sudden death. Extended-release form: Severe hypertension, heart failure, arrhythmia, hyperthyroidism, recent MI or angina.

Special Precautions

Pregnancy and lactation. History of alcohol or drug abuse. Hypertension and other CV disorders that might be exacerbated by increases in BP or heart rate. Pre-existing psychosis or bipolar disorder; monitor for symptoms of aggression or hostility. History of seizure disorder. Children <6 yr (growth suppression); monitor growth during therapy. May impair ability to drive or operate machinery. Transdermal: Avoid exposure of application site to any direct external heat source.

Adverse Drug Reactions

Angina, arrhythmia, cerebral arteritis, cerebral occlusion, changes in BP, MI, necrotising vasculitis, palpitation, pulse changes, tachycardia; depression, dizziness, drowsiness, fever, headache, insomnia, nervousness, neuroleptic malignant syndrome (NMS), Tourette's syndrome, toxic psychosis; erythema multiforme, exfoliative dermatitis, hair loss, rash, urticaria; growth retardation; abdominal pain, anorexia, diarrhoea, nausea, vomiting, weight loss; anaemia, leukopenia, thrombocytopenic purpura, thrombocytopenia; abnormal LFTs, hepatic coma, increased transaminases; arthralgia, dyskinesia; blurred vision, visual accommodation disturbance; cough, pharyngitis, sinusitis, upper respiratory tract infection; accidental injury, hypersensitivity. Transdermal: Insomnia, decreased appetite; nausea; tic, emotional instability; vomiting, anorexia; nasal congestion, nasopharyngitis; weight loss.

Drug Interactions

May reduce effects of antihypertensive agents. Reduced serum level with carbamazepine. Increased serum levels or effects with CYP2D6 inhibitors e.g. chlorpromazine, delavirdine, fluoxetine,

miconazole, paroxetine, pergolide, quinidine, quinine, ritonavir, ropinirole. May increase serum levels of phenytoin, TCAs. Possible severe hypertension and tachycardia with sibutramine. CNS depression with alcohol.

Potentially Fatal: Severe toxic reactions with clonidine. Increased risk of hypertensive crisis with MAOIs.

Food Interaction

Food may increase oral absorption of methylphenidate. Hypertension or arrhythmias may occur when used with ephedra and additive CNS stimulation may occur with yohimbe.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Chewable tablet/Solution: Store at 20-25°C (68-77°F). Extended-release capsule: Store in dose pack provided at 25°C

(77°F). Immediate-release/Sustained-release tablet: Do not store above 30°C (86°F). Osmotic-controlled release tablet: Store at 25°C (77°F). Protect from humidity. Transdermal: at 15-30°C (59-86°F). Store in protective pouch.

Mechanism of Action

Methylphenidate is a central stimulant and indirect-acting sympathomimetic.

Onset: Immediate-release forms/Transdermal: Approx 2 hr. Sustained-release forms: 4-7 hr.

Duration: Immediate-release forms: 3-6 hr. Sustained-release forms: 8 hr. Extended-release forms: 8-12 hr.

Absorption: Oral: Readily absorbed from the GI tract. Food enhances rate of absorption. Peak plasma levels in about 2 hr. Transdermal: Absorption increased when applied to inflamed skin or exposed to heat; absorption continuous for 9 hr after application.

Distribution: Protein-binding: Low. Distributed into breast milk.

Metabolism: Undergoes extensive first-pass metabolism. Via de-esterification to minimally active metabolite. Major metabolite is ritanilic acid.

Excretion: Via urine (90% as metabolites and unchanged drug); via faeces (small amounts); about 2 hr (elimination half-life).

CIMS Class

Other CNS Drugs & Agents for ADHD

ATC Classification

N06BA04 - methylphenidate; Belongs to the class of centrally-acting sympathomimetics. Used as CNS stimulant.

*methylphenidate information:
Note that there are some more drugs interacting with methylphenidate
methylphenidate further details are available in official CIMS India methylphenidate
methylphenidate brands available in India
Always prescribe with Generic Name : methylphenidate, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ADDWIZE tab INSPIRAL SRtab

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([all drugs])

methylprednisolone

CIMS Class : (Corticosteroid Hormones) , (Topical Corticosteroids)

methylprednisolone

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related methylprednisolone information

Indication & Dosage

Oral

Anti-inflammatory or immunosuppressive

Adult: Initially, 2-60 mg/day in 1-4 divided doses, followed by gradual reduction in dosage to the lowest possible level consistent with maintaining an adequate clinical response.

Child: As sodium succinate: 0.5-1.7 mg/kg/day or 5-25 mg/m2/day in divided doses every 6-12 hr; "Pulse" therapy: 15-30 mg/kg/dose over =30 min given once daily for 3 days.

Intramuscular

Anti-inflammatory or immunosuppressive

Adult: As sodium succinate: 10-80 mg/day once daily; As acetate: 10-80 mg every 1-2 wk.

Child: As sodium succinate: 0.5-1.7 mg/kg/day or 5-25 mg/m2/day in divided doses every 6-12 hr; "Pulse" therapy: 15-30 mg/kg/dose over =30 min given once daily for 3 days.

Intravenous

Anti-inflammatory or immunosuppressive

Adult: As sodium succinate: 10-40 mg over a period of several min and repeated I.V. or I.M. at intervals depending on clinical response; when high dosages are needed, give 30 mg/kg over a period =30 min and may be repeated every 4-6 hr for 48 hr.

Child: As sodium succinate: 0.5-1.7 mg/kg/day or 5-25 mg/m2/day in divided doses every 6-12 hr; "Pulse" therapy: 15-30 mg/kg/dose over =30 min given once daily for 3 days.

Intravenous

Status asthmaticus

Adult: As sodium succinate: Loading dose: 2 mg/kg/dose, then 0.5-1 mg/kg/dose every 6 hr for up to 5 days.

Child: Children: As sodium succinate: Loading dose: 2 mg/kg/dose, then 0.5-1 mg/kg/dose every 6 hr for up to 5 days.

Intravenous

Acute spinal cord injury

Adult: As sodium succinate: 30 mg/kg over 15 min, followed in 45 min by a continuous infusion of 5.4 mg/kg/hr for 23 hr.

Child: As sodium succinate: 30 mg/kg over 15 min, followed in 45 min by a continuous infusion of 5.4 mg/kg/hr for 23 hr.

Intravenous

Lupus nephritis

Adult: As sodium succinate: High-dose "pulse" therapy: 1 g/day for 3 days.

Child: Children: As sodium succinate: 30 mg/kg over =30 min every other day for 6 doses.

Intravenous

Aplastic anaemia

Adult: As sodium succinate: 1 mg/kg/day or 40 mg/day (whichever dose is higher), for 4 days. After 4 days, change to oral and continue until day 10 or until symptoms of serum sickness resolve, then rapidly reduce over approx 2 wk.

Intravenous

Pneumocystis (carinii) jiroveci pneumonia in patients with acquired immunodeficiency syndrome (AIDS)

Adult: As sodium succinate: 30 mg bid for 5 days, then 30 mg once daily for 5 days, then 15 mg once daily for 11 days.

Intravenous

Life-threatening shock

Adult: As sodium succinate: 30 mg/kg initially and repeated every 4-6 hr if needed or 100-250 mg initially and repeated at 2- 6-hr intervals as required by direct IV inj over a period of 3-15 min. Alternatively, following the initial dose by direct IV inj, 30 mg/kg by slow continuous IV infusion every 12 hr for 24-48 hr.

Intravenous

Croup

Child: 1-2 mg/kg followed by 0.5 mg/kg every 6-8 hr.

Intra-articular

Anti-inflammatory or immunosuppressive

Adult: As acetate: Large joints: 20-80 mg every 1-5 wk; Small joints: 4-10 mg every 1-5 wk.

Intralesional

Anti-inflammatory or immunosuppressive

Adult: As acetate: 20-60 mg every 1-5 wk.

Topical/Cutaneous

Corticosteroid-responsive dermatoses

Adult: As 0.1% aceponate ointment, fatty ointment or cream or lotion: Apply a thin coating once daily to the affected area. Duration: <12 wk.

Child: >4 mth: As 0.1% aceponate ointment, fatty ointment or cream: Apply a thin coating once daily to the affected area; Lotion:

Apply sparingly once daily to the affected area and rub gently. Duration: <4 wk.

Reconstitution: Standard diluent: 40 mg/50 ml D5W; 125 mg/50 ml D5W. Min volume: 50 ml D5W.
Incompatibility: Y-site incompatibility: Allopurinol, amsacrine, ciprofloxacin, propofol, sargramostim, vinorelbine, docetaxel, etoposide phosphate, filgrastim, gemcitabine, ondansetron, paclitaxel. Syringe incompatibility: Doxapram. Admixture incompatibility: Calcium gluconate, glycopyrrolate, regular insulin, penicillin G sodium, metaraminol, nafcillin.

Administration

Should be taken with food.

Overdosage

Adrenal suppression and immunosuppression in high doses for prolonged periods. Arrhythmias and cardiovascular collapse with rapid IV inj/infusion.

Contraindications

Serious infections except septic shock or tuberculous meningitis; viral, fungal and tubercular skin lesions; admin of live virus vaccines. Preparations containing benzyl alcohol preservative are contraindicated in infants.

Special Precautions

Children and adolescents (possible irreversible growth retardation), elderly (monitoring required on long-term treatment). Frequent monitoring if history of tuberculosis (or X-ray changes), hypertension, recent MI (rupture reported), CHF, liver and renal failure (associated with fluid retention), DM including family history (glucose regulation altered), osteoporosis especially post-menopausal women (associated with increased bone loss and osteoporotic fractures), glaucoma including family history (risk of increased intraocular pressure), corneal perforation, severe affective disorders (particularly if history of steroid-induced psychosis), epilepsy, GI disease (perforation risk), thyroid disease (changes in thyroid status may necessitate dosage adjustments), history of steroid myopathy. Pregnancy and lactation. Avoid abrupt withdrawal after a prolonged period of use. When applied topically

to large areas, broken skin, or under occlusive dressings, may cause systemic effects.

Adverse Drug Reactions

Oedema, hypertension, arrhythmia; CNS, endocrine, metabolic and GI effects; hirsutism, acne, skin atrophy, bruising, hyperpigmentation; transient leukocytosis; arthralgia, muscle weakness, osteoporosis, fractures, cataracts, glaucoma; infections, hypersensitivity reactions, avascular necrosis, secondary malignancy, intractable hiccups.

Drug Interactions

Decreases effect of anticholinesterases in myasthenia gravis. May decrease the hypoglycaemic effects of antidiabetic agents. Decreases serum concentrations of salicylates. Increased hypokalemic effects of potassium-depleting diuretics (thiazides or furosemide), amphotericin B, bronchodilator therapy with xanthines or ß2 agonists. Increase incidence of GI bleeding and ulceration with NSAIDs. May increase the anticoagulant effects of warfarin. Decreased levels/effects with CYP3A4 inducers (aminoglutethimide, carbamazepine, nafcillin,

nevirapine, phenobarbital, phenytoin, and rifamycins). Increased levels/effects with CYP3A4 inhibitors (azole antifungals, clarithromycin, diclofenac, doxycycline, erythromycin, imatinib, isoniazid, nefazodone, nicardipine, propofol, protease inhibitors, quinidine, telithromycin, and verapamil). May decrease the effects of vaccines (dead organism) or increase the risk of vaccinal infection (live organism). Antacids and bile sequestrants may decrease the absorption of corticosteroids, separate admin by 2 hr. Increased risk of myopathy with neuromuscular-blocking agents, tendinopathies with fluoroquinolones.

Food Interaction

Interferes with calcium absorption. Limit caffeine.

Lab Interference

Interferes with skin test.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals

are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intra-articular: Store at a temperature <40°C, preferably between 15-30 °C. As acetate: freezing of sterile solution suspension should be avoided; store at controlled room temperature of 20-25°C. Intralesional: Store at a temperature <40°C, preferably between 15-30 °C. As acetate: freezing of sterile solution suspension should be avoided; store at controlled room temperature of 20-25°C. Intramuscular: Store at a temperature <40°C, preferably between 15-30 °C. As acetate: Freezing of sterile solution suspension should be avoided; store at controlled room temperature of 20-25°C. As sodium succinate: Store unreconstituted sterile powder and reconstituted solutions at a controlled room temperature of 20-25°C. Reconstituted solutions should not be used unless they are clear, and unused solutions should be discarded after 48 hr. Intravenous: Store at a temperature <40°C, preferably between 15-30 °C. As acetate: freezing of sterile solution suspension should be avoided; store at controlled room temperature of 20-25°C. As sodium succinate: Store unreconstituted sterile powder and reconstituted solutions at a controlled room temperature of 20-25°C. Reconstituted solutions

should not be used unless they are clear, and unused solutions should be discarded after 48 hr. Oral: Store at a temperature <40°C, preferably between 15-30 °C. Topical/Cutaneous: Ointment or cream: <25°C, stable for 3 yr from date of manufacture; Fatty ointment or lotion: <30°C, stable for 5 yr from date of manufacture.

Mechanism of Action

Methylprednisolone is a synthetic corticosteroid with mainly glucocorticoid activity and minimal mineralocorticoid properties. It decreases inflammation by suppression of migration of polymorphonuclear leukocytes and reversal of increased capillary permeability.

Onset: Peak effect: Oral: 1-2 hr; IM: 4-8 days; Intra-articular: 1 wk.

Duration: Oral: 30-36 hr; IM: 1-4 wk; Intra-articular: 1-5 wk; As acetate, has a low solubility and has sustained IM effect.

Absorption: Methylprednisolone is fairly rapidly distributed after oral doses; plasma half-life:=3.5 hr; tissue half-life: 18-36 hr. As acetate, it is absorbed from joints over a wk but is more slowly absorbed following deep IM inj. As sodium succinate ester, it is rapidly absorbed after IM doses, with peak plasma concentrations in 2 hr.

Distribution: Volume of distribution: 0.7-1.5 L/kg ; crosses the placenta.
Excretion: Half-life elimination: 3-3.5 hr; clearance reduced in obese.

CIMS Class

Corticosteroid Hormones / Topical Corticosteroids

ATC Classification

D07AA01 - methylprednisolone; Belongs to the class of weak (group I) corticosteroids. Used in the treatment of dermatological diseases.
D10AA02 - methylprednisolone; Belongs to the class of topical corticosteroids used in the treatment of acne.
H02AB04 - methylprednisolone; Belongs to the class of glucocorticoids. Used in systemic corticosteroid preparations.

*methylprednisolone information:
Note that there are some more drugs interacting with methylprednisolone

methylprednisolone further details are available in official CIMS India

methylprednisolone

methylprednisolone brands available in India

Always prescribe with Generic Name : methylprednisolone, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACTO-PRED tab ACTO-PRED vial ARICORT M tab AVPRED tab BIOLONE tab CARTIPRED cap CARTIPRED tab CECORT vial DEPOMAX inj DEPOMAX-S inj DEPOPRED vial ELPRED M tab GEOPRED vial HAPPISONE tab HOSICORT inj IVEPRED tab IVEPRED vial LUMI-M tab LUPUS tab M.B.SOLE tab MEDICORT tab MEDROL tab MEGA-PRED amp MEGA-PRED tab MELPRED INJ vial MELPRED tab MELSONE tab MEPRED tab MEPSONATE vial METHYL-PRED vial MPA vial MPSS vial MPSS+BACTERIOSTATIC WATER vial MSLONE tab MYPRED tab NAYAPRED tab NAYAPRED vial NEO-DROL vial NEODROL-AS inj NICORD tab NICORT tab NISPRED INJ vial OMNACORTIL CRM cream PH-MPA oint PILSONE tab PREDACE tab PREDMET susp PREDMET tab PREDON-M tab PRELONB tab PRELONE tab PREMETH tab PREMISOL tab PREMISOL vial SOFTCOR cream SOLU-CORT

tab SOLU-CORT vial SOLU-MEDROL vial SOLUPRED amp SUCCIMED vial SYM tab SYSTPRED inj ZEMPRED CRM cream ZEMPRED tab ZENCORT-M tab

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([all drugs])

metoclopramide

CIMS Class : (GIT Regulators, Antiflatulents & Anti-inflammatories) , (Antiemetics)

metoclopramide

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related metoclopramide information

Indication & Dosage

Oral

Diabetic gastric stasis

Adult: 10 mg 4 times/day. To be given 30 minutes before meals and at bedtime. Usual treatment duration: 2-8 wk.

Renal impairment: Moderate to severe: Reduce dose by at least 50%

CrCl (ml/min)

Dosage Recommendation

<40

Reduce dose by at least 50%.

Hepatic impairment: Dose reduction may be necessary.

Oral

Nausea and vomiting associated with cancer chemotherapy or radiotherapy

Adult: 2 mg/kg/dose, given 1 hr before start of treatment. Repeat dose 3 times at 2-hrly intervals. May repeat 2 additional doses at 3-hrly intervals if needed. Max: 12 mg/kg/day.

Child: Neonate: 100 mcg/kg every 6-8 hr; 1 mth-1 yr (up to 10 kg): 100 mcg/kg (max 1 mg) bid; 1-3 yr (10-14 kg): 1 mg bid-tid; 3-5 yr (15-19 kg): 2 mg bid-tid; 5-9 yr (20-29 kg): 2.5 mg tid; 9-14 yr (=30 kg): 5 mg tid; 15-19 yr (30-59 kg): 5 mg tid; 15-19 yr (=60 kg): 10 mg tid. Where wt is less than that specified for a given age group, use the dose corresponding to the wt rather than the age, so that a lower dose is given. Max: 500 mcg/kg.

Renal impairment: Moderate to severe: Reduce dose by at least 50%.

CrCl (ml/min)

Dosage Recommendation

<40

Reduce dose by at least 50%.

Hepatic impairment: Dose reduction may be necessary.

Oral

Gastro-oesophageal reflux disease

Adult: 10-15 mg up to 4 times/day, given 30 minutes before meals and at bedtime, depending on severity of symptoms. If symptoms are intermittent, may give single doses of 20 mg prior to the provoking situation.

Max Dosage: 500 mcg/kg

Renal impairment: Moderate to severe: Reduce dose by at least 50%

CrCl (ml/min)

Dosage Recommendation

<40

Reduce dose by at least 50%

Hepatic impairment: Dose reduction may be necessary.

Oral

Prevent delayed emesis following chemotherapy

Adult: 20-40 mg 2-4 times/day for 3-4 days.

Oral

Premedication in diagnostic procedures

Adult:

Child: 1 mth?3 yr and up to 14 kg: 100 mcg/kg (max 1 mg); 3?5 yr and 15?19 kg: 2 mg; 5?9 yr and 20?29 kg: 2.5 mg; 9?15 yr and 30?60 kg: 5 mg; 15?18 yr and >60 kg: 10 mg. To be given as a single dose 5?10 minutes before examination.

Parenteral

Diabetic gastric stasis

Adult: 10 mg 4 times/day via IM/IV admin; to be given 30 minutes before meals and at bedtime. Convert to oral admin when symptoms have subsided sufficiently. Usual treatment duration: 2-8 wk.

Max Dosage: 500 mcg/kg

Renal impairment: Moderate to severe: Reduce dose by at least 50%

CrCl (ml/min)

Dosage Recommendation

<40

Reduce dose by at least 50%

Hepatic impairment: Dose reduction may be necessary.

Intravenous

Nausea and vomiting associated with cancer chemotherapy

Adult: For highly emetogenic drugs/regimens: 2 mg/kg as IV infusion to be given 30 minutes before start of treatment. Repeat twice at 2-hrly intervals after the 1st dose. For less emetogenic drugs/regimens: 1 mg/kg may be used. If vomiting is not well-controlled, may continue with 3 additional doses at 2 mg/kg/dose at 3-hrly intervals; if vomiting is well-controlled with the 1st 3 doses, may reduce dose to 1 mg/kg given at 3-hrly intervals for 3 additional doses.

Child: Neonate: 100 mcg/kg every 6-8 hr; 1 mth-1 yr (up to 10 kg): 100 mcg/kg (max 1 mg) bid; 1-3 yr (10-14 kg): 1 mg bid-tid; 3-5 yr (15-19 kg): 2 mg bid-tid; 5-9 yr (20-29 kg): 2.5 mg tid; 9-14 yr (=30 kg): 5 mg tid; 15-19 yr (30-59 kg): 5 mg tid; 15-19 yr (=60 kg): 10 mg tid. Where wt is less than that specified for a given age group, use the dose corresponding to the wt rather than the age, so that a lower dose is given. Max: 500 mcg/kg.

Renal impairment: Moderate to severe: Reduce dose by at least 50%

CrCl (ml/min)

Dosage Recommendation

<40

Reduce dose by at least 50%

Hepatic impairment: Dose reduction may be necessary.

Intravenous

Intubation of the small intestine

Adult: 10 mg. To be given as a single direct IV inj.

Child: <6 yr: 100 mcg/kg; 6-14 yr: 2.5-5 mg. To be given as a single direct IV inj.

Renal impairment: Moderate to severe: Reduce dose by at least 50%.

CrCl (ml/min)

Dosage Recommendation

<40

Reduce dose by at least 50%.

Hepatic impairment: Dose reduction may be necessary

Intravenous

Premedication for radiologic examination of the upper gastrointestinal tract

Adult: 10 mg. To be given as a single direct IV inj.

Child: <6 yr: 100 mcg/kg; 6-14 yr: 2.5-5 mg. To be given as a single direct IV inj.

Renal impairment: Moderate to severe: Reduce dose by at least 50%.

CrCl (ml/min)

Dosage Recommendation

<40

Reduce dose by at least 50%.

Hepatic impairment: Dose reduction may be necessary

Intramuscular

Postoperative nausea and vomiting

Adult: 10 mg, given near the end of the procedure. May repeat every 4-6 hr when necessary.

Incompatibility: Incompatible with cephalothin sodium, chloramphenicol sodium, and sodium bicarbonate.

Overdosage

Drowsiness, ataxia, extrapyramidal symptoms, seizures, methemoglobinaemia (in infants).

Contraindications

GI haemorrhage, mechanical obstruction and perforation; phaeochromocytoma; history of seizures.

Special Precautions

Children, elderly. Renal or hepatic impairment, porphyria, epilepsy, Parkinson's disease, history of depression. Ability to drive or operate machineries may be impaired. Pregnancy and lactation. Monitor patients on prolonged therapy. Increased risk of tardive dyskinesia in patients on prolonged or high-dose treatment.

Adverse Drug Reactions

Extrapyramidal symptoms, restlessness, drowsiness, anxiety, diarrhoea, hypotension, hypertension, headache, depression, blood disorders (e.g. aganulocytosis, methaemoglobinaemia), hypersensitivity reactions (e.g. bronchospasm, rash), galactorrhoea or related disorders, transient increase in plasma aldosterone levels.

Potentially Fatal: Neuroleptic malignant syndrome; cardiac conduction disorders may occur with IV dosage form.

Drug Interactions

Increased sedative effects with CNS depressants. GI effects antagonised by antimuscarinics and opioids. Reduces absorption of digoxin. Increases absorption of ciclosporin, levodopa, aspirin, paracetamol. Interferes with hypoprolactinaemic effect of bromocriptine. Inhibits serum cholinesterase and prolongs neuromuscular blockade produced by suxamethonium and mivacurium.
Potentially Fatal: Serotonin syndrome with sertraline (SSRI).

Food Interaction

Avoid ethanol (may increase CNS depression).

Lab Interference

Increased aminotransferase, increased amylase.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Intravenous: Store intact vial at controlled room temperature. Protect from light. Dilutions with D5<190W or normal saline are stable for at least 24 hr and do not require light protection if used within 24 hours. Parenteral: Store intact vial at controlled room temperature. Protect from light. Dilutions with D<209>5<190W or normal saline are stable for at least 24 hr and do not require light protection if used within 24 hr.

Mechanism of Action

Metoclopramide enhances the motility of the upper GI tract and increases gastric emptying without affecting gastric, biliary or pancreatic secretions. It increases duodenal peristalsis which decreases intestinal transit time, and increases lower oesophageal sphincter tone. It is also a potent central dopamine-receptor

antagonist and may also have serotonin-receptor (5-HT3) antagonist properties.

Absorption: Rapidly and almost completely absorbed from the GI tract (oral); peak plasma concentrations after 1-2 hr.

Distribution: Widely distributed; crosses the blood-brain barrier and placenta; enters breast milk.

Metabolism: Extensively hepatic.

Excretion: Via urine (as unchanged drug, sulfate or glucuronide conjugates and metabolites), faeces; 4-6 hr (terminal elimination half-life).

CIMS Class

GIT Regulators, Antiflatulents & Anti-inflammatories / Antiemetics

*metoclopramide information:

Note that there are some more drugs interacting with metoclopramide

metoclopramide

metoclopramide brands available in India

Always prescribe with Generic Name : metoclopramide, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BACNORM drops DONMET inj EMENIL inj EMENIL tab EMENORM inj EMENORM tab LABMET amp MAXERON inj MAXERON syr MAXERON tab MAXINORM tab METADRATE susp METADRATE tab METAJEX inj METARMIN INJ inj METOCLOP amp METOCLOP vial NAUSIFAR MPS gel NAUSIFAR MPS tab PERIGLO amp PERINORM amp PERINORM dispertab PERINORM syr PERINORM tab PERINORM-CD cap PROMET inj REGGI syr REGGI tab REGLAN inj REGLAN syr REGLAN tab REGLAN vial RIVNORM tab SIANORM inj SIGMET inj TOMID syr TOMID tab VOMINORM inj VOMINORM MPS chewable tab VOMINORM tab

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([all drugs])

metolazone

CIMS Class : (Diuretics)

metolazone

P - Contraindicated in pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related metolazone information

Indication & Dosage

Oral

Hypertension

Adult: Initially, 1.25 mg daily, adjusted after 3-4 wk according to response. Usual dose: 2.5-5 mg daily, either alone or with other antihypertensives. Maintenance dose: 5 mg on alternate days. Formulations with enhanced bioavailability: 0.5-1 mg daily.

Elderly: Initially, 2.5 mg/day or every other day.

Oral

Oedema

Adult: 5-10 mg daily, increased if necessary to 20 mg daily. Max: 80 mg in 24 hr.

Elderly: Initially, 2.5 mg/day or every other day.

Administration

Should be taken with food. (Take after breakfast.)

Overdosage

Symptoms: Orthostatic hypotension, dizziness, drowsiness, syncope, haemoconcentration and haemodynamic changes due to

plasma volume depletion. Management: Symptomatic and supportive.

Contraindications

Anuria; hepatic coma or pre-coma. Pregnancy.

Special Precautions

Pre-diabetes or DM; gout; SLE; hepatic and renal impairment; hypercholesterolaemia. Correct electrolyte disturbances prior to therapy. Risk of cross-sensitivity with sulfonamides, sulfonylureas, carbonic anhydrase inhibitors, thiazides and loop diuretics. Lactation.

Adverse Drug Reactions

Chest pain, palpitation, necrotising angiitis, orthostatic hypotension, syncope, venous thrombosis, vertigo, volume depletion; depression, dizziness, chills, drowsiness, fatigue, restlessness, headache, lightheadedness; petechiae, photosensitivity, hypersensitivity reactions; gout attacks, electrolyte disturbances; abdominal bloating, diarrhoea, abdominal

pain, anorexia, constipation, epigastric distress, nausea, xerostomia, pancreatitis, vomiting; impotence; aplastic anaemia, thrombocytopenia, haemoconcentration, leukopenia; cholestatic jaundice, hepatitis; joint pain, muscle cramps, weakness, neuropathy, paraesthesia; blurred vision; increased BUN, glucosuria.
Potentially Fatal: Stevens-Johnson syndrome, toxic epidermal necrolysis.

Drug Interactions

Hypotensive and nephrotoxic effects of ACE inhibitors may be enhanced. Absorption may be reduced with bile acid sequestrants. Hyperglycaemic effect may be enhanced with diazoxide. May increase serum concentration and QTc-prolonging effect of dofetilide. May reduce lithium excretion. Hypotensive effect may be increased with alcohol.
Potentially Fatal: Increased risk of nephrotoxicity with ciclosporin. Severe electrolyte disturbances may occur with furosemide.

Food Interaction

Photosensitisation may occur with dong quai, St John's wort. Hypertension may be exacerbated with ephedra, yohimbe, ginseng. Antihypertensive effect may be increased with garlic. Avoid natural licorice.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

if used in pregnancy-induced hypertension.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Mechanism of Action

Metolazone is a thiazide-like diuretic. It inhibits reabsorption of sodium in the distal tubules resulting in increased excretion of sodium and water, as well as potassium and hydrogen ions.
Onset: Approx 60 min.
Duration: =24 hr.
Absorption: Incompletely absorbed from the GI tract (oral).
Distribution: Crosses the placenta and enters breast milk. Protein-binding: 95%.
Metabolism: Not metabolised to a substantial extent.
Excretion: Via urine (80-95% unchanged); via bile and some undergo enterohepatic recycling; 6-20 hr (elimination half-life).

CIMS Class

Diuretics

ATC Classification

C03BA08 - metolazone; Belongs to the class of low-ceiling sulfonamide diuretics. Used to promote excretion of urine.

*metolazone information:
Note that there are some more drugs interacting with metolazone

metolazone further details are available in official CIMS India

metolazone

metolazone brands available in India

Always prescribe with Generic Name : metolazone, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : DIUREM tab METADURE tab METORAL tab METOZ tab ZYTANIX tab

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([all drugs])

metoprolol

CIMS Class : (Beta-Blockers) , (Antimigraine Preparations)

metoprolol

P - Contraindicated in pregnancy

Food ¤ - Food interaction

related metoprolol information

Indication & Dosage

Oral

Hypertension

Adult: Conventional preparation: Initially, 50-100 mg daily in single or 2 divided doses; may increase wkly to 400 mg daily depending on response. Maintenance: 100-200 mg daily; up to 400 mg daily. Extended-release preparation: 25-100 mg once daily.

Hepatic impairment: Reduce dose.

Oral

Angina pectoris

Adult: 50-100 mg bid-tid.

Hepatic impairment: Reduce dose.

Oral

Cardiac arrhythmias

Adult: 50 mg bid-tid; increased to 300 mg daily in divided doses if needed.

Hepatic impairment: Reduce dose.

Oral

Adjunct in hyperthyroidism

Adult: 50 mg 4 times daily.

Hepatic impairment: Reduce dose.

Oral

Prophylaxis of migraine

Adult: 100-200 mg daily in divided doses.

Hepatic impairment: Reduce dose.

Oral

Stable symptomatic heart failure

Adult: As a modified-release preparation of metoprolol succinate: Initially, 12.5-25 mg of equivalent metoprolol tartrate dose. Increase, as tolerated, at 2-wk intervals to a max of 20 mg once daily.

Hepatic impairment: Reduce dose.

Intravenous

Emergency treatment of cardiac arrhythmias

Adult: Initially, up to 5 mg at a rate of 1-2 mg/min; may repeat at 5-minute intervals if needed up to a total dose of 10-15 mg. When acute arrhythmias are controlled, initiate maintenance therapy 4-6 hr after IV therapy using oral therapy not exceeding 50 mg tid.

Hepatic impairment: Reduce dose.

Intravenous

Prophylaxis or control of arrhythmias on induction of anaesthesia

Adult: 2-4 mg as slow inj; may repeat injections of 2 mg as necessary up to a max total dose of 10 mg.

Hepatic impairment: Reduce dose.

Intravenous

Adjunct in the early management of acute myocardial infarction

Adult: Admin within 12 hr of the onset of chest pain, 5 mg at 2-minute intervals to a total of 15 mg, if tolerated. After 15 minutes, for patients who have received full IV dose: Initiate oral therapy of

50 mg every 6 hr for 2 days; for patients who did not tolerate the full IV dose: Reduced oral dose should be given as and when their condition permits. Subsequent maintenance: 100 mg bid via oral route.
Hepatic impairment: Reduce dose.

Administration

May be taken with or without food.

Overdosage

Symptoms: Hypotension, bradycardia, AV block, intraventricular conduction disturbances, cardiogenic shock, asystole, bronchospasm, hypoglycaemia, hyperkalaemia., convulsions, coma, respiratory arrest. Management: Supportive and symptomatic.

Contraindications

2nd or 3rd degree AV block; sick sinus syndrome; decompensated heart failure; clinically relevant sinus bradycardia. Severe peripheral arterial circulatory disorders. Cardiogenic shock. Asthma. Phaeochromocytoma (without a-blockade), systolic BP

<100 mmHg. Metabolic acidosis. Pregnancy (2nd and 3rd trimesters).

Special Precautions

Compensated heart failure, bronchospastic disease, hepatic impairment, AV conduction disorders, bradycardia, peripheral arterial circulatory disorders. An a-blocker should be given concurrently in patients with phaeochromocytoma. May mask signs of acute hypoglycaemia. May mask symptoms of hyperthyroidism. Caution when used in patients with history of cardiac failure or those with minimal cardiac reserve. Avoid using anaesthetic agents that may depress the myocardium. May impair ability to drive or operate machinery. Myasthenia gravis; history of psychiatric disorder. Lactation. Avoid abrupt drug withdrawal.

Adverse Drug Reactions

Bradycardia, hypotension, arterial insufficiency, chest pain, CHF, oedema, palpitation, syncope, gangrene; dizziness, fatigue, depression, confusion, headache, insomnia, short-term memory loss, nightmares, somnolence; pruritus, rash, increased psoriasis, reversible alopecia; sexual dysfunction/impotence, Peyronie's

disease; diarrhoea, constipation, flatulence, GI pain, heartburn, nausea, xerostomia; agranulocytosis (rare); musculoskeletal pain; blurred vision, dry eyes, oculomucocutaneous syndrome; tinnitus; dyspnoea, bronchospasm, wheezing, rhinitis; cold extremities.
Potentially Fatal: Heart failure, heart block, bronchospasm.

Drug Interactions

Additive effect with catecholamine-depleting drugs e.g. reserpine and MAOIs. May antagonise ß1-adrenergic stimulating effects of sympathomimetics. Additive negative effects on SA or AV nodal conduction with cardiac glycosides, nondihydropyridine calcium-channel blockers. Increased oral bioavailability with aluminium/magnesium-containing antacids. Paradoxical response to epinephrine may occur. Increased plasma concentrations with CYP2D6 inhibitors (e.g. bupropion, cimetidine, diphenhydramine, fluoxetine, hydroxycholoquine, paroxetine, propafenone, quinidine, ritonavir, t erbinafine, thioridazine). Increased risk of hypotension and heart failure with myocardial depressant general anaesthetics (e.g. diethyl ether). Risk of pulmonary hypertension with vasodilators e.g. hydralazine in uraemic patients. Reduced plasma levels withrifampicin. May increase negative inotropic and negative

dromotropic effect of anti-arrhythmic drugs e.g. quinidine and amiodarone. Propafenone may increase serum levels of metoprolol. Concurrent use withindomethacin may reduce the antihypertensive efficacy of ß-blocker. May reduce clearance of lidocaine. May increase effects of hypoglycaemics. Efficacy may be reduced by isoprenaline. Concurrent use with digoxinmay lead to additive bradycardia.

Potentially Fatal: Additive or synergistic effects with verapamil; increased oral bioavailability with verapamil. Exacerbation of rebound hypertension during abrupt clonidine withdrawal.

Food Interaction

Increased absorption with food. Bayberry, blue cohosh, cayenne, ephedra, ginger, American ginseng, gotu kola, licorice, yohimbe may exacerbate hypertension. Black cohosh, california poppy, coleus, garlic, golden seal, hawthorn, mistletoe, periwinkle, quinine, shepherd's purse have antihypertensive activity and may have an additive effect with metoprolol.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are

no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

in 2nd & 3rd trimesters.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Do not store above 30°C (86°F). Protect from light. Oral: Store at 15-30°C (59-86°F).

Mechanism of Action

Metoprolol selectively inhibits ß-adrenergic receptors but has little or no effect on ß2-receptors except in high doses. It has no membrane-stabilising nor intrinsic sympathomimetic activity.

Duration: 10-20 hr.

Absorption: Absorbed readily and completely for the GI tract (oral); peak plasma concentrations after 1.5-2 hr.

Distribution: Distributed widely, crosses the placenta and enters breast milk. Protein-binding: 12%.
Metabolism: Hepatic: By oxidative deamination, O-dealkylation followed by oxidation and aliphatic hydroxylation. Undergoes significant first-pass metabolism.
Excretion: Via urine (as metabolites and unchanged drug). Elimination half-life: 3-4 hr (fast hydroxylators), 7 hr (poor hydroxylators).

CIMS Class

Beta-Blockers / Antimigraine Preparations

ATC Classification

C07AB02 - metoprolol; Belongs to the class of selective beta-blocking agents. Used in the treatment of cardiovascular diseases.

*metoprolol information:
Note that there are some more drugs interacting with metoprolol
metoprolol further details are available in official CIMS India
metoprolol
metoprolol brands available in India

Always prescribe with Generic Name : metoprolol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACTIBLOK-IPR tab ASOPROL tab BETACON ER ER-cap BETALOC amp BETALOC cap BETALOC tab BETAONE-XL tab BLUMET ER-film-coated tab CGROL tab CG-ROL-XL ER-tab EMBETA tab EMBETA XR-tab GUDPRES-XL ER-film-coated tab INTRAMET tab INTRAMET-XR tab KIMET XL extentab LIBMET-XL tab LOPRESOR tab LOPRESSOR inj LOPRESSOR tab MEPOL tab METAPRO tab METAPRO-XL tab METO tab METOCARD-XL extentab METOCARE 50 tab METOCARE tab METO-ER ER-tab METOFIN ER-film-coated tab METOLAR inj METOLAR tab METOLAR XR XR-cap METOMAC ER-tab METOSAFE XL tab MET-XL tab METZOK 12.5 tab METZOK tab MEXES-ER tab MOTOBLOCK-XR tab MT-LOC tab PROLOMET-XL extentab SELOKEN-XL film-coated tab SELORAM film-coated tab SUPERMET tab SUPERMET-AM tab SUPERMET-XL tab TOLOL-AM tab TOLOL-XR film-coated tab TOPOL-XL tab VIVALOL extentab ZOTICUS tab

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([all drugs])

metoprolol + hydrochlorothiazide

CIMS Class : (Beta-Blockers) , (Diuretics)

metoprolol + hydrochlorothiazide

P - Caution when used during pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related metoprolol + hydrochlorothiazide information

Indication & Dosage

Oral

Hypertension

Adult: Metoprolol (tartrate) 100mg + hydrochlorothiazide 12.5mg, 1-3 tab daily as a single or in divided doses.

CrCl (ml/min)

Dosage Recommendation

<30

Avoid

Hepatic impairment: Reduction in dose may be necessary. Severe impairment: avoid.

Overdosage

Symptoms: hypotension, bradycardia, bronchospasm, cardiac failure; cyanosis; hypoglycaemia; nausea, thirst; muscle cramps; confusion; normally occur 20 min- 2 hr after ingestion. Hydrochlorothiazide overdose produces acute loss of fluid and electrolytes. Treatment: symptomatic and supportive; fluids; induction of vomiting, gastric lavage, activated charcoal may be required; electrolytes, ECG and renal function should be monitored.

Contraindications

2nd or 3rd degree AV block, sinus bradycardia, cardiogenic shock, congestive heart failure; anuria; systolic hypotension (<100 mmHg); severe kidney or liver failure; therapy resistant hypokalaemia and hyponatraemia; hypercalcaemia; symptomatic hyperuricaemia; lactation.

Special Precautions

Renal or hepatic impairment; DM; hyperlipidaemia; hyperuricaemia; left ventricular hypertension and ventricular ectopics; thyrotoxicosis; major surgery; gradual withdrawal; pregnancy; Prinzmetal's angina; reversible obstructive airways

disease; elderly; psoriasis; general anaesthesia; not recommended for initial treatment of hypertension.

Adverse Drug Reactions

Fluid and electrolyte imbalance; dizziness, headache, tiredness (do not drive if affected), depression; bradycardia; cold extremities; Raynaud's type phenomena; congestive failure; reduced exercise tolerance; dyspnoea, bronchospasm; gout; impotence; pruritus; rash; nightmares; insomnia; azotemia in renal disease; paraesthesia; palpitation; cough; abdominal pain, anorexia, diarrhoea, nausea, vomiting; arthralgia, myalgia; QTc interval prolongation.
Potentially Fatal: Hypersensitivity reactions, hypotension and severe bradycardia.

Drug Interactions

Effects of tubocurarine may be prolonged while corticosteroids may increase the risk of hypokalaemia; may precipitate azotemia in renal patients; increased hypotensive effects with: alcohol, a-blockers, general anaesthetics, hydralazine, levodopa, MAOIs, methyldopa, nitrates, phenothiazines, ACE inhibitors,

adrenergic neurone blockers, aldesleukin, alprostadil, antiotensin-II receptor antagonists, TCAs, anxiolytics and hypnotics, baclofen, calcium-channel blockers, clonidine, diazoxide, minoxidil, moxisylyte, moxonidine, sodium nitroprusside, tizanidine; hydrochlorothiazide increases plasma concentration of fluconazole; ß-blockers may mask warning signs of hypoglycaemia with antidiabetics, increased hypoglycaemic effect of insulin; hypotensive effect antagonised by corticosteroids, NSAIDs, oestrogens, indomethacin, ketorolac; reduced metoprolol plasma concentration with barbiturates, rifampicin; increased metoprolol plasma concentration withcimetidine, citalopram, escitalopram, paroxetine, propafenone; hypokalaemia potentially caused by hydrochlorothiazide may antagonise action of lidocaine, mexiletine, reboxetine; increased risk of hypokalaemia with acetazolamide, amphotericin, corticosteroids, theophylline; increased risk of hyponatraemia with carbamazepine, chlorpropamide; increased risk of sensitivity with allopurinol (especially in renal impairment); increased risk of hypercalcaemia with calcium salts, toremifene, vitamin D; increased risk of hypermagnesaemia with ciclosporin (and risk of nephrotoxicity); absorption of thiazides reduced by colestipoland colestyramine (take at least 2 hr apart).

Potentially Fatal: Catecholamine - depleting drugs such as reserpine, may cause additive effects and precipitate marked hypotension or bradycardia; ß-blockers may increase patients' response to allergens and reduce the effectiveness of usual doses of adrenaline in treating allergic reactions; increased levels of metoprolol with artemether/lumefantrine (manufacturer advises to avoid); possible severe hypotension and heart failure with nifedipine, nisoldipine, verapamil; risk of severe hypertension with adrenaline, noradrenaline(norephedrine); increased risk of bradycardia, AV block and myocardial depression with amiodarone(potential risk may last several weeks due to amiodarone's long half life), antiarrhythmics (including cardiac glycosides), diltiazem, flecainide, mefloquine (bradycardia); hydrochlorothiazide may reduce the excretion oflithium, increasing the risk of lithium toxicity; hypokalaemia potentially caused by metoprolol and/or hydrochlorothiazide may increase risk of ventricular arrhythmias with amisulpride, pimozide, atomoxetine, sertindole, cardiac glycosides, disopyramide, flecainide, sotalol; increased risk of nephrotoxicity and ototoxicity with platinum compounds and aminoglycosides.

Food Interaction

Avoid dong quai as it may cause photosensitization and has estrogenic activity. Avoid bayberry, blue cohosh, cayenne, ephedra, ginger, ginseng (American), gotu kola, licorice and yohimbe as they may worsen hypertension. Avoid black cohosh, californian poppy, coleus, golden seal, hawthorn, mistletoe, peritwinkle, quinine, shepherd's purse and garlic as they may increase antihypertensive effect.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store in airtight containers and protect from light.

Mechanism of Action

Metoprolol is a cardioselective ß-blocker causing reduction in heart rate, cardiac output and blood pressure. Hydrochlorothiazide

increases renal excretion of sodium and chloride and reduces cardiac load. The two drugs exert additive effects in hypertension.

Onset: metoprolol: Peak effect: 1.5-4 hr; hydrochlorothiazide: approx 2 hr for diuresis, peak effect: 4-6 hr.

Duration: metoprolol: 10-20 hr; hydrochlorothiazide: 6-12 hr.

Absorption: Metoprolol: 95%, rapid and complete; hydrochlorothiazide: approx 50-80%. Absorption and bioavailability of both metoprolol and hydrochlorthiazide are increased when taken with food.

Distribution: Protein binding: metoprolol: 12% to albumin. Hydrochlorothiazide: 68%. Distribution of hydrochlorothiazide: 3.6-7.8 l/kg.

Metabolism: Metoprolol: extensively 1st pass hepatic metabolism via CYP2D6; bioavailability: approx 50%. Hydrochlorothiazide: not metabolized; bioavailability: 50-80%.

Excretion: Metoprolol: half life elimination: 3-8 hr; excreted via urine (<5-10% as unchanged drug). Hydrochlorothiazide: half life elimination: 5.6-14.8 hr; excretion via urine as unchanged drug.

CIMS Class

Beta-Blockers / Diuretics

ATC Classification

C03AA03 - hydrochlorothiazide; Belongs to the class of low-ceiling thiazide diuretics. Used to promote excretion of urine.
C07AB02 - metoprolol; Belongs to the class of selective beta-blocking agents. Used in the treatment of cardiovascular diseases.

*metoprolol + hydrochlorothiazide information:
Note that there are some more drugs interacting with metoprolol + hydrochlorothiazide
metoprolol + hydrochlorothiazide
metoprolol + hydrochlorothiazide brands available in India
Always prescribe with Generic Name : metoprolol + hydrochlorothiazide, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : BETALOC H tab METO ER HT tab SELOPRES tab SUPERMET-H tab TOLOL-H tab
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([all drugs])
metronidazole

CIMS Class : (Other Antibiotics) , (Topical Antibiotics) , (Antiamoebics) , (Preparations for Vaginal Conditions)

metronidazole

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related metronidazole information

Indication & Dosage

Oral

Amoebiasis

Adult: 400-800 mg tid for 5-10 days or 1.5-2.5 g as a single daily dose for 2-3 days. Alternatively, 1.5-2.5 g as a single dose for 2-3 days.

Child: 1-3 yr: ¼ adult dose; 3-7 yr: 1/3 adult dose; 7-10 yr: ½ adult dose. Alternatively, 35-50 mg/kg daily in divided doses.

Elderly: Use lower end of adult dose recommendations. Do not admin as a single dose.

CrCl (ml/min)

Dosage Recommendation

<10

Consider reducing dose during long-term therapy.

Hepatic impairment: Severe: 1/3 of usual dose given once daily.

Oral

Balantidiasis

Adult: 400-800 mg tid for 5-10 days or 1.5-2.5 g as a single daily dose for 2-3 days. Alternatively, 1.5-2.5 g as a single dose for 2-3 days.

Child: 1-3 yr: ¼ adult dose; 3-7 yr: 1/3 adult dose; 7-10 yr: ½ adult dose. Alternatively, 35-50 mg/kg daily in divided doses.

Elderly: Use lower end of adult dose recommendations. Do not admin as a single dose.

CrCl (ml/min)

Dosage Recommendation

<10

Consider reducing dose during long-term therapy.

Hepatic impairment: Severe: 1/3 of usual dose given once daily.

Oral

Blastocystis hominis infection

Adult: 400-800 mg tid for 5-10 days or 1.5-2.5 g as a single daily dose for 2-3 days. Alternatively, 1.5-2.5 g as a single dose for 2-3 days.

Child: 1-3 yr: ¼ adult dose; 3-7 yr: 1/3 adult dose; 7-10 yr: ½ adult dose. Alternatively, 35-50 mg/kg daily in divided doses.
Elderly: Use lower end of adult dose recommendations. Do not admin as a single dose.

CrCl (ml/min)
Dosage Recommendation
<10
Consider reducing dose during long-term therapy.

Hepatic impairment: Severe: 1/3 of usual dose given once daily.
Oral
Trichomoniasis
Adult: 2 g as a single dose, or 800 mg in the morning and 1.2 g in the evening for 2 days, or 0.6-1 g daily in 2-3 divided doses for 7 days. There should be an interval of 4-6 wk if treatment needs to be repeated.
Child: 1-3 yr: 50 mg tid; 3-7 yr: 100 mg bid; 7-10 yr: 100 mg tid. All doses to be taken for 7 days. Alternatively, 15 mg/kg daily in divided doses for 7 days.
Elderly: Use lower end of adult dose recommendations. Do not admin as a single dose.

CrCl (ml/min)

Dosage Recommendation

<10

Consider reducing dose during long-term therapy.

Hepatic impairment: Severe: 1/3 of usual dose given once daily.

Oral

Giardiasis

Adult: 2 g once daily for 3 consecutive days, or 400 mg tid for 5 days, or 500 mg bid for 7-10 days.

Child: 1-3 yr: ¼ adult dose; 3-7 yr: 1/3 adult dose; 7-10 yr: ½ adult dose. Alternatively, 15 mg/kg daily in divided doses.

Elderly: Use lower end of adult dose recommendations. Do not admin as a single dose.

CrCl (ml/min)

Dosage Recommendation

<10

Consider reducing dose during long-term therapy.

Hepatic impairment: Severe: 1/3 of usual dose given once daily.

Oral

Bacterial vaginosis

Adult: 2 g as a single dose, or 400-500 mg bid for 5-7 days.

Elderly: Use lower end of adult dose recommendations. Do not admin as a single dose.

CrCl (ml/min)

Dosage Recommendation

<10

Consider reducing dose during long-term therapy.

Hepatic impairment: Severe: 1/3 of usual dose given once daily.

Oral

Acute necrotising ulcerative gingivitis

Adult: 200 mg tid for 3 days.

Elderly: Dose reductions may be required.

CrCl (ml/min)

Dosage Recommendation

<10

Consider reducing dose during long-term therapy.

Hepatic impairment: Severe: 1/3 of usual dose given once daily.

Oral

Acute dental infections

Adult: 200 mg tid for 3 days.

Elderly: Dose reductions may be required.

CrCl (ml/min)

Dosage Recommendation

<10

Consider reducing dose during long-term therapy.

Hepatic impairment: Severe: 1/3 of usual dose given once daily.

Oral

Anaerobic bacterial infections

Adult: Initially, 800 mg followed by 400 mg 8 hly for about 7 days. Other recommended doses: 500 mg 8 hrly or 7.5 mg/kg 6 hrly (max: 4 g in 24 hr).

Child: 7.5 mg/kg 8 hrly.

Elderly: Use lower end of adult dose recommendations. Do not admin as a single dose.

CrCl (ml/min)

Dosage Recommendation

<10

Consider reducing dose during long-term therapy.

Hepatic impairment: Severe: 1/3 of usual dose given once daily.

Oral

Prophylaxis of postoperative anaerobic bacterial infections

Adult: 400 mg by mouth 8 hrly in the 24 hr prior to surgery followed postoperatively by IV or rectal admin until oral therapy is possible. Other sources recommend that oral doses be initiated only 2 hr prior to surgery and that number of doses for all admin routes be limited to a total of 4.

Elderly: Dose reduction may be necessary.

CrCl (ml/min)

Dosage Recommendation

<10

Consider reducing dose during long-term therapy.

Hepatic impairment: Severe: 1/3 of usual dose given once daily.

Oral

Eradication of H. pylori associated with peptic ulcer disease

Adult: In combination with another antibacterial (e.g. clarithromycin) plus either a proton pump inhibitor (e.g. lansoprazole) or ranitidine bismuth citrate: 400 mg bid. In combination with omeprazole and amoxicillin: 400 mg tid. Continue treatment for 1 wk.

Elderly: Dose reduction may be necessary.

CrCl (ml/min)

Dosage Recommendation

<10

Consider reducing dose during long-term therapy.

Hepatic impairment: Severe: 1/3 of usual dose given once daily.

Oral

Leg ulcers and pressure sores

Adult: 400 mg tid for 7 days.

Elderly: Dose reduction may be necessary.

CrCl (ml/min)

Dosage Recommendation

<10

Consider reducing dose during long-term therapy.

Hepatic impairment: Severe: 1/3 of usual dose given once daily.

Oral

Antibiotic-associated colitis

Adult: 250-500 mg bid-tid for 10-14 days. Transfer to oral vancomycin is recommended if there is no clear clinical response after 2 days of treatment.
Child: 20 mg/kg/day 6 hrly. Max dose: 2 g/day. Transfer to oral vancomycin is recommended if there is no clear clinical response after 2 days of treatment.
Elderly: Use lower end of adult dose recommendations. Do not admin as a single dose.

CrCl (ml/min)
Dosage Recommendation
<10
Consider reducing dose during long-term therapy.

Hepatic impairment: Severe: 1/3 of usual dose given once daily.
Intravenous
Anaerobic bacterial infections
Adult: 500 mg infused as 100 ml of a 5 mg/ml solution at 5 ml/min 8 hrly. Alternatively, 15 mg/kg infusion followed by 7.5 mg/kg 6 hrly; infuse over 1 hr (max: 4 g in 24 hr). Substitute oral therapy as soon as possible.
Child: 7.5 mg/kg 8 hrly.

Elderly: Use lower end of adult dose recommendations. Do not admin as a single dose.

CrCl (ml/min)
Dosage Recommendation
<10
Consider reducing dose during long-term therapy.

Hepatic impairment: Severe: 1/3 of usual dose given once daily.
Intravenous
Prophylaxis of postoperative anaerobic bacterial infections
Adult: 500 mg by IV infusion shortly before operation and repeated 8 hrly; oral doses of 200 or 400 mg 8 hrly being substituted as soon as possible. Patient undergoing colorectal surgery: 15 mg/kg infused over 30-60 min, completed about 1 hr prior to surgery, followed by 2 further IV doses of 7.5 mg/kg infused at 6 and 12 hr after the initial dose.
Elderly: Use lower end of adult dose recommendations. Do not admin as a single dose.

CrCl (ml/min)
Dosage Recommendation
<10

Consider reducing dose during long-term therapy.

Hepatic impairment: Severe: 1/3 of usual dose given once daily.

Topical/Cutaneous

Bacterial vaginosis

Adult: Apply 5 g of a 0.75% gel once or bid for 5 days.

Rectal

Anaerobic infections

Adult: As a 1-g suppository 8 hrly for 3 days, then 12 hrly. Substitute oral therapy as soon as possible. May be unsuitable for initiating therapy in severe infections.

Child: <1 yr: 125 mg; 1-5 yr: 250 mg; 5-10 yr: 500 mg. All doses to be given 8 hrly for 3 days, then 12 hrly thereafter. May be unsuitable for initiating therapy in severe infections.

Elderly: Dose reduction may be necessary.

CrCl (ml/min)

Dosage Recommendation

<10

Consider reducing dose during long-term therapy.

Hepatic impairment: Severe: 1/3 of usual dose given once daily.

Rectal

Prophylaxis of postoperative anaerobic bacterial infections

Adult: 1 g 8 hrly starting 2 hr before surgery.

Elderly: Dose reduction may be necessary.

CrCl (ml/min)

Dosage Recommendation

<10

Consider reducing dose during long-term therapy.

Topical/Cutaneous

Fungating tumours

Adult: Apply as a 0.75 or 0.8% gel to the affected area.

Topical/Cutaneous

Rosacea

Adult: Apply and rub a thin film once daily (1% formulation) or bid (0.75% formulation) to entire affected areas after washing. Significant response should be noticed within 3 wk. Clinical studies have demonstrated continuing improvement through 9 wk of therapy.

Reconstitution: Reconstitute powder for inj by adding 4.4 ml of sterile or bacteriostatic water for inj, 0.9% sodium chloride inj or bacteriostatic sodium chloride inj to a vial labeled as containing 500 mg metronidazole. Reconstituted solution contains approx 100

mg/ml metronidazole and must be further diluted with 0.9% sodium chloride inj, 5% dextrose inj or lactated Ringer's inj to a concentration of = 8 mg/ml metronidazole. Neutralise reconstituted and diluted metronidazole hydrochloride solution by adding approx 5 mEq of sodium bicarbonate inj for each 500 mg metronidazole.
Incompatibility: Incompatible with aztreonam, dopamine, meropenem.

Administration

Tab: Should be taken with food.
Susp: Should be taken on an empty stomach. (Take at least 1 hr before meals.)

Overdosage

Symptoms: Nausea, vomiting, ataxia, seizures, peripheral neuropathy. Management: Symptomatic and supportive.

Contraindications

History of hypersensitivity to metronidazole or other nitroimidazole derivatives. Pregnancy (1st trimester) and lactation.

Special Precautions

Patients with CNS diseases; discontinue IV therapy if abnormal neurologic symptoms occur. History of seizure disorder. Evidence or a history of blood dyscrasias; perform total and differential leukocyte counts before and after treatment. Severe hepatic impairment; monitor plasma levels. Predisposition to oedema (inj contains sodium). Prolonged use may result in fungal or bacterial superinfection.

Adverse Drug Reactions

GI disturbances e.g. nausea, unpleasant metallic taste, vomiting, diarrhoea or constipation. Furred tongue, glossitis, and stomatitis due to overgrowth of Candida. Rarely, antibiotic-associated colitis. Weakness, dizziness, ataxia, headache, drowsiness, insomnia, changes in mood or mental state. Numbness or tingling in the extremities, epileptiform seizures (high doses or prolonged treatment). Transient leucopenia and thrombocytopenia. Hypersensitivity reactions. Urethral discomfort and darkening of

urine. Raised liver enzyme values, cholestatic hepatitis, jaundice. Thrombophlebitis (IV).
Potentially Fatal: Anaphylaxis.

Drug Interactions

Acute psychoses or confusion with disulfiram. Additive/synergistic effect with other antimicrobials. Effects reduced with phenobarbital or phenytoin.
Potentially Fatal: Disulfiram-like reaction with alcohol. Increased risk of adverse effects of coumarin anticoagulants, phenytoin, lithium, ciclosporin, fluorouracil.
Increased risk of neurological effects with cimetidine.

Lab Interference

May interfere with tests for aspartate aminotransferase (AST), alanine aminotransferase (ALT), triglycerides, glucose and lactate dehydrogenase (LDH).

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in

pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Intravenous: Store at 15-30°C and protect from light.

Mechanism of Action

Metronidazole is converted to reduction products that interact with DNA to cause destruction of helical DNA structure and strand leading to a protein synthesis inhibition and cell death in susceptible organisms. It is effective against a wide range of organisms including E. histolytica, T. vaginalis, Giardia, anaerobes e.g.Bacterioides sp, Fusobacterium sp, Clostridium sp, Peptococcus sp and Peptostreptococcus sp, and moderately active against Gardnerella sp and Campylobacter sp.

Absorption: Readily absorbed from the GI tract (oral), poorly absorbed from the vagina (intravaginal); peak plasma concentrations after 1-2 hr (oral), 5-12 hr (rectal), 8 hr (intravaginal). May be delayed by the presence of food.

Distribution: Protein-binding: <20%. Widely distributed in body tissues and fluids e.g. bile, bone, breast milk, cerebral abscesses, CSF, liver and liver abscesses, saliva, semenal fluid, vaginal secretions (concentrations similar to those in plasma); crosses the placenta and rapidly enters fetal circulation.

Metabolism: Hepatic via side-chain oxidation and glucuronide formation.

Excretion: Mainly via urine (as metabolites); via faeces (small amounts). Elimination half-life: 8 hr; longer in neonates and severe hepatic impairment.

CIMS Class

Other Antibiotics / Topical Antibiotics / Antiamoebics / Preparations for Vaginal Conditions

ATC Classification

A01AB17 - metronidazole; Belongs to the class of local antiinfective and antiseptic preparations. Used in the treatment of diseases of the mouth.

D06BX01 - metronidazole; Belongs to the class of other topical chemotherapeutics used in the treatment of dermatological diseases.

G01AF01 - metronidazole; Belongs to the class of imidazole derivative antiinfectives. Used in the treatment of gynecological infections.

J01XD01 - metronidazole; Belongs to the class of imidazole derivative antibacterials. Used in the treatment of systemic infections.

P01AB01 - metronidazole; Belongs to the class of nitroimidazole derivatives antiprotozoals. Used in the treatment amoebiasis and other protozoal diseases.

*metronidazole information:

Note that there are some more drugs interacting with metronidazole

metronidazole further details are available in official CIMS India

metronidazole

metronidazole brands available in India

Always prescribe with Generic Name : metronidazole, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ABDOGYL-N susp ABDOGYL-N tab ALDEZOLE inj ALDEZOLE susp ALDEZOLE tab ALDIAGRAM susp ALDIAMYCIN susp AMIBEX tab ANAERID-S IV inj ANTAMEBIN susp ANTAMEBIN tab ARISTOGYL susp ARISTOGYL tab ATODINE-M oint AVIMET SUSP susp BACTOMET susp BACTOMET-C susp BALGYL GEL gel C-FLOX-M susp COMPEBA tab DARMED tab DIARLOP PLUS SUSP susp DREZ-V gel ECOSEPTIC oint E-DINE-M oint ENTAKON-M cap ENTROZYME-M susp FLAGYL susp FLAGYL tab FLOXZEN-M susp GLUCOGYL inj GRAMOGYL susp GRAMOGYL tab GRAMONEG-M susp GRAMONEG-M tab INTAGYL infusion IVMETRO inj LUPIGYL GEL gel MEKLIN cap MELAM GEL gel MET tab METGYL tab METRIS infusion METRO GEL gel METROGYL GEL gel METROGYL IV bag METROGYL susp METROGYL tab METROGYL-P oint METROGYL-P soln METROHEX gel METROKIND-P oint METRON I.V. inj METRON infusion METRON susp METRON tab METRONIDAZOLE I.V. inj METRONIDAZOLE INJ inj MEZODIN oint MONIZOLE tab NALIDYS susp NALIDYS tab NEGADIX-M susp NEGADIX-M tab OBIT-M SUS susp OKAFLOX-M susp OLIFE-M susp ORAHEX-M gel OREX-M cream OREX-M GEL gel PDZOLE-D inj POMEN oint POMETAL oint PORT-M oint POVATE oint SAYODINE-M oint SPROT-P

susp SPROT-P tab STEDMOX-M cap VARDINE-M oint ZOACIDE infusion ZOTADINE-M oint

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([all drugs])

metronidazole + norfloxacin

CIMS Class : (Antidiarrheals) , (Antibacterial Combinations)

metronidazole + norfloxacin

P - Caution when used during pregnancy

L - Contraindicated in lactation

related metronidazole + norfloxacin information

Indication & Dosage

Oral

Diarrhoea caused by E.coli, samonella and shigella

Child: Per tablet contains metronidazole 500 mg and norfloxacin 400 mg: 1 tablet bid. Per 5 mL syrup contains metronidazole 100 mg and norfloxacin 100 mg: 5-10 mL bid.

Contraindications

Hypersensitivity, blood dyscrasias, active CNS disease, serious neurological disease, neurological disease, seizures, alcohol, children, convulsions

Special Precautions

Pregnancy, lactation renal/hepatic impairment. H/O convulsions. Ensure adequate hydration, urinary output. Patients predisposed to seizures.

Adverse Drug Reactions

Peripheral neuropathies. GI disturbances, rash, urticaria, pruritus, superinfection (candida), metallic taste, headache, dizziness, transient leucopaenia, paraesthesias, tongue, glossitis, pseudomembranous colitis (rare). Reduced serum levels of cholesterol, and triglycerides, nausea, vomiting, heart burn, constipation/diarrhoea, headache, dizziness, depression, insomnia, dry mouth, fever, arthralgia and anaemia. Elevated liver enzymes, urea and creatinine.
Potentially Fatal: Seizures, eosinophilia, neutropaenia, thrombocytopaenia.

Drug Interactions

Acute psychoses when metronidazole co-administered with disulfiram. It has additive/synergistic effect with other antimicrobials. Blood levels increased by cimetidine. Antacids reduce absorption of norfloxacin from GIT.

Potentially Fatal: Disulfiram-like reaction when metronidazole is administered with alcohol. Enhances action of coumarin anticoagulants. Norfloxacin raises theophylline and cyclosporin levels. Effects of warfarin are potentiated. Probenecid reduces urinary excretion of norfloxacin.

Mechanism of Action

Metronidazole is amoebicidal, bactericidal, and trichomonicidal. It is a nitroimidazole, active against various anaerobic bacteria and protozoa. It enters the cells of microorganisms that contain nitroreductase, where its nitro group is reduced. Unstable intermediate compounds are formed which bind to DNA and inhibit synthesis, causing cell death. Norfloxacin inhibits the action of DNA gyrase in DNA replication, transcription, repair, recombination and transposition.

CIMS Class

Antidiarrheals / Antibacterial Combinations

ATC Classification

A01AB17 - metronidazole; Belongs to the class of local antiinfective and antiseptic preparations. Used in the treatment of diseases of the mouth.
D06BX01 - metronidazole; Belongs to the class of other topical chemotherapeutics used in the treatment of dermatological diseases.
G01AF01 - metronidazole; Belongs to the class of imidazole derivative antiinfectives. Used in the treatment of gynecological infections.
J01MA06 - norfloxacin; Belongs to the class of quinolones, fluoroquinolone. Used in the treatment of systemic infections.
J01XD01 - metronidazole; Belongs to the class of imidazole derivative antibacterials. Used in the treatment of systemic infections.
P01AB01 - metronidazole; Belongs to the class of nitroimidazole derivatives antiprotozoals. Used in the treatment amoebiasis and other protozoal diseases.

S01AX12 - norfloxacin; Belongs to the class of other antiinfectives. Used in the treatment of eye infections.

*metronidazole + norfloxacin information:

Note that there are some more drugs interacting with metronidazole + norfloxacin

metronidazole + norfloxacin

metronidazole + norfloxacin brands available in India

Always prescribe with Generic Name : metronidazole + norfloxacin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACTINOR-MZ susp C-DIAL susp DIABA-M susp DIGYL SYR syr FENIGYL susp FENIGYL tab GASTOGYL-M syr KLASSAK tab LOXAMET DT-tab LOXAMET F-tab LOXAMET tab MANGOGYL susp MANGOGYL tab MAPGYL SUSP susp MATINOR susp MATRIX-MN susp METNOX susp METRONOR-P susp NEX-M susp NM POWER susp NOGIT-M susp NORAGYL SUSP susp NORBIT susp NORFAGYL film-coated tab NORFAGYL FORTE film-coated tab NORFAGYL SUSP susp NORFAZOLE susp NORGRADE syr NORIN-MZ susp NOR-METROGYL susp NOR-METROGYL tab NORRIT SUSP susp NOTTY susp NOXIGYL susp NTD SUSP susp N-TZ susp N-

TZ tab NUGIT-M susp OKAGYL susp POWER STOP SUSP susp POWER STOP tab POWERGYL susp POWERGYL tab PROTOQUIT tab QLOZ liqd QUINOBID-M susp ROKOGYL susp TAMFLOX-M susp TROPENOR SUSP susp URI-T tab YACANOR SUSP susp ZOAC-M susp

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([all drugs])

mianserin

CIMS Class : (Antidepressants)

mianserin

L - Contraindicated in lactation

related mianserin information

Indication & Dosage

Oral

Depression

Adult: Initially, 30-40 mg daily gradually increased if necessary. Maintenance: 30-90 mg daily as a single dose at night or in divided doses. Max: 200 mg/day.

Elderly: Initially, 30 mg slowly increased if necessary.

Administration

May be taken with or without food.

Overdosage

Symptoms are prolonged sedation, tachycardia and/or bradycardia. Treat with gastric lavage and supportive treatment.

Contraindications

lactation, porphyria.

Special Precautions

Concurrent CNS depression; epilepsy; MAOIs withdrawal (at least 14 days after discontinuation); hepatic, renal or cardiac insufficiency; heart block or recent MI; angle-closure glaucoma; prostatic hyperplasia; diabetes mellitus; monitor blood count regularly.

Adverse Drug Reactions

Drowsiness; liver dysfunction and jaundice; gynaecomastia; convulsions; hypomania; hypotension; hypertension; coma; arthralgia; oedema; tachycardia; bradycardia; vomiting; dizziness and ataxia; anticholinergic effects.
Potentially Fatal: Bone marrow suppression.

Drug Interactions

Blood levels decreased by phenobarbitone, carbamazepine and phenytoin. Monitor blood pressure with antihypertensive therapy. Mianserin may antagonise the action of antiepileptics by lowering the convulsive threshold. CNS depressant effects enhance by alcohol, sedatives.
Potentially Fatal: Avoid MAOIs (and for 14 days after discontinuation).

Mechanism of Action

Mianserin is a structural analogue of serotonin (5-HT) with antagonistic effects at 5-HT2A, 5-HT2C and 5-HT3receptors. Mianserin also blocks the inhibitory a2-receptors, thus leading to an increase in noradrenaline release.
Absorption: Readily absorbed from the GIT (oral).

Distribution: Widely distributed; crosses the blood-brain barrier; enters breast milk. Protein-binding: Extensive.
Metabolism: Extensively hepatic by aromatic hydroxylation, N-oxidation, N-demethylation.
Excretion: Urine (as metabolites), faeces (small amounts); 6-40 hrs (elimination half-life).

CIMS Class

Antidepressants

ATC Classification

N06AX03 - mianserin; Belongs to the class of other agents used in the management of depression.

*mianserin information:
Note that there are some more drugs interacting with mianserin
mianserin
mianserin brands available in India
Always prescribe with Generic Name : mianserin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : DEPNON tab SERIDAC tab TETRADEP tab

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([all drugs])

miconazole

CIMS Class : (Preparations for Vaginal Conditions) , (Topical Antifungals & Antiparasites) , (Mouth/Throat Preparations)

miconazole

P - Caution when used during pregnancy

L - Caution when used during lactation

related miconazole information

Indication & Dosage

Mouth/Throat

Intestinal or oropharyngeal candidiasis

Adult: As oral gel containing 20 mg/g (24 mg/ml): 5-10 ml after food 4 times a day. Retain near oral lesions before swallowing. Continue treatment until 48 hr after lesions have healed. For treatment of oral lesions, apply directly onto the lesions 4 times a day for 5-7 days. Continue treatment until 48 hr after lesions have healed.

Child: As oral gel containing 20 mg/g: 1 mth-2 y: 2.5 ml bid. 2-6 yr: 5 ml bid. >6 yr: 5 ml 4 times a day. Retain near oral lesions before swallowing. Continue treatment until 48 hr after lesions have healed.

Vaginal

Vaginal candidiasis

Adult: 100 mg (as pessary or 5 g of 2% cream) inserted at night for 7-14 days. Alternatively, 100 mg bid for 7 days; 200 or 400 mg (as pessaries) daily for 3 days or 1200 mg (as pessary) as a single dose.

Topical/Cutaneous

Skin fungal infections

Adult: Apply 2% cream once daily.

Child: Apply 2% cream once daily.

Contraindications

Hypersensitivity; hepatic impairment (oral gel). Porphyria.

Special Precautions

For external use only; discontinue if sensitization or irritation occurs. Pregnancy and lactation.

Adverse Drug Reactions

Nausea, vomiting, febrile reactions, rash, drowsiness, diarrhoea, anorexia and flushing, hepatitis. Local irritation and sensitisation, contact dermatitis.
Potentially Fatal: IV: Anaphylactic reaction and cardiac arrest.

Drug Interactions

Increased toxicity reported with carbamazepine. Miconazole acts as an inhibitor of CYP3A4 and CYP2D6 and may, therefore, interact with a large number of drugs e.g. statins, HIV protease inhibitors, ciclosporin,tacrolimus, sildenafil, quinidine, pimozide.
Potentially Fatal: Potentiates anticoagulant effect of warfarin. Increased risk of cardiotoxicity with cisapride,astemizole or terfenadine.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals

are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Miconazole inhibits ergosterol biosynthesis thus damaging fungal cell wall membrane and increases its permeability, allowing leakage of nutrients.

Absorption: Incomplete from the GI tract (oral); minimal (topical).

Metabolism: Hepatic; converted to inactive metabolites.

Excretion: 10-20% of an oral dose will be excreted in urine (as metabolites), 50% of an oral dose is excreted as unchanged drug in the faeces. Elimination half-life: 40 minutes (initial), 126 minutes (secondary), 24 hr (terminal).

CIMS Class

Preparations for Vaginal Conditions / Topical Antifungals & Antiparasites / Mouth/Throat Preparations

ATC Classification

A01AB09 - miconazole; Belongs to the class of local antiinfective and antiseptic preparations. Used in the treatment of diseases of the mouth.

A07AC01 - miconazole; Belongs to the class of imidazole derivative antiinfectives. Used for the treatment of intestinal infections.

D01AC02 - miconazole; Belongs to the class of imidazole and triazole derivatives for topical use. Used in the treatment of fungal infection.

G01AF04 - miconazole; Belongs to the class of imidazole derivative antiinfectives. Used in the treatment of gynecological infections.

J02AB01 - miconazole; Belongs to the class of systemic imidazole derivative antimycotics. Used in the treatment of mycotic infections.

S02AA13 - miconazole; Belongs to the class of antiinfectives used in the treatment of ear infections.

*miconazole information:

Note that there are some more drugs interacting with miconazole

miconazole

miconazole brands available in India

Always prescribe with Generic Name : miconazole, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ALCLOS-GM oint ATDERM cream BETAMIL-GM cream BETNOVATE-GM cream BETNOVATE-M cream CANDIFEM vag tab CANDISTAT cream CANDIZOLE cream CANTICID vag gel CUTASOL-GM cream DAKTACORT GEL gel DAKTARIN cream DAKTARIN gel DAKTARIN-T cream DECANAZOLE cream DERMOCRAT PLUS oint DERMOTYL-M cream DERMOWIN-GM cream ECZICLO-M cream E-DERM oint EMICONAZOLE gel FLUAL-M oint FUNGITOP cream FUNGITOP-F oint GYNO-DAKTARIN ovule GYNO-DAKTARIN vag gel LEOBET-GM cream LOSWEAT POWDER powd METAZOLE oint MICOCORT-G cream MICOGEL cream MICOGEL F oint MICOGRAM cream MICOLON cream MICOPTIC OPTI-cap MICOSON cream MICTOP-F cream MIZOLE oint NAZO-F oint RINGCUTER-M cream SAYODERM cream SIGMAZOL cream STARBACT-MF cream TENOVATE-M cream VARDERM oint VEE-C softgel VISTRY SG-vag supp WINZOLE-F oint ZINCODERM cream ZINCODERM M cream ZOLE lotion ZOLE oint ZOLE OVULE ovule ZOLE powd ZOLE-F lotion ZOLE-F oint ZOTADERM oint

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([all drugs])

midazolam

CIMS Class : (Anxiolytics), (Hypnotics & Sedatives), (Anticonvulsants)

midazolam

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related midazolam information

Indication & Dosage

Oral

Short-term management of insomnia

Adult: 7.5-15 mg given at night.

Oral

Sedation for dental and minor surgical procedures

Child: =6 mth: Single dose of 250-500 mcg/kg, up to a max of 20 mg. Younger patients (6 mth-<6 yr) may require up to 1 mg/kg.

Oral

Premedication in surgery

Child: =6 mth: Single dose of 250-500 mcg/kg, up to a max of 20 mg. Younger patients (6 mth-<6 yr) may require up to 1 mg/kg.

Intramuscular

Premedication in surgery

Adult: 70-100 mcg/kg (usual dose: 5 mg) given 20-60 minutes before surgery by deep IM inj.

Child: =1 yr: 80-200 mcg/kg given 20-60 minutes before surgery by deep IM inj.

Elderly: 20-50 mcg/kg given 20-60 minutes before surgery by deep IM inj.

Parenteral

Sedation for dental and minor surgical procedures

Adult: IV admin: Initially, up to 2.5 mg given over at least 2-5 minutes, 5-10 minutes before procedure. Repeat after at least 2 minutes if necessary. Usual total: 3.5-5 mg. Max total: 7.5 mg.

Child: IV admin: 6 mth-5 yr: Initial: 50-100 mcg/kg given over 2 minutes, increase slowly at 2-minute intervals up to a total of 600 mcg/kg, max total dose: 6 mg. 6-12 yr: 25-50 mcg/kg given over 2 minutes and increase slowly at 2-minute intervals up to a total of 400 mcg/kg; max total dose: 10 mg. IM admin (used only in exceptional cases): 1-15 yr: 50-150 mcg/kg; max: 10 mg.

Elderly: Initially 1-1.5 mg given over 2 min, increased by increments of 0.5-1 mg at 2 min intervals as needed.

Intravenous

Induction of anaesthesia

Adult: 150-200 mcg/kg by slow inj in premedicated patients and at least 300 mcg/kg for those who have not received a premedicant. Additional doses may be required to complete induction, up to 600 mcg/kg in resistant cases.

Child: >7 yr: 150 mcg/kg. Max total: 500 mcg/kg (not >25 mg).

Elderly: 100-200 mcg/kg in divided doses at 2-minute intervals.

Intravenous

Sedation in critical care

Adult: Loading dose: 30-300 mcg/kg given as infusion over 5 minutes to induce sedation. Maintenance dose: 20-200 mcg/kg/hr. For patients with hypothermia, hypovolaemia or vasoconstriction: Reduce or omit loading dose, and reduce maintenance dose.

Child: Neonates with gestational age <32 wk: 30 mcg/kg/hr by continuous IV infusion. Neonates with gestational age >32 wk and who are <6 mth: 60 mcg/kg/hr. =6 mth: Initial loading dose of 50-200 mcg/kg given by slow IV inj; maintenance dose of 60-120 mcg/kg/hr given as IV infusion. In obese paediatric patients, calculate dose based on ideal wt.

Elderly: Dosage may need to be reduced.

Rectal

Sedation for dental and minor surgical procedures

Child: >6 mth: 300-500 mcg/kg as a single dose. May dilute with water for inj up to a total volume of 10 mL if the volume is too small.

Rectal

Premedication in surgery

Child: >6 mth: 300-500 mcg/kg as a single dose. May dilute with water for inj up to a total volume of 10 mL if the volume is too small.

Special Populations: Dosage in intensive care may need to be reduced in patients with hypovolaemia, vasoconstriction or hypothermia.

Reconstitution: Midazolam solution for injection may be administered rectally. The inj solution may be diluted with Water for Injections up to a total volume of 10 ml if the volume is too small.

Administration

May be taken with or without food.

Overdosage

Symptoms of overdose include sedation, confusion, impaired coordination, muscle relaxation or paradoxical excitation. More serious symptoms would be areflexia, hypotension, cardiorespiratory depression, apnoea and coma. Treatment is generally supportive and symptomatic. The benzodiazepine antagonist flumazenil is indicated in cases of severe intoxication accompanied with coma or respiratory depression. Caution should be observed in the use of flumazenil in case of mixed drug overdosage and in patients with epilepsy already treated with benzodiazepines.

Contraindications

Acute narrow-angle glaucoma; coma or patients in shock; acute alcohol intoxication; intrathecal and epidural admin. Acute pulmonary insufficiency or marked neuromuscular respiratory weakness including unstable myasthenia gravis; severe respiratory depression.

Special Precautions

Paediatric patients with cardiovascular instability; chronic renal failure; open-angle glaucoma; cardiac disease; respiratory disease; myasthenia gravis; neonates; history of drug or alcohol abuse; elderly and debilitated (reduce dose); avoid prolonged use or abrupt withdrawal; hepatic impairment; severe fluid or electrolyte disturbances. May impair ability to drive or operate machinery; titrate dose carefully; monitor for early signs of hypoventilation, airway obstruction, or apnea. Pregnancy, lactation

Adverse Drug Reactions

Physical and psychological dependence with withdrawal symptoms; decreased tidal volume and respiration rate; apnoea; headache; hiccup; nausea, increased appetite, vomiting; cough; oversedation; seizure-like activity (paediatrics); paradoxical reactions; kernicterus; nystagmus; skin rash, pruritus; reduced alertness, confusion, euphoria, hallucinations, fatigue, dizziness, ataxia, post-operative sedation, anterograde amnesia; jaundice; cardiac arrest, heart rate changes, thrombosis; anaphylaxis; laryngospasm, bronchospasm.

Potentially Fatal: Respiratory depression, respiratory arrest; hypotension.

Drug Interactions

Increased CNS depression with alcohol, opioids, barbiturates, other sedatives and anaesthetics. Increased respiratory depression with opiates, phenobarbital, other benzodiazepines. Plasma concentrations increased by CYP3A4 inhibitors such as cimetidine, erythromycin, clarithromycin, diltiazem, verapamil, k etoconazole anditraconazole, antiretroviral agents, quinupristin with dalfopristin. Midazolam concentration decreased byphenytoin, carbamazepine, phenobarbital, rifampicin. Halothane, thiopental requirements may be reduced during concurrent use.

Food Interaction

Bioavailability of oral midazolam increased by grapefuit juice. Avoid concomittant use.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or

for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intramuscular: Store at 20-25°C. At a final concentration of 0.5 mg/ml, midazolam is stable for up to 24 hr when diluted with 0.9% sodium chloride or 5% dextrose in water. Intravenous: Store at 20-25°C. At a final concentration of 0.5 mg/ml, midazolam is stable for up to 24 hr when diluted with 0.9% sodium chloride or 5% dextrose in water. Parenteral: Store at 20-25°C. At a final concentration of 0.5 mg/ml, midazolam is stable for up to 24 hr when diluted with 0.9% sodium chloride or 5% dextrose in water. Rectal: Store at 20-25°C.

Mechanism of Action

Midazolam is a short-acting benzodiazepine. It exerts sedative and hypnotic, muscle relaxant, anxiolytic and anticonvulsant actions. While the probable anxiolytic action might be as a result of the drug's ability to increase glycine inhibitory neurotransmitter level, the hypnotic/anaesthetic action may be due to the occupation of the benzodiazepine and GABA receptors leading to membrane

hyperpolarisation and neuronal inhibition, and further interfering with the re-uptake of GABA at the synapses.

Absorption: Rapidly absorbed (any route); peak plasma concentrations after 20-60 min (depending on route).

Distribution: Crosses the placenta; enters breast milk. Protein-binding: 96%

Metabolism: Extensively hepatic via CYP3A4 isoenzyme; converted to hydroxymethylmidazolam.

Excretion: Urine (as glucuronide conjugates); 2 hr (elimination half-life), prolonged in neonates, elderly and hepatic impairment.

CIMS Class

Anxiolytics / Hypnotics & Sedatives / Anticonvulsants

ATC Classification

N05CD08 - midazolam; Belongs to the class of benzodiazepine derivatives used as hypnotics and sedatives.

*midazolam information:

Note that there are some more drugs interacting with midazolam midazolam further details are available in official CIMS India

midazolam

midazolam brands available in India

Always prescribe with Generic Name : midazolam, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BENZOSED amp BENZOSED vial FULSED amp FULSED vial MEZOLAM tab MEZOLAM vial MIDAPIC amp MIDAPIC vial MIDAZ amp MIDAZ vial MIDOSED amp MIDOSED vial MIDZEE amp MIDZOL vial SEDEVEN inj SEDOZ amp SEDOZ vial SHORTAL inj

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([all drugs])

mifepristone

CIMS Class : (Drugs Acting on the Uterus)

mifepristone

P - Caution when used during pregnancy

L - Contraindicated in lactation

related mifepristone information

Indication & Dosage

Oral

Termination of pregnancy (49 days or less duration)

Adult: 600 mg as a single dose followed 2 days later by 400 mcg of misoprostol as single dose.

Oral

Postcoital contraception

Adult: 600 mg single dose within 72 hr of unprotected intercourse.

Oral

Termination of pregnancy up to 63 days

Adult: 600 mg as a single dose followed by 1 mg gemeprost vaginally after 36-48 hr.

Oral

Induction of labour following intrauterine fetal death

Adult: 600 mg daily for 2 consecutive days.

Oral

Termination of pregnancy between 13-24 wk of gestation

Adult: 600 mg as a single dose given 36-48 hr prior to prostaglandin therapy.

Oral

Softening and dilatation of cervix prior to surgical termination of pregnancy

Adult: 600 mg as a single dose given 36-48 hr prior to the procedure.

Administration

May be taken with or without food. (Avoid grapefruit juice.)

Contraindications

Confirmed or suspected ectopic pregnancy, chronic adrenal failure, concurrent long-term corticosteroid therapy, history of allergy to mifepristone, misoprostol or other prostaglandin, haemorrhagic disorders or concurrent anticoagulant therapy, porphyria, hepatic or renal impairment; pregnancy and lactation; IUD in place; undiagnosed adnexal mass.

Special Precautions

Asthma, COPD; women smokers >35 yr; CV disease or risk factors; smoking; alcoholism; prosthetic heart valve; history of infective endocarditis.

Adverse Drug Reactions

Excessive vaginal bleeding; UTI; uterine haemorrhage; uterine infections; unusual tiredness or weakness; back pain; diarrhoea, nausea, vomiting; fever; dizziness; headache; anxiety; GI cramps.

Drug Interactions

Decreased efficacy with aspirin and NSAIDs. Efficacy of corticosteroids (including inhaled) decreased, monitor patients during co-admin and for several days afterwards.

Mechanism of Action

Mifepristone is a progesterone antagonist with antiglucocorticoid activity. It binds to the intracellular progesterone receptor where it competitively inhibits progesterone attachment. It is also a partial progesterone agonist.
Absorption: Peak plasma concentrations after 1.3 hr.
Distribution: Protein-binding: 98%.
Metabolism: Hepatic: Undergoes first-pass metabolism.
Excretion: Faeces (as metabolites); urine (small amounts); 18 hr (ellimination half-life).

CIMS Class

Drugs Acting on the Uterus

ATC Classification

G03XB01 - mifepristone; Belongs to the class of antiprogestogens. Used as other hormone preparations.

*mifepristone information:
Note that there are some more drugs interacting with mifepristone
mifepristone
mifepristone brands available in India
Always prescribe with Generic Name : mifepristone, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ABO PILL tab ABORTOM kit CEDATE tab ELMIF tab MEFIPIL tab MIFEBORT syr MIFEBORT tab MIFEGEST tab MIFEPRIN tab MIFERIV tab MISTONE tab MTPILL tab RELEZED tab TERMIPIL tab T-PILL + MISO tab UNDO tab UNWANTED tab
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([all drugs])

miglitol

CIMS Class : (Antidiabetic Agents)

miglitol

L - Contraindicated in lactation

related miglitol information

Indication & Dosage

Oral

Type 2 diabetes mellitus

Adult: Initially, 25 mg tid, to be taken at the start (with the 1st bite) of each main meal. Increase if necessary after 4-8 wk to usual maintenance dose 50 mg tid. Max dose 100 mg tid.

Contraindications

Renal clearance <25 ml/min, GI motility disorders or the presence of inflammatory bowel disease, diabetic ketoacidosis, colonic ulceration, or partial intestinal obstruction. Lactation.

Special Precautions

Hypoglycaemia, renal impairment.

Adverse Drug Reactions

Abdominal pain, diarrhoea, flatulence, skin rash. To minimise GI effects, treatment may be initiated at 25 mg once daily and increased gradually to three times daily.

Drug Interactions

Miglitol may significantly reduce the bioavailability of ranitidine and propranolol. Intestinal adsorbents (e.g, charcoal) and digestive enzyme preparations containing carbohydrate-splitting enzymes (e.g, amylase, pancreatin) may reduce the effect and should not be taken concomitantly.

Storage

Oral: Store at 15-30°C

Mechanism of Action

Miglitol inhibits of alpha-glucosidase enzymes present in the intestine. It delays carbohydrate metabolism, decreases

carbohydrate absorption, and thereby smoothens the postprandial increase in plasma glucose.

Absorption: Absorption from GI tract is saturable at high doses. Peak concentrations reached in 2-3 hr.

Distribution: <4% protein bound

Excretion: Eliminated in the urine as unchanged drug. Elimination half life is around 2 hr.

CIMS Class

Antidiabetic Agents

ATC Classification

A10BF02 - miglitol; Belongs to the class of alpha glucosidase inhibitors. Used in the treatment of diabetes.

*miglitol information:

Note that there are some more drugs interacting with miglitol

miglitol

miglitol brands available in India

Always prescribe with Generic Name : miglitol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : DIAMIG tab ELITOX tab EUGLITOL film-coated tab MIGLIT tab MIGNAR tab MIGSET tab MIGTOR tab MINERVA tab MISOBIT film-coated tab

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([all drugs])

milrinone

CIMS Class : (Cardiac Drugs)

milrinone

P - Caution when used during pregnancy

L - Caution when used during lactation

related milrinone information

Indication & Dosage

Intravenous

Short-term management of severe heart failure, Acutely decompensated heart failure

Adult: Initially, a loading dose of 50 mcg/kg by slow IV injection over 10 min then continuous maintenance infusion of 0.375-0.75 mcg/kg/min. Adjust according to haemodynamics and clinical response. Max dose 1.13 mcg/kg/day.

Child: Initial loading dose of 75 mcg/kg by IV injection over 10-60 min followed by continuous infusion of 0.5-0.75 mcg/kg/min.

CrCl (ml/min)
Dosage Recommendation
50
0.43 mcg/kg/min
40
0.38 mcg/kg/min
30
0.33 mcg/kg/min
20
0.28 mcg/kg/min
10
0.23 mcg/kg/min
5
0.20 mcg/kg/min

Reconstitution: Use 0.45% sodium chloride, 0.9% sodium chloride or 5% dextrose inj as diluents.

Incompatibility: Y-site incompatibility: Imipenem-cilastin, furosemide, procainamide. Syringe incompatibility: Furosemide. Admixture incompatibility: Furosemide, procainamide, bumetanide.

Contraindications

Heart valve stenosis, acute myocardial infarction.

Special Precautions

Severe obstructive aortic or pulmonary valvular disease, hypertrophic cardiomyopathy, atrial flutter or fibrillation. Monitor blood pressure, heart rate, ECG, fluid and electrolyte balance. Pregnancy and lactation. Use for >48 hr.

Adverse Drug Reactions

Angina-like chest pain, headache, hypokalaemia, tremor, thrombocytopenia, bronchospasm.
Potentially Fatal: Supraventricular and ventricular arrhythmias; hypotension.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals

are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intravenous: Store at 15-30°C.

Mechanism of Action

Milrinone is a selective phosphodiesterase III inhibitor with positive inotropic and vasodilator activity. It selectively inhibits cyclic adenosine monophosphate (cAMP) phosphodiesterase activity in cardiac and vascular muscles resulting in increased intracellular concentrations of cAMP. It also acts directly on vascular smooth muscle.

Onset: IV: 5-15 minutes.

Distribution: Protein binding: About 70%. Volume of distribution at steady-state: 0.32-0.45 L/kg.

Metabolism: About 12% metabolised hepatically.

Excretion: Eliminated via urine (85% as unchanged drug). Elimination half life: About 2.5 hr.

CIMS Class

Cardiac Drugs

ATC Classification

C01CE02 - milrinone; Belongs to the class of phosphodiesterase inhibitors. Used in the treatment of heart failure.

*milrinone information:
milrinone
milrinone brands available in India
Always prescribe with Generic Name : milrinone, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : MILICOR inj MILRON amp MYOLONG amp PRIMACOR-IV amp
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([all drugs])
minocycline
CIMS Class : (Tetracyclines) , (Acne Treatment Preparations) , (Topical Antibiotics)
minocycline

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related minocycline information

Indication & Dosage

Oral

Susceptible infections

Adult: Initially, 200 mg followed by 100 mg every 12 hr. Alternatively, 100-200 mg initially, followed by 50 mg 4 times daily. Max: 400 mg/day.

Child: >8 yr: Initially, 4 mg/kg followed by 2 mg/kg every 12 hr.

Renal impairment: Reduce dose or increase dosing interval. Max total daily dose: 200 mg.

Oral

Acne

Adult: 50 mg bid or 100 mg once daily. Alternatively, 1 mg/kg once daily as a modified-release preparation to patients weighing =45 kg.

Child: =12 yr: 45-59 kg: 45 mg once daily; 60-90 kg: 90 mg once daily; 91-136 kg: 135 mg once daily. Continue treatment for 12 wk.

Renal impairment: Reduce dose or increase dosing interval.

Oral

As part of multidrug therapy for multibacillary leprosy

Adult: Patients intolerant to rifampicin: Regimen includes clofazimine (50 mg daily), ofloxacin (400 mg daily), and minocycline (100 mg daily) for 6 mth, followed by a regimen of clofazimine (50 mg daily) and minocycline (100 mg daily) for at least an additional 18 mth. Patients intolerant to clofazimine: Once-mthly multiple-drug regimen includes rifampicin (600 mg), ofloxacin (400 mg) and minocycline (100 mg) for 24 mth.

Oral

Asymptomatic meningococcal carriers

Adult: 100 mg bid for 5 days followed by a course of rifampicin.

Renal impairment: Reduce dose or increase dosing interval. Max total daily dose: 200 mg.

Oral

As part of multidrug therapy for single-lesion paucibacillary leprosy

Adult: Regimen includes a single 600-mg dose of rifampicin, a single 400-mg dose of ofloxacin, and a single 100-mg dose of minocycline.

Child: 5-14 yr: Regimen includes a single 300-mg dose of rifampicin, a single 200-mg dose of ofloxacin, and a single 50-mg dose of minocycline; <5 yr: Appropriately adjust dose of each drug.

Oral

Nongonococcal urethritis

Adult: 100 mg every 12 hr for at least 7 days.

Renal impairment: Reduce dose or increase dosing interval. Max total daily dose: 200 mg.

Oral

Uncomplicated gonorrhoea

Adult: Initially, 200 mg, followed by 100 mg every 12 hr for a min of 4 days; follow-up cultures should be done within 2-3 days after completion of therapy.

Renal impairment: Reduce dose or increase dosing interval. Max total daily dose: 200 mg.

Oral

Uncomplicated urethral gonorrhoea in men

Adult: 100 mg every 12 hr for 5 days.

Renal impairment: Reduce dose or increase dosing interval. Max total daily dose: 200 mg.

Oral

Mycobacterium marinum infections

Adult: 100 mg every 12 hr for 6-8 wk. Cutaneous infection: 100 mg bid for at least 3 mth; a min of 4-6 wk of therapy is necessary to ascertain whether or not the infection is responding.

Renal impairment: Reduce dose or increase dosing interval. Max total daily dose: 200 mg.

Oral

Nocardiosis

Adult: 200 mg initially, followed by 100 mg every 12 hr in conjunction with a sulfonamide for 12-18 mth.

Renal impairment: Reduce dose or increase dosing interval. Max total daily dose: 200 mg.

Oral

Rheumatoid arthritis

Adult: 100 mg bid.

Renal impairment: Reduce dose or increase dosing interval. Max total daily dose: 200 mg.

Oral

Syphilis

Adult: 200 mg initially, followed by 100 mg every 12 hr for 10-15 days.

Renal impairment: Reduce dose or increase dosing interval. Max total daily dose: 200 mg.

Oral

Cholera

Adult: Initially, 200 mg followed by 100 mg every 12 hr for 48-72 hr in conjunction with fluid and electrolyte replacement.

Renal impairment: Reduce dose or increase dosing interval. Max total daily dose: 200 mg.

Intravenous

Susceptible infections

Adult: Initially, 200 mg followed by 100 mg every 12 hr by slow IV infusion.

Renal impairment: Reduce dose or increase dosing interval. Max total daily dose: 200 mg.

Intrapleural

As sclerosing agent to control pleural effusions associated with metastatic tumours

Adult: Dilute 300 mg in 40-50 ml of 0.9% sodium chloride inj and instil into the pleural space through a thoracostomy tube, followed by clamping of the tube and subsequent removal of the fluid.

Topical/Cutaneous

Periodontitis

Adult: As a modified-release subgingival gel: Insert into the periodontal pocket as an adjunct to scaling and root planing. Total number of cartridges to be used depends on the size, shape and number of pockets being treated.

Topical/Cutaneous

Periodontal infections

Adult: Apply 2% gel to affected area.

Administration

Pellet-filled cap: Should be taken on an empty stomach. (Take w/ a full glass of water on an empty stomach at least 1 hr before or 2 hr after meals.)
May be taken with or without food. (May be taken w/ meals to reduce GI discomfort.)

Overdosage

Symptoms: Diabetes insipidus, nausea, anorexia, dizziness, vomiting, diarrhoea. Management: Symptom-directed and supportive; not dialysable.

Contraindications

Hypersensitivity to minocycline, other tetracyclines. Pregnancy and lactation.

Special Precautions

May cause photosensitivity; discontinue at the 1st signs of erythema. May impair ability to drive or operate machinery. Monitor renal, hepatic and haematologic functions during therapy. Hepatic and renal impairment. Children =8 yr. Oral forms should be taken with plenty of fluids with the patient in an upright position.

Adverse Drug Reactions

Oesophageal ulceration; vestibular disturbances e.g. dizziness or vertigo, tinnitus and decreased hearing; hyperpigmentation of the skin; SLE or lupus-like symptoms; GI disturbances; benign intracranial hypertension; abnormal LFTs, hyperbilirubinaemia or jaundice; teeth discolouration in children.
Potentially Fatal: Hypersensitivity syndrome. Hepatitis or liver damage. Pneumonitis.

Drug Interactions

Oral absorption may be impaired by calcium-containing antacids and other divalent or trivalent cations. Decreases effectiveness of oral contraceptives. May increase plasma levels of lithium, theophylline. Pseudotumour cerebri may occur when used

with isotretinoin. Additive facial pigmentation with ethinylestradiol.
Potentially Fatal: May increase effects of oral anticoagulants.

Food Interaction

May cause additive photosensitivity reactions with St John's wort and dong quai.

Lab Interference

May cause false elevations in urinary catecholamines with fluorescence test.

Pregnancy Category (US FDA)
Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).
Storage

Oral: Store at 20-25°C. Protect from light, moisture and excessive heat.

Mechanism of Action

Minocycline inhibits protein synthesis by binding to 30S and possibly 50S ribosomal subunits of susceptible bacteria. It is active against Streptococcus aureus, streptococci, Neisseria meningitidis, various enterobacteria, Acinetobacter, Bacteroides, Haemophilus and Nocardia spp, M. leprae and some mycobacteria.

Absorption: Absorbed readily from the GI tract (oral); absorption not significantly affected by food and milk.

Distribution: Protein-binding: 70-75%. Widely distributed in body tissues and fluids; high concentrations in hepatobiliary tract, lungs, sinuses, tonsils, tears, saliva, sputum. CSF (poor penetration). Crosses the placenta and enters breast milk.

Metabolism: Some hepatic metabolism; converted to 9-hydroxyminocycline.

Excretion: Via faeces (34%); via urine (5-10%). Elimination half-life: 11-26 hr; prolonged in renal impairment.

CIMS Class

Tetracyclines / Acne Treatment Preparations / Topical Antibiotics

ATC Classification

A01AB23 - minocycline; Belongs to the class of local antiinfective and antiseptic preparations. Used in the treatment of diseases of the mouth.
J01AA08 - minocycline; Belongs to the class of tetracyclines. Used in the treatment of systemic infections.

*minocycline information:
Note that there are some more drugs interacting with minocycline
minocycline further details are available in official CIMS India
minocycline
minocycline brands available in India
Always prescribe with Generic Name : minocycline, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : CNN-TABS tab CYNOMYCIN cap DIVAINE tab MINOLOX tab MINOZ tab MINOZ-OD cap
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([all drugs])

minoxidil

CIMS Class : (Other Dermatologicals) , (Other Antihypertensives)

minoxidil

P - Caution when used during pregnancy

Food ¤ - Food interaction

related minoxidil information

Indication & Dosage

Oral

Severe hypertension unresponsive to standard therapy

Adult: In conjunction with a ß-blocker or methyldopa, and a diuretic: Initially, 2.5-5 mg daily; gradually increase at intervals of at least 3 days to 40 or 50 mg daily depending on response. Max: 100 mg daily. Give daily dose in 1-2 divided doses. For a more rapid control of BP: Dose changes may be made every 6 hr with careful monitoring.

Child: In conjunction with a ß-blocker or methyldopa, and a diuretic: <12 yr: Initially, 100-200 mcg/kg daily; increase in increments of 100-200 mcg/kg at intervals of at least 3 days, until BP is controlled. Max: 1 mg/kg or 50 mg daily.

Elderly: In conjunction with a ß-blocker or methyldopa, and a diuretic: Initially, 2.5 mg daily; increase gradually.
Renal impairment: Initiate at smaller doses or at longer dosage intervals.
Topical/Cutaneous
Male pattern baldness
Adult: Apply 1 ml of a 2% or 5% solution to the scalp bid. 4 mth of treatment may be necessary.

Administration

May be taken with or without food.

Overdosage

Symptoms: Hypotension, tachycardia, headache, nausea, dizziness, weakness syncope, warm flushed skin and palpitations; lethargy and ataxia (in children). Management: Trendelenburg positioning, vasoconstrictor or IV fluids may be used for hypotension; treatment is mainly supportive and symptomatic.

Contraindications

Pheochromocytoma, acute MI, dissecting aortic aneurysm.

Special Precautions

Significant renal dysfunction; coronary artery disease; recent MI; pulmonary hypertension; angina pectoris; chronic CHF; porphyria. Monitor fluid and electrolyte balance, body wt. Restrict topical application to the scalp. Pregnancy.

Adverse Drug Reactions

Reflex tachycardia, fluid retention (accompanied by wt gain, oedema, and sometimes deterioration of existing heart failure and changes in the ECG), hypertrichosis. Headache, nausea, gynaecomastia and breast tenderness, polymenorrhoea, skin rash, thrombocytopenia. Topical: Systemic effects may also occur; contact dermatitis, pruritus, local burning, flushing; changes in hair colour or texture.

Potentially Fatal: Ischaemic heart disease; pericardial effusion progressing to tamponade and death; angina pectoris may be aggravated or uncovered; pulmonary hypertension. Rebound hypertension (in patients with severe hypertension). Stevens-Johnson syndrome.

Drug Interactions

Antihypertensive effect may be enhanced by other hypotensive drugs. Topical: Absorption may be increased with corticosteroids, retinoids, occlusive ointment bases.
Potentially Fatal: Severe orthostatic hypotension may occur with guanethidine.

Food Interaction

Avoid natural licorice as it may aggravate fluid retention.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 20-25°C (68-77°F). Topical/Cutaneous: Store at 20-25°C (68-77°F).

Mechanism of Action

Minoxidil is an antihypertensive with direct vasodilating property. It reduces elevated BP accompanied by reflex tachycardia, increased cardiac output and elevated plasma renin. Applied topically, minoxidil stimulates hair growth secondary to vasodilation, increases cutaneous blood flow and stimulates resting hair follicles.

Onset: Oral: Approx 30 min. Max effect in 2-3 hr.

Duration: Oral: 2-5 days.

Absorption: 90% absorbed from the GI tract (oral); 0.3-4.5% from intact scalp (topical).

Distribution: Enters breast milk.

Metabolism: Extensively hepatic via glucuronidation.

Excretion: Via urine (as metabolites); 3.5-4.2 hr (elimination half-life).

CIMS Class

Other Dermatologicals / Other Antihypertensives

ATC Classification

C02DC01 - minoxidil; Belongs to the class of pyrimidine derivative agents acting on arteriolar smooth muscle. Used in the treatment of hypertension.
D11AX01 - minoxidil; Belongs to the class of other dermatologicals. Used in the treatment of dermatological diseases.

*minoxidil information:
Note that there are some more drugs interacting with minoxidil
minoxidil
minoxidil brands available in India
Always prescribe with Generic Name : minoxidil, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ADHAIR soln COVERIT lotion GROMANE soln HAIR 4 U lotion HAIREX soln HYGAINE soln INOXI FORTE topical soln INOXI topical soln MANEXIL GEL gel MINSCALP gel MINTOP FORTE soln MINTOP soln MORR F-soln MORR soln MULTIGAIN spray PILOGRO liqd ROOTZ-M soln SHALTOP soln SHALTOP-A soln TOPGAIN topical soln TRIGAINE soln TUGAIN soln

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([all drugs])

mirtazapine

CIMS Class : (Antidepressants)

mirtazapine

P - Caution when used during pregnancy

L - Caution when used during lactation

related mirtazapine information

Indication & Dosage

Oral

Depression

Adult: Initially, 15 mg daily; may be increased gradually depending on clinical response. Change dose at intervals of at least 1-2 wk. Usual effective dose: 15-45 mg daily given as single dose, preferably at bedtime, or in 2 divided doses.

Administration

May be taken with or without food.

Overdosage

Symptoms: Disorientation, drowsiness, impaired memory, tachycardia. Management: Ensure an adequate airway, oxygenation, and ventilation. Monitor cardiac functions. General supportive and symptomatic measures are also recommended. Do not induce emesis. Gastric lavage may be used if done soon after ingestion, or in symptomatic patients. Administer activated charcoal. No specific antidotes are known.

Special Precautions

Epilepsy or history of seizures; avoid completely in unstable cases. Hepatic or renal impairment, cardiac disorders e.g. conduction disturbances, angina pectoris, recent MI. Hypotension, DM, psychoses, history of bipolar disorder. Stop treatment if jaundice develops. Micturition disturbances, angle-closure glaucoma, raised intraocular pressure. Monitor patient for signs of bone marrow depression. Monitor patient for suicidal tendency. Avoid abrupt withdrawal. May impair ability to drive or operate machinery. Pregnancy and lactation. Elderly.

Adverse Drug Reactions

Increase in appetite and wt, oedema; drowsiness or sedation; dizziness, headache, increased liver enzyme levels; jaundice. Orthostatic hypotension, rash, nightmares, agitation, mania, hallucinations, paraesthesia, convulsions, tremor, myoclonus, akathisia, restless legs syndrome, arthralgia, myalgia, reversible agranulocytosis, leucopenia, granulocytopenia, hyponatraemia.

Drug Interactions

Potentiation of sedative effects with alcohol or benzodiazepines. Increased plasma levels with potent CYP3A4 inhibitors (e.g. HIV-protease inhibitors, azole antifungals including ketoconazole, erythromycin, nefazodone). Reduced plasma levels with carbamazepine and other inducers of CYP3A4. Increased bioavailability withcimetidine.

Potentially Fatal: Do not use with or within 2 wk of stopping an MAOI; at least 1 wk should elapse between discontinuing mirtazapine and initiating any drug which may provoke a serious reaction (e.g. phenelzine).

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are

no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 15-30°C. Protect from light and moisture.

Mechanism of Action

Mirtazapine, a piperazinoazepine tetracyclic antidepressant, enhances noradrenergic and serotonergic activity through blockade of central presynaptic adrenergic a<290>2<190>-receptors.

Absorption: Well absorbed from the GI tract (oral); peak plasma concentrations after 2 hr.

Distribution: Protein-binding: 85%.

Metabolism: Hepatic by demethylation and oxidation followed by glucuronidation.

Excretion: Via urine and faeces; 20-40 hr (elimination half-life).

CIMS Class

Antidepressants

ATC Classification

N06AX11 - mirtazapine; Belongs to the class of other agents used in the management of depression.

*mirtazapine information:
Note that there are some more drugs interacting with mirtazapine
mirtazapine
mirtazapine brands available in India
Always prescribe with Generic Name : mirtazapine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : MATIZ tab MAZ TAB tab MIRAMIND tab MIRAZ tab MIRAZEP tab MIRNITE tab MIRPINE film-coated tab MIRSTAR tab MIRT film-coated tab MIRTACIN tab MIRTADEP tab MIRTAZ tab MIRZEST film-coated tab MITOCENT tab NASSA tab NUTAZ-15 film-coated tab NUTAZ-30 film-coated tab NUTAZ-7.5 film-coated tab RISTRA tab ZIPDEP tab
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([all drugs])

misoprostol

CIMS Class : (Antacids, Antireflux Agents & Antiulcerants) , (Drugs Acting on the Uterus)

misoprostol

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related misoprostol information

Indication & Dosage

Oral

NSAID-associated ulceration

Adult: 800 mcg daily in 2-4 divided doses for at least 4 wk, up to 8 wk if needed.

Elderly: Reduce dose if patients are unable to tolerate usual adult dose.

Renal impairment: Reduce dose if patients are unable to tolerate usual adult dose.

Oral

Benign gastric and duodenal ulceration

Adult: 800 mcg daily in 2-4 divided doses for at least 4 wk, up to 8 wk if needed.

Elderly: Reduce dose if patients are unable to tolerate usual adult dose.

Renal impairment: Reduce dose if patients are unable to tolerate usual adult dose.

Oral

Prophylaxis of NSAID-induced ulcers

Adult: 200 mcg 2-4 times daily. Patient not tolerating high dose: Reduce dose to 100 mcg 2-4 times daily.

Elderly: Reduce dose if patients are unable to tolerate usual adult dose.

Renal impairment: Reduce dose if patients are unable to tolerate usual adult dose.

Oral

Cervical ripening before surgical termination of pregnancy in the 1st trimester

Adult: 400 mcg as a single dose 3-4 hr before surgery.

Oral

Termination of pregnancy (49 days or less duration)

Adult: 400 mcg as a single dose 36-48 hr after mifepristone.

Administration

Should be taken with food.

Overdosage

Symptoms: Sedation, tremor, convulsions, dyspnoea, abdominal pain, diarrhoea, hypotension, bradycardia. Management: Symptom-directed and supportive

Contraindications

Women of childbearing potential. Pregnancy and lactation.

Special Precautions

Conditions where hypotension might precipitate severe complications e.g. cerebrovascular or CV disease. Inflammatory bowel disease. Patients prone to dehydration. Elderly. Renal impairment.

Adverse Drug Reactions

Diarrhoea, abdominal pain, dyspepsia, constipation, flatulence, nausea and vomiting; abnormal vaginal bleeding, cramps, increased uterine contractility, headache.

Drug Interactions

May increase effects of oxytocin. Increased risk of misoprostol-induced diarrhoea with magnesium-containing antacids.

Pregnancy Category (US FDA)

Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.

Storage

Oral: Store at or below 25°C (77°F).

Mechanism of Action

Misoprostol, a synthetic prostaglandin E1 analogue, exerts its antisecretory activity by directly acting on specific prostaglandin receptors found on the surface of gastric parietal cells. It exerts its

protective effects on the mucosa by replacing the prostaglandins consumed during prostaglandin-inhibiting therapies e.g. NSAIDs.
Absorption: Rapidly absorbed from the GI tract (oral). Peak plasma concentration in 15-30 min.
Metabolism: Rapidly metabolised to misoprostol acid (active form).
Excretion: Mainly via urine. Elimination half-life: 20-40 min.

CIMS Class

Antacids, Antireflux Agents & Antiulcerants / Drugs Acting on the Uterus

ATC Classification

A02BB01 - misoprostol; Belongs to the class of prostaglandins. Used in the treatment of peptic ulcer and gastro-oesophageal reflux disease (GERD).
G02AD06 - misoprostol;

*misoprostol information:
Note that there are some more drugs interacting with misoprostol
misoprostol
misoprostol brands available in India

Always prescribe with Generic Name : misoprostol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ABOPROST tab CEDATE-F tab CYTOLOG tab KONTRAC tab MESOPIL tab MISOBORT tab MISOGEST tab MISOLAST tab MISOLUP tab MISOPROST tab MISOTOL tab MIZOLAST tab PREGCLEAR tab PRESTAKIND tab ZITOTEC tab

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([all drugs])

mitomycin

CIMS Class : (Cytotoxic Chemotherapy)

mitomycin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related mitomycin information

Indication & Dosage

Intravenous

Solid tumours

Adult: Refer to published protocols. Suggested regimen: Initially, 10-20 mg/m2; may be repeated every 6-8 wk depending on blood

count. Reduce dose depending on previous haematological response. Another suggested regimen is 2 mg/m2 daily for 5 days, repeated after 2 days. Adjust dose according to the effect on bone marrow. Do not repeat treatment unless leucocyte and platelet counts are above acceptable levels. Do not re-administer if the nadir of the leucocyte count is <2000 cells/mm3. Dose may need to be reduced when used with other antineoplastics.

Intravesical

Superficial bladder tumours

Adult: Instil 10-40 mg is instilled into the bladder 1-3 times a wk for a total of 20 doses. Doses are usually given in 10-40 ml of water for inj. Retain the solution in the bladder for at least 1 hr.

Intravesical

Prophylaxis of recurrent bladder tumours

Adult: Instil 20 mg every 2 wk or 40 mg mthly or 3-mthly. Alternatively, 4-10 mg 1-3 times a wk. Doses are usually given in 10-40 ml of water for inj. Retain the solution in the bladder for at least 1 hr.

Reconstitution: Dilute to a concentration of 0.5-1 mg/ml with 0.9% sodium chloride or sterile water for inj.

Incompatibility: Incompatible with aztreonam, cefepime, etoposide phosphate, filgrastim, gemcitabine, piperacillin/tazobactam, sargramostim, topotecan, vinorelbine, bleomycin.

Overdosage

Symptoms: Bone marrow suppression, nausea, vomiting, alopecia. Management: Symptom-directed and supportive.

Contraindications

Thrombocytopenia, coagulation disorders, increase in bleeding tendency due to other causes. Renal impairment, potentially severe infections. Pregnancy and lactation.

Special Precautions

Repeated haematologic studies are necessary during treatment and for at least 7 wk after discontinuation of the drug. Discontinue use when the leucocyte count decreases to <4000/mm3 or the platelet count decreases to <150,000/mm3 or if a progressive decline in either occurs. Monitor patient for signs of renal or pulmonary toxicity.

Adverse Drug Reactions

CHF; fever; alopecia, nail banding/discolouration; nausea, vomiting, anorexia; anaemia; rash; stomatitis; paraesthesia; increased creatinine; interstitial pneumonitis, infiltrates, dyspnoea, cough; malaise, pruritus, extravasation, bladder fibrosis/contraction (intravesical admin).
Potentially Fatal: Myelosuppression, haemolytic-uraemic syndrome.

Storage

Intravenous: Store at controlled room temperature; solution is stable for 7 days at room temperature or 14 days under refrigeration if protected from light. Intravesical: Store at controlled room temperature; solution is stable for 7 days at room temperature or 14 days under refrigeration if protected from light.

Mechanism of Action

Mitomycin is an antineoplastic antibiotic which is enzymatically reduced to its active metabolite within susceptible cells. The active

metabolite appears to cause cross-linking of DNA (primarily with guanine and cytosine pairs). It also active against gram-positive bacteria and some viruses, but its antineoplastic activity precludes its use as an antibiotic.
Distribution: Widely distributed but does not cross the blood-brain barrier; rapidly disappears in the blood (IV).
Metabolism: Hepatic.
Excretion: Via urine (as unchanged drug), faeces (small amounts).
Half-life elimination: 23-78 min; terminal: 50 min.

CIMS Class

Cytotoxic Chemotherapy

ATC Classification

L01DC03 - mitomycin; Belongs to the class of other cytotoxic antibiotics. Used in the treatment of cancer.

*mitomycin information:
Note that there are some more drugs interacting with mitomycin
mitomycin
mitomycin brands available in India

Always prescribe with Generic Name : mitomycin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ALMITO vial MITOCIN vial MITODUS vial MITOMYCIN-C vial MITONCO vial ONCOCIN vial

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([all drugs])

mitoxantrone

CIMS Class : (Cytotoxic Chemotherapy)

mitoxantrone

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related mitoxantrone information

Indication & Dosage

Intravenous

Acute myeloid leukaemia

Adult: 12 mg/m2 daily for 5 days to induce remission. Alternatively, 12 mg/m2 for 3 days in combination with cytarabine.

Intravenous

Breast cancer

Adult: Initially, 14 mg/m2, then repeat every 3 wk. Adjust subsequent dose according to degree of myelosuppression. Debilitated patients or those who had previous chemotherapy: May reduce initial dose to 12 mg/m2. As part of a combination regimen: May reduce initial dose to 10-12 mg/m2.

Intravenous

Prostate cancer

Adult: Initially, 14 mg/m2, then repeat every 3 wk. Adjust subsequent dose according to degree of myelosuppression. Debilitated patients or those who had previous chemotherapy: May reduce initial dose to 12 mg/m2. As part of a combination regimen: May reduce initial dose to 10-12 mg/m2.

Intravenous

Lymphoma

Adult: Initially, 14 mg/m2, then repeat every 3 wk. Adjust subsequent dose according to degree of myelosuppression. Debilitated patients or those who had previous chemotherapy: May reduce initial dose to 12 mg/m2. As part of a combination regimen: May reduce initial dose to 10-12 mg/m2.

Intravenous

Liver cancer

Adult: Initially, 14 mg/m2, then repeat every 3 wk. Adjust subsequent dose according to degree of myelosuppression. Debilitated patients or those who had previous chemotherapy: May reduce initial dose to 12 mg/m2. As part of a combination regimen: May reduce initial dose to 10-12 mg/m2.

Intravenous

Multiple sclerosis

Adult: 12 mg/m2 by IV infusion over 5-15 min. Initially, dose may be given once every 3 mth provided neutrophil count is >1500 cells/mm3 and LVEF >50%.

Reconstitution: Dilute to at least 50 ml in sodium chloride 0.9% or glucose 5% solution and inj over at least 3 min into a freely running IV infusion of either solution.

Incompatibility: Do not mix in the same infusion as heparin.

Overdosage

Symptoms: Leucopenia, tachycardia, marrow hypoplasia, infection. Management: No known antidote; symptom-directed and supportive.

Contraindications

Pregnancy and lactation. Multiple sclerosis with LVEF <50% or clinically significant reduction in LVEF.

Special Precautions

Preexisting myelosuppression. Perform periodic blood counts. Monitor cardiac function, especially after a cumulative dose of >160 mg/m2 and in patients with prior radiotherapy of the chest and concomitant cytotoxic therapy. Hepatic impairment. Discontinue admin if extravasation occurs. May impair ability to drive or operate machinery.

Adverse Drug Reactions

Arrhythmia, oedema, ECG changes; pain, fatigue, fever, headache; alopecia, nail bed changes; amenorrhoea, menstrual disorder, hyperglycaemia; abdominal pain, anorexia, nausea, constipation, diarrhoea, GI bleeding, mucositis, stomatitis, dyspepsia, vomiting, wt gain/loss; abnormal urine, UTI; haematologic disorders; elevated LFTs; weakness; increased BUN and creatinine, haematuria; cough, dyspnoea, upper respiratory tract infection; fungal infection, infection, sepsis.

Potentially Fatal: Myelosuppression; cardiotoxicity.

Drug Interactions

Impaired immune response to vaccines may occur; infection after admin of live vaccines in patients on immunosuppressants is also possible.

Lab Interference

Blue-green discolouration of urine for 24 hr after dosing may interfere with urine tests.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Store at 15-25°C (59-77°F); do not freeze. Store opened vials at room temperature for 7 days or under refrigeration for up to 14 days.

Mechanism of Action

Mitoxantrone, an analogue of the anthracyclines, intercalates DNA and inhibits topoisomerase II causing DNA strand breakage which leads to decreased cell replication.

Absorption: Poor (oral).

Distribution: Rapidly and extensively distributed to body tissues; does not appear to cross the blood-brain barrier; distributes into breast milk.

Metabolism: Hepatic.

Excretion: Via urine and bile (as unchanged drug and metabolites). 5-18 days (elimination half-life).

CIMS Class

Cytotoxic Chemotherapy

ATC Classification

L01DB07 - mitoxantrone; Belongs to the class of cytotoxic antibiotics, anthracyclines and related substances. Used in the treatment of cancer.

*mitoxantrone information:

Note that there are some more drugs interacting with mitoxantrone mitoxantrone

mitoxantrone brands available in India

Always prescribe with Generic Name : mitoxantrone, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : MITOZAN vial ONCOTRON vial

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([all drugs])

mizolastine

CIMS Class : (Antihistamines & Antiallergics)

mizolastine

P - Caution when used during pregnancy

L - Caution when used during lactation

related mizolastine information

Indication & Dosage

Oral

Allergic conditions

Adult: 10 mg daily.

Child: =12 yr: 10 mg daily.

Elderly: 10 mg daily.

Overdosage

General symptomatic treatment with cardiac monitoring including QT interval and cardiac rhythm for at least 24 hr is recommended. Haemodialysis may not be helpful.

Contraindications

Significant cardiac or hepatic disease; electrolyte imbalance, particularly hypokalaemia; known or suspected QT prolongation. Clinically significant bradycardia.

Special Precautions

May impair ability to drive or operate machinery. Elderly. Pregnancy (avoid in 1st trimester) and lactation.

Adverse Drug Reactions

Dry mouth, diarrhoea, abdominal pain, nausea; transient drowsiness, headache, dizziness; anxiety and depression; raised liver enzymes: low neutrophil count; transient asthenia, increased appetite associated with wt gain; allergic reactions e.g. angioedema, generalised rash/urticaria, pruritus and hypotension; tachycardia, palpitations; vasovagal attack; arthralgia and myalgia.
Potentially Fatal: Anaphylaxis.

Drug Interactions

Antidepressants and anxiolytics may enhance sedative effect. Potent inhibitors of or substrates for the hepatic metabolism of mizolastine (e.g. cimetidine, ciclosporin, nifedipine) may alter its metabolism.
Potentially Fatal: Increased risk of cardiac arrhythmias with drugs known to prolong the QT interval e.g. class I and III antiarryhthmics. Increased plasma concentrations with macrolide antibiotics and imidazole antifungals.

Storage

Oral: Do not store above 25°C.

Mechanism of Action

Mizolastine, a non-sedating antihistamine, blocks histamine H1-receptors on effector cells of the GI tract, blood vessels and respiratory tract. It also has mast-cell stabilising properties.
Absorption: Absorbed rapidly from the GI tract (oral); peak plasma concentrations after 1.5 hr.
Distribution: Protein-binding: 98%.
Metabolism: By glucuronidation (main pathway) or by cytochrome P450 isoenzyme CYP3A4 forming inactive hydroxylated metabolites.
Excretion: 13 hr (elimination half-life).

CIMS Class

Antihistamines & Antiallergics

ATC Classification

R06AX25 - mizolastine; Belongs to the class of other agents used as systemic antihistamines.

*mizolastine information:
Note that there are some more drugs interacting with mizolastine
mizolastine further details are available in official CIMS India
mizolastine
mizolastine brands available in India
Always prescribe with Generic Name : mizolastine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ELINA tab ZEHIST tab
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([all drugs])
moclobemide
CIMS Class : (Antidepressants)
moclobemide
P - Caution when used during pregnancy
L - Caution when used during lactation
Food ¤ - Food interaction
related moclobemide information

Indication & Dosage

Oral

Depression

Adult: Initially, 300 mg daily in divided doses; increase up to 600 mg daily according to patient's response. Maintenance: 150 mg daily.

Hepatic impairment: Reduce to ½ or 1/3 of recommended dose.

Oral

Social anxiety disorder

Adult: Initially, 300 mg daily; increase to 600 mg daily in 2 divided doses after 3 days. Continue for 8-12 wk.

Hepatic impairment: Reduce to ½ or 1/3 of recommended dose.

Administration

Should be taken with food. (Take immediately after meals.)

Overdosage

Agitation, amnesia, convulsions, disorientation, drowsiness, hypertension, nausea, reduced reflexes, slurred speech, vomiting.

Management: Symptomatic and supportive care; there is no antidote.

Contraindications

Acute confusional states and phaeochromocytoma.

Special Precautions

Excited or agitated patients; bipolar disorders; hepatic impairment; thyrotoxicosis. Early antidepressant therapy; close monitoring particularly during periods of dosage adjustments. May impair ability to drive or operate machinery. Pregnancy and lactation. Withdrawal should be gradual.

Adverse Drug Reactions

Tachycardia, hypotension, dizziness, headache, drowsiness, sleep disturbances, agitation, nervousness, sedation, somnolence, anxiety, increased appetite, xerostomia, nausea, constipation, abdominal pain, diarrhoea, vomiting, weakness, blurred vision, increased sweating, increased transaminases, elevated creatine kinase (CK) and creatine phosphokinase (CPK).

Potentially Fatal: Hypertensive crisis.

Drug Interactions

Increased plasma concentrations with cimetidine. Behavioural and neurologic syndromes with tryptophan. Excessive sedation and acute hypotension with CNS depressants (opiates or others analgesics, barbiturates or other sedatives, anaesthetics or alcohol). Marked hypotensive effects with diuretics and hypotensive agents. Worsening of depression and/or suicidality with antidepressants. Potentially Fatal: Serotonin syndrome with sympathomimetic agents (e.g. amphetamines, dopamine, epinephrine, norepinephrine, methylphenidate) or related substances (e.g. methyldopa, levodopa, L-tryptophan, L-tyrosine, phenylalanine), MAOI, meperidine, TCA, serotonergic drugs (SSRI). Do not use until at least a wk after discontinuation of an SSRI or SSRI-related antidepressant, a TCA or TCA-related, or a non-selective MAOI.

Food Interaction

Avoid large amounts of tyramine-rich food (e.g. certain cheeses, tofu, soybeans, fish, lima beans, coffee) as the pressor effect of tyramine may be potentiated. Avoid ginkgo (may lead to MAOI

toxicity). Avoid ephedra, yohimbe (can cause hypertension). Avoid kava (may increase CNS depression).

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Moclobemide acts by reversible inhibition of the isoenzyme monoamine oxidase type A and thus preferentially increasing the availability of the neurotransmitters serotonin, epinephrine, and norepinephrine.
Absorption: Readily and 98% from the GI tract; peak plasma concentrations within 1 hr (oral).
Distribution: 50% bound to plasma proteins; enters breast milk.
Metabolism: Extensively hepatic by oxidative reactions.
Excretion: Via urine as metabolites (95%); 1-2 hr (elimination half-life).

CIMS Class

Antidepressants

ATC Classification

N06AG02 - moclobemide; Belongs to the class of monoamine oxidase A inhibitors. Used in the management of depression.

*moclobemide information:
Note that there are some more drugs interacting with moclobemide
moclobemide
moclobemide brands available in India
Always prescribe with Generic Name : moclobemide, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : MOREX tab RIMAREX tab TRIMA tab
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([all drugs])
mometasone
CIMS Class : (Topical Corticosteroids) , (Antiasthmatic & COPD Preparations) , (Nasal Decongestants & Other Nasal Preparations)
mometasone

P - Caution when used during pregnancy

L - Caution when used during lactation

related mometasone information

Indication & Dosage

Nasal

Treatment and prophylaxis of allergic rhinitis

Adult: 100 mcg in each nostril once daily, increased to 200 mcg into each nostril once daily if needed. Maintenance: 50 mcg in each nostril daily.

Child: 2-11 yr: 50 mcg in each nostril daily; =12 yr: 100 mcg in each nostril daily.

Nasal

Nasal polyps

Adult: 100 mcg in each nostril once daily; may increase to bid after 5-6 wk if needed.

Inhalation

Asthma prophylaxis

Adult: Mild to moderate: Initially, 400 mcg once daily in the evening. Maintenance: 200 mcg once to bid. Severe: Initially, 400 mcg bid, then titrated to lowest effective dose once controlled.

Child: Mild to moderate: Initially, 400 mcg once daily. Maintenance: 200 mcg once to bid. Severe: Initially, 400 mcg bid, then titrated to lowest effective dose once controlled.

Topical/Cutaneous

Corticosteroid-responsive dermatoses

Adult: As 0.1% cream/ointment/lotion: Apply onto the affected areas as directed.

Child: Cream/Ointment: =2 yr: Apply thin film to affected area once daily. Do not use for > 3 wk. Lotion: =12 yr: Apply a few drops to affected area once daily.

Overdosage

Systemic corticosteroid effects.

Special Precautions

Discontinue if irritation or sensitisation occurs. Systemic absorption increases when area of application is extensive or an occlusive dressing is used. Pregnancy and lactation. DM, hepatic and renal diseases, myasthenia gravis, CV disease, ocular diseases, osteoporosis, GI diseases, history of seizure disorders. Not for status asthmaticus or relief of acute bronchospasm. Requires

dosage adjustments with thyroid status. May reduce growth velocity in children; monitor growth. Taper withdrawal.

Adverse Drug Reactions

Nasal/Oral inhalation: Headache, fatigue, depression; musculoskeletal pain, arthalgia; sinusitis, rhinitis, upper respiratory infection, pharyngitis, cough, epistaxis; viral infection, nasal and oral candidiasis; chest pain; abdominal pain, dry throat, vomiting, diarrhoea, dyspepsia, flatulence, gastroenteritis, nausea, vomiting; dysmenorrhoea; back pain, myalgia; conjunctivitis; earache, otitis media; asthma, bronchitis, dysphonia; nasal irritation, burning and septal perforation; wheezing; nasal ulcers; growth suppression. Topical: Bacterial skin infection, burning, furunculosis, pruritus, skin atrophy, tingling/stinging, folliculitis, moniliasis, paraesthesia, skin depigmentation, rosacea, cataract, growth suppression.
Potentially Fatal: Adrenal suppression, immunosuppression, Kaposi's sarcoma in prolonged periods, anaphylaxis.

Drug Interactions

Increased risk of hypokalaemia with amphotericin B, potassium-wasting diuretics. Decreases hypoglycaemic effects of antidiabetic drugs. Increased serum levels with antifungals (imidazole). Increased risk of tendinopathies with fluoroquinolones.

Storage

Inhalation: Store at 15-30°C. Discard when counter reads "0" or 45 days after opening. Nasal: Store at 15-30°C. Protect from light. Topical/Cutaneous: Cream: Store at 2-25°C. Lotion: Store at 2-30°C. Ointment: Store at 15-30°C.

Mechanism of Action

Mometasone depresses the formation, release and activity of endogenous inflammatory chemical mediators (e.g. kinins, histamine, liposomal enzymes and prostaglandin). It inhibits the margination and subsequent cell migration to the injury site, reverses vascular dilatation and permeability, resulting in decreased access of cells to the area of injury.

Absorption: Ointment: 0.7%; increased with occlusive dressings. Nasal spray: Undetectable in plasma. Oral inhalation: <1%.

Distribution: Protein-binding: 98-99%.

Metabolism: Hepatic.
Excretion: Via faeces, bile, urine.

CIMS Class

Topical Corticosteroids / Antiasthmatic & COPD Preparations / Nasal Decongestants & Other Nasal Preparations

ATC Classification

D07AC13 - mometasone; Belongs to the class of potent (group III) corticosteroids. Used in the treatment of dermatological diseases.
D07XC03 - mometasone; Belongs to the class of potent (group III) corticosteroids in other combinations. Used in the treatment of dermatological diseases.
R01AD09 - mometasone; Belongs to the class of topical corticosteroids used as nasal decongestants.
R03BA07 - mometasone; Belongs to the class of other inhalants used in the treatment of obstructive airway diseases, glucocorticooids.

*mometasone information:
mometasone further details are available in official CIMS India

mometasone

mometasone brands available in India

Always prescribe with Generic Name : mometasone, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AQUAMET nasal spray CORTIMAX-S oint CRATISONE cream CUMEF cream CUTIZONE cream CUTIZONE oint CUTIZONE soln CUTIZONE-T cream DERMANEX cream DERMANEX lotion DERMANEX oint ELOCON cream ELOCON lotion ELOCON oint EZOMA cream FEMCORT cream FUROMET cream HHSONE cream MELACARE cream METACON cream METACORT cream METACORT oint METASPRAY nasal spray MEZO cream MMS oint MOCO CRM cream MOMATE cream MOMATE lotion MOMATE oint MOMATE-S oint MOMECON cream MOMEFLO nasal spray MOMOZ cream MOMOZ-F oint MOMOZ-S oint MOMOZ-T cream MOMTAS cream MOMTAS oint MOTOSO cream RHOMENTUM oint SENSICORT cream SENSICORT-B oint SENSICORT-BF oint SENSICORT-F cream SENSICORT-S oint TOPCORT cream TOPCORT lotion TOPCORT oint

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([all drugs])

montelukast

CIMS Class : (Antiasthmatic & COPD Preparations) , (Antihistamines & Antiallergics)

montelukast

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related montelukast information

Indication & Dosage

Oral

Chronic asthma

Adult: 10 mg once daily in the evening.

Child: 2-5 yr: 4 mg daily; 6-14 yr: 5 mg daily; =15 yr: 10 mg once daily. All doses to be taken in the evening.

Oral

Allergic rhinitis

Adult: 10 mg once daily in the evening.

Oral

Prophylaxis of exercise-induced asthma

Adult: 10 mg at least 2 hr prior to exercise; do not admin additional doses within 24 hr.

Child: =15 yr: 10 mg at least 2 hr prior to exercise; do not admin additional doses within 24 hr.

Overdosage

Symptoms: Abdominal pain, headache, psychomotor hyperactivity, vomiting, somnolence, thirst. Management: Symptom-directed and supportive. Not known if dialysis would be helpful.

Special Precautions

Not for the relief of acute bronchospasm. Not to be used as monotherapy for the prevention of exercise-induced bronchospasm. Patients in whom asthma is precipitated by aspirin or other NSAIDs should continue to avoid aspirin and NSAIDs. Do not abruptly substitute for oral or inhaled corticosteroids. Be alert for any signs of Churg-Strauss syndrome. Pregnancy and lactation. Children <6 mth.

Adverse Drug Reactions

Dizziness, fatigue, fever; rash; abdominal pain, dyspepsia, dental pain, gastroenteritis; increased AST; weakness; cough, nasal

congestion. Aggression, agitation, angioedema, arthralgia, bleeding tendency, bruising, cholestasis, diarrhoea, dream abnormalities, drowsiness, oedema, eosinophilia, hallucinations, hepatic eosinophilic infiltration (rare), hepatitis, hypersensitivity, hypoaesthesia, insomnia, irritability, muscle cramps, myalgia, nausea, palpitation, pancreatitis, paraesthesia, pruritus, restlessness, seizure, urticaria, vasculitis, vomiting.
Potentially Fatal: Anaphylaxis, Churg-Strauss syndrome.

Drug Interactions

Metabolism may be increased with rifampicin, phenobarbital, phenytoin. Peripheral oedema may occur with prednisone.

Food Interaction

Serum levels may be reduced with St John's wort.

Storage

Oral: Store at 15-30°C (59-86°F). Protect from moisture and light.

Mechanism of Action

Montelukast is a selective leukotriene receptor antagonist that blocks the effects of cysteinyl leukotrienes in the airways.
Absorption: Rapidly absorbed from the GI tract (oral). Peak plasma concentrations in 2-4 hr. Mean oral bioavailability: 64%.
Distribution: Protein-binding: >99%.
Metabolism: Extensively hepatic by CYP3A4, CYP2A6 and CYP2C9 isoenzymes.
Excretion: Principally via faeces; elimination half-life prolonged in mild to moderate hepatic impairment.

CIMS Class

Antiasthmatic & COPD Preparations / Antihistamines & Antiallergics

ATC Classification

R03DC03 - montelukast; Belongs to the class of other systemic drugs used in the treatment of obstructive airway diseases, leukotriene receptor antagonists.

*montelukast information:

Note that there are some more drugs interacting with montelukast

montelukast further details are available in official CIMS India

montelukast

montelukast brands available in India

Always prescribe with Generic Name : montelukast, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AIRWAY tab AIRWAY-L tab ALNACET-M KID tab ALNACET-M tab AROKAST tab ASTHAM tab BREATHEZY 10 film-coated tab BREATHEZY chewable tab BREATHEZY-L Bilayeredtab EMLUCAST chewable tab FOLCET-MT tab KURECET-M Bilayeredtab L MONTUS KID tab L MONTUS tab LEVORIZ-MK tab LEVOZ-M KID tab LEVOZ-M tab LUKA tab MK tab M-KAST-L tab MOLLY tab MOLLY-PLUS tab MONDESLOR tab MONTAIR PLUS tab MONTAIR tab MONTAIR-LC tab MONTAL tab MONTASMA dispertab MONTASMA PLUS tab MONTEGEN-L tab MONTEK chewable tab MONTEK tab MONTEK-LC Kid-tab MONTEK-LC tab MONTELAST tab MONTI tab MONTLU-L tab MONTRAL KID tab MONTRAL tab MONTY-KID dispertab MONTY-PLUS tab MONWAY PLUS tab NISLEVO-MK tab NUKAST tab ODIMONT chewable tab ODIMONT PLUS film-coated

tab ODIMONT tab ONTELIO-L tab REKAST-L tab REOKAST tab RID-AR tab RIVOCET-M Bilayeredtab ROMILAST film-coated tab ROMILAST GRANULES sachet ROMILAST MD-tab SYMKAST tab TELEKAST tab TELEKAST-L tab VENTAIR tab ZALL-MONTE tab ZEEZ-M KID tab ZEEZ-M tab ZENOVER-M tab

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([all drugs])

morphine

CIMS Class : (Cough & Cold Preparations) , (Analgesics (Opioid))

morphine

P - Caution when used during pregnancy

L - Caution when used during lactation

related morphine information

Indication & Dosage

Oral

Pain relief

Adult: Initially, 5-20 mg every 4 hr (or equivalent for modified release formulations). Start with low dose and adjust according to response.

Elderly: Dosage may need to be reduced.

Renal impairment: Dosage may need to be reduced.

Hepatic impairment: Dosage may need to be reduced.

Oral

Intractable cough associated with lung cancer

Adult: Initially, 5 mg oral solution given every 4 hr. Adjust according to response.

Intravenous

Pain associated with myocardial infarction

Adult: 10 mg at a rate of 2 mg/minute followed by a further dose of 5-10 mg if necessary.

Elderly: 5 mg at a rate of 2 mg/min followed by a further dose of 2.5-5 mg if necessary.

Renal impairment: Dosage may need to be reduced.

Hepatic impairment: Dosage may need to be reduced.

Intravenous

Acute pulmonary oedema

Adult: 5-10 mg via slow inj at a rate of 2 mg/minute.

Elderly: Dosage may need to be reduced.

Renal impairment: Dosage may need to be reduced.

Hepatic impairment: Dosage may need to be reduced.

Parenteral

Acute pain

Adult: IM or SC admin:: 10 mg every 4 hr (or more frequently during titration); adjust according to response. IV admin: Initially, 2.5 mg every 4 hr (or more frequently during titration), adjust according to response

Child: By IM or SC inj: <1 mth: 150 mcg/kg 6 hrly; 1-12 mth: 200 mcg/kg 6 hrly; 1-5 yr: 2.5-5 mg 4 hrly; 5-12 yr: 5-10 mg 4 hrly. Repeat doses should only be given when necessary. Adjust according to response.

Elderly: Dosage may need to be reduced.

Renal impairment: Dosage may need to be reduced.

Hepatic impairment: Dosage may need to be reduced.

Intraspinal

Moderate to severe pain

Adult: Initially, 5 mg epidural inj; after 1 hr, additional doses of 1-2 mg may be given if pain relief is unsatisfactory up to a total dose of 10 mg/24 hr. Alternatively, 2-4 mg/24 hr continuous infusion, increased by further 1-2 mg increments if necessary.

Elderly: Dosage may need to be reduced.

Renal impairment: Dosage may need to be reduced.

Hepatic impairment: Dosage may need to be reduced.

Intrathecal

Moderate to severe pain

Adult: 0.2-1 mg, to be injected on a single occasion.

Parenteral

Premedication in surgery

Adult: IM/SC inj: Up to 10 mg 60-90 minutes before operation.

Child: IM inj: 150 mcg/kg before operation.

Elderly: Lower dose may be required.

Renal impairment: Dosage may need to be reduced.

Hepatic impairment: Dosage may need to be reduced.

Intravenous

Unstable angina not responsive to anti-ischaemic therapy

Adult: 2-5 mg repeated every 5-30 minutes as needed for symptom relief.

Parenteral

Analgesia during labour

Adult: 10 mg by IM or SC inj.

Rectal

Chronic pain

Adult: Initially, 15-30 mg suppository every 4 hr, adjusted according to response.

Administration

May be taken with or without food. (May be taken w/ meals to reduce GI discomfort.)

Overdosage

Characterised by respiratory depression and sometimes CNS depression. Maintain adequate respiratory function. Naloxone may be used as an antidote (repeated admin may be necessary following intrathecal or epidural overdosage).

Contraindications

Respiratory depression, acute or severe asthma; paralytic ileus; obstructive airway disease; acute liver disease; comatose patients; increased intracranial pressure; acute alcoholism. Pulmonary oedema resulting from a chemical respiratory irritant.

Special Precautions

Elderly; hypothyroidism; renal and liver disease; head injury, intracranial lesions; hypotension, circulatory shock; adrenocortical insufficiency; asthma; prostatic hyperplasia; inflammatory or obstructive bowel disease; myasthaenia gravis; infants <3 mth; pregnancy, lactation; hypovolaemia, biliary tract disorders.

Adverse Drug Reactions

Convulsions; nausea, vomiting, dry mouth, constipation; urinary retention; headache, vertigo; palpitations; hypothermia; pruritus, urticaria; tachycardia, bradycardia; blurred vision; miosis; dependency; drowsiness; lightheadedness; dizziness; sweating; dysphoria; euphoria.

Potentially Fatal: Respiratory depression; circulatory failure; hypotension; deepening coma; anaphylactic reactions.

Drug Interactions

May potentiate effects of TCAs; increased risk of serotonin syndrome with serotonergic drugs; risk of cardiac arrythmias with QT prolonging drugs; sedative effects may be increased by metoclopramide; antagonises efficacy of diuretics; morphine levels decreased by rifampicin.

Potentially Fatal: Increased CNS depression with other CNS depressants (e.g. other opioids, general anaesthetics, benzodiazepines, barbiturates), alcohol. Risk of severe hypotension with MAOIs.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

if used for prolonged periods or in high doses at term.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Store at 20-25°C.

Mechanism of Action

Morphine is a phenanthrene derivative which acts mainly on the CNS and smooth muscles. It binds to opiate receptors in the CNS altering pain perception and response. Analgesia, euphoria and dependence are thought to be due to its action at the mu-1 receptors while respiratory depression and inhibition of intestinal

movements are due to action at the mu-2 receptors. Spinal analgesia is mediated by morphine agonist action at the K receptor. Cough is suppressed by direct action on cough centre.

Onset: 1 hr (oral); 5-10 minutes (IV); 20-60 minutes (rectal); 50-90 minutes (SC); 30-60 minutes (IM).

Duration: 4 hr.

Absorption: Variably absorbed from the GI tract (oral); readily absorbed into blood (IM/SC).

Distribution: Kidneys, liver, lungs, spleen, brain and muscles (low concentrations); crosses the blood-brain barrier and placenta; enters breast milk. Protein-binding: 20-35%.

Metabolism: Hepatic and gut by glucuronidation; extensive first-pass metabolism.

Excretion: Faeces, urine (as metabolites and unchanged drug) Elimination half-life of around 2 hr but varies between individuals.

CIMS Class

Cough & Cold Preparations / Analgesics (Opioid)

ATC Classification

N02AA01 - morphine; Belongs to the class of natural opium alkaloids. Used to relieve pain.

*morphine information:
Note that there are some more drugs interacting with morphine
morphine
morphine brands available in India
Always prescribe with Generic Name : morphine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : DURAMOR tab MORF SR-tab MORPHI TROY tab MORPHINE SULPHATE inj MORPHITROY amp RUMORF tab VERMOR tab
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([all drugs])
mosapride
CIMS Class : (GIT Regulators, Antiflatulents & Anti-inflammatories)
mosapride
related mosapride information
Indication & Dosage

Oral

Disorders associated with reduced gastrointestinal motility

Adult: As anhydrous citrate: 5 mg tid.

Special Precautions

Continuous admin of this drug is not recommended if no improvement in GI symptoms is observed after 2 wk of admin. Elderly, renal impairment, hepatic impairment.

Adverse Drug Reactions

Diarrhoea, abdominal pain; dizziness; constipation; headache; insomnia; nausea.

Drug Interactions

Mosapride concentration increased by erythromycin. May increase risk of QT prolongation with QT prolonging drugs.

Mechanism of Action

Mosapride is a 5-HT4 receptor agonist which increases the release of acetylcholine and stimulates GI motility. It also has 5-HT3 antagonist properties.

CIMS Class

GIT Regulators, Antiflatulents & Anti-inflammatories

*mosapride information:
Note that there are some more drugs interacting with mosapride
mosapride
mosapride brands available in India
Always prescribe with Generic Name : mosapride, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : KINETIX tab MIC tab MOPRIDE tab MOSADEC 5 tab MOSAFE film-coated tab MOSAGEN tab MOSAKIND tab MOSAP tab MOSAPID tab MOSIBA tab MOSID-MPS tab MOSID-MT MEL-tab MOSID-OD tab MOTEN INSTAB tab MOZA MPS tab MOZA PLUS cap MOZA SR-tab MOZA tab MOZASEF tab MOZATONE tab MOZAX MEL-tab MOZAX-

MPS tab M-PRIDE tab MUSAPRO tab MUZIC tab NORMAGUT tab REMO tab

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([all drugs])

moxifloxacin

CIMS Class : (Quinolones) , (Eye Anti-infectives & Antiseptics)

moxifloxacin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related moxifloxacin information

Indication & Dosage

Oral

Acute bacterial sinusitis

Adult: 400 mg once daily for 10 days.

Oral

Acute bacterial exacerbation of chronic bronchitis

Adult: 400 mg once daily for 5-10 days.

Oral

Community-acquired pneumonia

Adult: 400 mg once daily for 7-14 days.

Oral

Skin and skin structure infections

Adult: Complicated: 400 mg once daily for 7-21 days; uncomplicated: 400 mg once daily for 7 days.

Intravenous

Acute bacterial sinusitis

Adult: 400 mg by IV infusion over 60 minutes every 24 hr for 10 days.

Intravenous

Acute bacterial exacerbation of chronic bronchitis

Adult: 400 mg by IV infusion over 60 minutes every 24 hr for 5-10 days.

Intravenous

Community-acquired pneumonia

Adult: 400 mg by IV infusion over 60 minutes every 24 hr for 7-14 days.

Intravenous

Skin and skin structure infections

Adult: Complicated: 400 mg once daily for 7-21 days; uncomplicated: 400 mg once daily for 7 days. Dose to be infused over 60 minutes.

Intravenous

Intra-abdominal infections

Adult: 400 mg for 5-14 days. May change to oral therapy when clinically appropriate. Dose to be infused over 60 minutes.

Ophthalmic

Bacterial conjunctivitis

Adult: As 0.5% ophthalmic solution: instil 1 drop in the affected eye tid for 7 days.

Child: >1 yr as 0.5% ophthalmic solution: instil 1 drop in the affected eye tid for 7 days.

Administration

May be taken with or without food.

Overdosage

Stomach should be emptied and hydration maintained. Activated charcoal may be useful soon after oral overdosage. Treatment should be supportive, dialysis may be of some limited use.

Contraindications

Hypersensitivity; child, adolescent; pregnancy, lactation.

Special Precautions

Maintain adequate fluid intake; exposure to strong sunlight/sunlamp. Epilepsy, history of CNS disorders, DM. Not recommended in severe hepatic impairment. May worsen myasthenia gravis. Discontinue in case of tendon pain, inflammation or rupture. High level of resistance with S. aureus infections. Increased risk of tendon inflammation/rupture especially in elderly taking corticosteroids. Caution in patients with proarrhythmic conditions e.g. clinically significant bradycardia or acute MI. Existing QT prolongation, bradycardia, heart failure with reduced left ventricular ejection fraction; uncorrected hypokalaemia. Avoid concomitant usage with drugs that are known to prolong QT interval. Prolonged use may increase risk of fungal or bacterial superinfection.

Adverse Drug Reactions

GI disturbances, CNS effects, hypersensitivity-type reactions, reversible arthralgia, abnormal liver function tests, hepatitis, haematological disturbances, tachycardia, superinfection, pain and irritation at the Inj site, tendon damage, phloebitis and

thrombophloebitis, peripheral neuropathy, photosensitivity, abdominal pain, headache, vaginitis.

Drug Interactions

Moxifloxacin should be taken 4 hr before or 8 hr after admin of magnesium or aluminium containing antacids oriron and zinc containing products. Increased risk of CNS stimulation and convulsions with NSAIDs. May increase adverse effects of corticosteroids when used together. May increase anticoagulant effect of coumarin derivatives. May reduce serum levels of mycophenolate. Didanosine, sevelamer, sucralfate and quinalapril may reduce the absorption of orally-administered moxifloxacin.
Potentially Fatal: Risk of torsade de pointes with QT prolonging drugs e.g. class Ia or class III antiarrythmics,terfenadine, cisapride, astemizole.

Storage

Intravenous: Store at 25°C. Ophthalmic: Store at 2-25°C. Oral: Store at 25°C.

Mechanism of Action

Moxifloxacin inhibits the topoisomerase II (DNA gyrase) and topoisomerase IV required for bacterial DNA replication, transcription, repair and recombination.

Absorption: Well absorbed from GI tract.

Distribution: Widely distributed throught the body. 30-50% protein bound.

Metabolism: Metabolised via glucuronide and sulfate conjugation.

Excretion: Excreted in urine and faeces as unchanged drug and metabolite. Elimination half life of around 12 hr.

CIMS Class

Quinolones / Eye Anti-infectives & Antiseptics

ATC Classification

J01MA14 - moxifloxacin; Belongs to the class of quinolones, fluoroquinolone. Used in the treatment of systemic infections.

S01AX22 - moxifloxacin;

*moxifloxacin information:

Note that there are some more drugs interacting with moxifloxacin

moxifloxacin further details are available in official CIMS India

moxifloxacin

moxifloxacin brands available in India

Always prescribe with Generic Name : moxifloxacin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : 4QUIN eye drops APDROPS eye drops EMEF eye drops EYE-QUIN eye drops FLOXSAFE film-coated tab HINEMOX tab INMOX DPS eye drops L-FLOXIN eye drops MILFLOX PLUS eye drops MOFIL eye drops MO-FLOREN eye drops MOSI eye drops MOXICIP DPS eye drops MOXICIP film-coated tab MOXICIP infusion MOXICIP OINT eye oint MOXIF IV bag MOXIF tab MOXIGRAM eye drops MOXIGRAM-DX eye drops MOXI-MEP eye drops MOXIMYCIN infusion MOXL eye drops OTYMOX-MF eye drops REMOXI eye drops STAXOM infusion STAXOM tab VIGAMOX eye drops

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([all drugs])

mupirocin

CIMS Class : (Topical Antibiotics)

mupirocin

P - Caution when used during pregnancy

L - Caution when used during lactation

related mupirocin information

Indication & Dosage

Nasal

Eradication of nasal colonisation with Staphylococci aureus

Adult: As 2% nasal ointment: Apply into each nostril bid-tid for a max of 7 days. After application, the nostrils should be closed by pressing together and releasing the sides of the nose.

Child: Adolescents (=12 yr): Apply nasal ointment to the inner surface of both nostrils 2-3 times daily for 5-14 days. After application, the nostrils should be closed by pressing together and releasing the sides of the nose for approximately 1 min.

Topical/Cutaneous

Impetigo

Adult: Apply a 2% ointment tid for 10 days. If no improvement is seen after 3-5 days, consider alternative treatment.

Child: Apply a 2% ointment tid for 10 days. If no improvement is seen after 3-5 days, consider alternative treatment.

Topical/Cutaneous

Secondary skin infections

Adult: Apply a 2% cream tid for 10 days. If no improvement is seen after 3-5 days, consider alternative treatment.
Child: Apply a 2% ointment tid for 10 days. If no improvement is seen after 3-5 days, consider alternative treatment.

Contraindications

Hypersensitivity to mupirocin or polyethylene glycol.

Special Precautions

Mucosal surfaces of eye; renal impairment; extensive burns or open wounds. Pregnancy, lactation, children <3 mth.

Adverse Drug Reactions

Burning, stinging, pain, itching, erythema, dryness, tenderness, dermatitis and rash.

Pregnancy Category (US FDA)
Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an

adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Nasal: Store at or below 25°. Do not freeze. Topical/Cutaneous: Store at or below 25°. Do not freeze.

Mechanism of Action

Mupirocin inhibits protein synthesis of the bacteria by binding to isoleucyl transfer RNA-synthetase. It is active against gram-positive and some gram-negative bacteria.

Absorption: Minimal systemic absorption through intact skin (<0.3%).

Distribution: Protein-binding: 95%

Metabolism: Hepatic, converted to monic acid.

Excretion: Urine; 17-36 min (elimination half-life).

CIMS Class

Topical Antibiotics

ATC Classification

D06AX09 - mupirocin; Belongs to the class of other topical antibiotics used in the treatment of dermatological diseases.
R01AX06 - mupirocin; Belongs to the class of other topical preparations used as nasal decongestants.

*mupirocin information:
mupirocin
mupirocin brands available in India
Always prescribe with Generic Name : mupirocin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : BACTROBAN cream BRODISYM oint I-BACT cream MPOWER oint MUFECT oint MU-OINTMENT oint MUPIBAN oint MUPIMET oint MUPINOVA cream MUPIRAX oint MUROCI cream PIROCIN oint STEMIN-MU cream SUPIROCIN oint SUPIROCIN-B oint T-BACT cream T-BACT oint
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([all drugs])

mycophenolic acid

CIMS Class : (Immunosuppressants)

mycophenolic acid

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related mycophenolic acid information

Indication & Dosage

Oral

Prophylaxis of acute renal graft rejection

Adult: As mycophenolate mofetil: 1 g bid starting within 72 hr of transplantation. Max: 2 g/day. As mycophenolic acid: 720 mg bid.

Child: As mycophenolate mofetil: 2-18 yr: 600 mg/m2 bid. Max: 1 g bid. BSA 1.25-1.5 m2: 750 mg bid; >1.5 m2: 1 g bid. As mycophenolic acid: 5-16 yr: 400 mg/m2 bid (max: 720 mg bid). BSA 1.19-1.58 m2: 540 mg bid (max: 1,080 mg); >1.58 m2: 720 mg bid (max: 1,440 mg).

Elderly: As mycophenolic acid: Max: 720 mg bid.

Renal impairment: Severe chronic renal impairment (GFR <25 ml/min/1.73 m2): Avoid >1 g bid of mycophenolate mofetil.

Oral

Prophylaxis of cardiac graft rejection

Adult: As mycophenolate mofetil: 1.5 g bid starting within 5 days after transplantation.

Intravenous

Prophylaxis of acute renal graft rejection

Adult: As mycophenolate mofetil: 1 g bid by IV infusion over 2 hr starting within 24 hr after transplantation for up to 14 days, convert to oral therapy as soon as possible.

Renal impairment: Severe chronic renal impairment (GFR <25 ml/min/1.73 m2): Avoid >1 g bid of mycophenolate mofetil.

Intravenous

Prophylaxis of hepatic transplant rejection

Adult: As mycophenolate mofetil: 1 g bid by IV infusion over 2 hr for the first 4 days (up to a max of 14 days) following transplantation. To be started within 24 hr of transplantation. Subsequently, convert to oral admin at 1.5 g bid as soon as possible.

Intravenous

Prophylaxis of cardiac graft rejection

Adult: As mycophenolate mofetil: 1.5 g bid starting within 5 days after transplantation, convert to oral admin as soon as possible.

Reconstitution: Reconstitute in glucose 5% to a final concentration of 6 mg/ml mycophenolate mofetil.

Overdosage

No reported cases. At plasma levels >100 mcg/ml, small amounts of the inactive metabolite may be removed by haemodialysis. Excretion of MPA may be enhanced by bile acid sequestrants (e.g. colestyramine).

Contraindications

Pregnancy, lactation. Rare hereditary deficiency of hypoxanthine-guanine phosphoribosyltransferase (HGPRT), including Kelley-Seegmiller or Lesch-Nyhan syndrome.

Special Precautions

Teratogenic in animals; avoid inhalation or direct skin contact. Monitor patients for lymphoproliferative disorders; advise patient to limit exposure to sunlight/UV light. Active peptic ulcer disease. Severe renal impairment. Mycophenolate mofetil and mycophenolate sodium are not interchangeable. Perform CBCs; monitor for neutropenia.

Adverse Drug Reactions

Diarrhoea, vomiting, GI haemorrhage and perforation; leucopenia; asthenia, pain, headache, anaemia, thrombocytopenia, renal tubular necrosis, haematuria, BP changes, hyperglycaemia, disturbances of electrolytes and blood lipids, peripheral oedema, dyspnoea, cough, acne, rash, alopecia, dizziness, insomnia, paraesthesia, tremor, hypersensitivity reactions, pancreatitis, hepatitis.
Potentially Fatal: Angioedema, anaphylaxis, fatal pulmonary fibrosis.

Drug Interactions

Increased plasma levels of both drugs when combined with aciclovir, valaciclovir, ganciclovir andvalganciclovir. Reduced absorption with colestyramine, magnesium- and aluminium hydroxide-containing products, sevelamer and other calcium-free phosphate binders. Reduced plasma levels with ciclosporin,metronidazole, quinolones, rifamycins. May reduce plasma levels of progestins; may reduce efficacy of oral contraceptives. Increased plasma levels with probenecid. May reduce efficacy of live vaccines.

Food Interaction

Food reduces MPA peak serum levels by 40% and 33% following mycophenolate mofetil and mycophenolate sodium admin, respectively. Extent of absorption is not affected. Avoid cat's claw and echinacea as they have immunostimulant effects.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intravenous: Store vials and reconstituted solution at 15-30°C (59-86°F). Begin infusion within 4 hr of reconstitution. Oral: Store at 15-30°C (59-86°F). Protect tablet from light. Do not freeze oral suspension.

Mechanism of Action

Mycophenolic acid acts by blocking purine synthesis of human lymphocytes through reversible inhibition of inosine monophosphate dehydrogenase. It also inhibits proliferation of both T- and B- lymphocytes.

Absorption: Mycophenolate mofetil/mycophenolate sodium: Both extensively absorbed from the GI tract.

Distribution: Mycophenolic acid (MPA): 97% bound to plasma proteins.

Metabolism: Mycophenolate is converted to active MPA, which undergoes enterohepatic recirculation. MPA is metabolised by glucuronidation to the inactive glucuronide.

Excretion: Via urine (as the glucuronide and negligible amounts of MPA); via faeces (about 6% of a dose). Mean half-life of MPA: 17.9 hr (as oral mycophenolate mofetil) and 16.6 hr (as IV mycophenolate mofetil); 12 hr (as mycophenolate sodium).

CIMS Class

Immunosuppressants

ATC Classification

L04AA06 - mycophenolic acid; Belongs to the class of selective immunosupressive agents. Used to induce immunosuppression.

*mycophenolic acid information:

Note that there are some more drugs interacting with mycophenolic acid

mycophenolic acid

mycophenolic acid brands available in India

Always prescribe with Generic Name : mycophenolic acid, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BAXMUNE tab CELLCEPT susp CELLCEPT tab CELLMUNE film-coated tab MMF tab MOFETYL tab MOFILET tab MOFILET-S tab MYCEPT cap MYCEPT FC-tab MYCOFIT tab MYCOPHEN tab MYFORTIC tab MYGRAFT cap MYOTEC tab MYOTEC-S tab RENODAPT cap RENODAPT tab RENODAPT-S tab

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([all drugs])

nabumetone

CIMS Class : (Nonsteroidal Anti-inflammatory Drugs (NSAIDs))

nabumetone

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related nabumetone information

Indication & Dosage

Oral

Pain and inflammation associated with musculoskeletal and joint disorders

Adult: 1 g as a single dose in the evening, followed by 0.5-1 g in the morning if necessary. Patients <50 kg: Less likely to require >1 g daily.

Elderly: 500 mg daily may be adequate in certain patients. Max: 1 g daily.

CrCl (ml/min)

Dosage Recommendation

30-49

Max initial dose: 750 mg once daily. Increase if needed to a max dose of 1.5 g daily.

<30

Max initial dose: 500 mg once daily. Increase if needed to a max dose of 1 g daily.

Administration

May be taken with or without food. (May be taken w/ meals to reduce GI distress.)

Overdosage

Symptoms: Drowsiness, epigastric pain, lethargy, nausea, vomiting. Rarely, acute renal failure, coma, hypertension and respiratory depression. Management: Supportive and symptomatic. 6-MNA is not dialysable.

Contraindications

Active peptic ulceration; severe hepatic impairment; hypersensitivity; patients in whom other NSAIDs or aspirin are likely to induce asthma, angioedema, pruritus or urticaria. Pregnancy (3rd trimester), lactation. Perioperative pain in the setting of CABG.

Special Precautions

Pre-existing CV risk factors or disease; fluid retention, CHF, hypertension. History of GI disease (bleeding or ulcers). Elderly or debilitated patients. Other forms of asthma. Hepatic impairment; closely monitor patients with any abnormal LFT. Renal impairment; rehydrate patient prior to therapy and closely monitor renal function. Withhold for at least 4-6 half-lives prior to surgical or dental procedures.

Adverse Drug Reactions

Abdominal pain, dyspepsia, diarrhoea, nausea, flatulence, gastritis, vomiting, xerostomia, stomatitis; headache, tinnitus, dizziness; rash, pruritus; constipation; oedema; insomnia, fatigue, nervousness, somnolence; diaphoresis.
Potentially Fatal: Exfoliative dermatitis, Stevens-Johnson syndrome (SJS), and toxic epidermal necrolysis (TEN). Severe hepatic reactions (e.g. fulminant hepatitis, liver failure). Anaphylactoid reactions.

Drug Interactions

Antihypertensive effects of hypotensive agents may be reduced. May increase ciclosporin levels. Increased risk of seizures with fluoroquinolones. May reduce efficacy of diuretics. May diminish the cardioprotective effect of acetylated salicylates. Alcohol may enhance gastric mucosal irritation.

Potentially Fatal: Increased risk of GI ulceration with corticosteroids. May increase lithium levels/toxicity. Severe bone marrow suppression, aplastic anaemia and GI toxicity may occur with methotrexate. Increased risk of bleeding with anticoagulants (e.g. warfarin, heparin, LMWHs) and antiplatelet agents (e.g. ticlopidine,clopidogrel, aspirin, abciximab, dipyridamole, eptifibatide, tirofiban). Absorption may be reduced withcolestyramine (and other bile acid sequestrants).

Food Interaction

Bioavailability of 6-MNA is unaffected by food; peak serum concentrations may be increased. Avoid herbs/food with antiplatelet activity e.g. alfalfa, anise, bilberry, grapeseed, green tea, bladderwrack, turmeric, bromelain, cat's claw, celery, ginkgo biloba, coleus, cordyceps, dong quai, evening primrose, feverfew, fenugreek, garlic, ginger, red clover, horse chestnut, ginseng,

guggul, horse chestnut seed, horseradish, licorice, prickly ash, reishi, sweet clover, white willow.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

in 3rd trimester or near delivery.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store at 20-25°C (68-77°F).

Mechanism of Action

Nabumetone is a weak cyclooxygenase (COX) inhibitor and is converted in the liver to 6-methoxy-2-naphthylacetic acid (6-MNA), a potent inhibitor of COX, the enzyme responsible for prostaglandin synthesis. This results in the reduction of prostaglandin levels and alleviation of pain and inflammation.

Absorption: Well absorbed from the GI tract (oral).

Distribution: Diffuses into synovial fluid; crosses the placenta; enters breast milk. Protein-binding: >99% (6-MNA).

Metabolism: Extensively hepatic; rapidly metabolised to 6-MNA; further metabolism by O-methylation and conjugation.

Excretion: Via urine (as inactive or conjugated metabolites). Elimination half-life of 6-MNA: 22-27 hr (adult), 25-34 hr (elderly).

CIMS Class

Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

ATC Classification

M01AX01 - nabumetone; Belongs to the class of other non-steroidal antiinflammatory and antirheumatic products. Used in the treatment of inflammation and rheumatism.

*nabumetone information:

Note that there are some more drugs interacting with nabumetone nabumetone

nabumetone brands available in India

Always prescribe with Generic Name : nabumetone, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : NABUFLAM tab NILITIS tab NILTIS tab

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([all drugs])

nadroparin calcium

CIMS Class : (Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics))

nadroparin calcium

P - Caution when used during pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related nadroparin calcium information

Indication & Dosage

Subcutaneous

Prophylaxis of venous thromboembolism during surgical procedures

Adult: Moderate-risk patients: 2850 units daily for 7 days or until the patient is ambulant; give the 1st dose 2-4 hr before surgery. High-risk patients: 38 units/kg 12 hr before surgery, 12 hr post-operatively and then daily until 3 days after surgery; increase dose by 50% to 57 units/kg daily. Total duration of treatment: At least 10 days.

Renal impairment: Moderate to severe: Dose reduction may be required.

Subcutaneous

Thromboembolic disorders

Adult: 85 units/kg every 12 hr for up to 10 days or 171 units/kg/day once daily.

Renal impairment: Moderate to severe: Dose reduction may be required.

Intra-arterial

Prophylaxis of clotting in the extracorporeal circulation during haemodialysis sessions of <4 hr

Adult: <50 kg: 2850 units; 50-69 kg: 3800 units; =70 kg: 5700 units. Administer in the arterial line of the circuit at the start of dialysis. Patients at high risk of haemorrhage: Reduce dose.

Parenteral

Unstable angina

Adult: 86 units/kg SC every 12 hr for about 6 days. An initial dose of 86 units/kg may be given IV. Low-dose aspirin should also be given.

Renal impairment: Dose reduction may be required.

Overdosage

Symptoms: Haemorrhage. Management: Monitor platelet count and other coagulation parameters. Protamine sulfate may be used in severe cases; 6 mg (0.6 ml) neutralises approx 0.1 ml of nadroparin. Do not exceed a rate of 20 mg/min.

Contraindications

Acute infective endocarditis; haemorrhage or haemostasis disorder; active peptic ulceration; haemorrhagic cerebrovascular event; severe uncontrolled hypertension; diabetic or haemorrhagic retinopathy; injuries to or operations on the CNS, eyes or ears; history of thrombocytopenia with nadroparin. Lactation. Not for IM admin.

Special Precautions

Patients with recent or anticipated neuraxial anaesthesia; history of heparin-induced thrombocytopenia, congenital or drug-induced thrombocytopenia or platelet defects; patients at increased risk of bleeding; severe hepatic or renal disease. Monitor for signs of bleeding; hyperkalaemia. Pregnancy.

Adverse Drug Reactions

Hypoaldosteronism; bleeding, thrombocytopenia; rash; haematoma and pain at inj site; allergic reactions; osteopaenic effects; increased ALT/AST.

Drug Interactions

Increased risk of bleeding with thrombolytic agents, oral anticoagulants and antiplatelet drugs.

Food Interaction

Additive anticoagulant or antiplatelet effects may occur with cat's claw, dong quai, evening primrose, garlic and ginseng.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Intra-arterial: Store at 15-30°C (59-86°F). Do not freeze or refrigerate. Parenteral: Store at 15-30°C (59-86°F). Do not freeze or refrigerate. Subcutaneous: Store at 15-30°C (59-86°F). Do not freeze or refrigerate.

Mechanism of Action

Nadroparin possesses high anti-factor Xa activity but has low anti-factor IIa (antithrombin) activity, potentially providing equivalent antithrombotic efficacy with less bleeding complications.

Duration: 18 hr.

Absorption: =89% of dose is absorbed (subcutaneous). Peak plasma concentrations in 3-5 hr.

Excretion: Via urine. Elimination half-life: 3.5 hr; prolonged to 6 hr in renal impairment.

CIMS Class

Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics)

*nadroparin calcium information:
Note that there are some more drugs interacting with nadroparin calcium
nadroparin calcium further details are available in official CIMS India
nadroparin calcium
nadroparin calcium brands available in India
Always prescribe with Generic Name : nadroparin calcium, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : CARDIOPARIN vial FRAXIPARINE PF-syringe FRAXODI PF-syringe NADROHEP 2850 IU PF-syringe NADROHEP 3800 IU PF-syringe NADROPARIN vial
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([all drugs])

nalidixic acid

CIMS Class : (Quinolones)

nalidixic acid

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related nalidixic acid information

Indication & Dosage

Oral

Uncomplicated lower urinary tract infections

Adult: 1 g 4 times daily for 1-2 wk. Long-term therapy: Reduce daily dose to 2 g.

Child: >3 mth: 50 mg/kg daily in 4 equally divided doses. Long-term therapy: Reduce dose to 30 mg/kg daily. Prophylaxis: 15 mg/kg bid.

Renal impairment: Reduced doses should be considered.

Hepatic impairment: Reduced doses should be considered.

Oral

Shigellosis

Adult: 1 g 4 times daily for 5 days.

Child: =3 mth: 15 mg/kg 4 times daily for 5 days.

Renal impairment: Reduced doses should be considered.
Hepatic impairment: Reduced doses should be considered.

Administration

Should be taken with food.

Overdosage

Symptoms: Toxic psychosis, convulsions, increased intracranial pressure, metabolic acidosis, vomiting, nausea, lethargy. Management: Increase fluid admin; supportive measures. Anticonvulsants may be used in severe cases.

Contraindications

Hypersensitivity. History of convulsive disorders or porphyria. Infants <3 mth. Severe renal impairment.

Special Precautions

Hepatic or moderate renal impairment, severe cerebral arteriosclerosis, G6PD deficiency. Monitor blood counts, renal and

hepatic function for treatment >2 wk. Children <18 yr. Elderly. Avoid exposure to sunlight or sunlamps. Pregnancy and lactation.

Adverse Drug Reactions

Nausea, vomiting, diarrhoea, abdominal pain; photosensitivity reactions, allergic rash, urticaria, pruritus; visual disturbances, headache, dizziness or vertigo, drowsiness, confusion, depression, excitement, hallucinations, toxic psychoses or convulsions (especially after large doses), intracranial hypertension (especially in infants and young children), metabolic acidosis; peripheral neuropathies, muscular weakness, myalgia; arthralgia, tendon damage; cholestatic jaundice, thrombocytopenia, leucopenia.
Potentially Fatal: Erythema multiforme and Stevens-Johnson syndrome; anaphylactoid reactions. Auto-immune haemolytic anaemia (particularly in elderly patients).

Drug Interactions

Absorption reduced by sucralfate, and divalent and trivalent cations e.g. aluminium, calcium, iron, magnesium,zinc. Excretion reduced and plasma concentrations increased with probenecid. Reduced effects with chloramphenicol, nitrofurantoin, tetracycline.

Potentially Fatal: Fatal haemorrhagic enterocolitis may occur when used with high-dose melphalan in children. Increased risk of nephrotoxicity with ciclosporin. May increase effects of oral anticoagulants e.g.warfarin.

Lab Interference

May cause false-positive urinary glucose tests using copper reduction methods. May also interfere with 17-ketosteroids and ketogenic steroids determinations.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at room temperature, up to 25°C (77°F).

Mechanism of Action

Nalidixic acid is a 4-quinolone antibacterial. It interferes with the replication of bacterial DNA by inhibiting DNA gyrase activity. It acts against gram-negative bacteria including E. coli, Proteus, Klebsiella, Enterobacter, Salmonella and Shigella spp.

Absorption: Rapidly and almost completely absorbed from the GI tract. (oral); peak plasma concentrations after 1-2 hr (oral).

Distribution: Crosses the placenta; enters the breast milk. Protein-binding: 93% (nalidixic acid); 63% (hydroxynalidixic acid).

Metabolism: Partially converted in the liver to hydroxynalidixic acid.

Excretion: Via urine (80-90% as inactive metabolites); faeces (4%); 1-2.5 hr (elimination half-life).

CIMS Class

Quinolones

ATC Classification

J01MB02 - nalidixic acid; Belongs to the class of other quinolones. Used in the treatment of systemic infections.

*nalidixic acid information:

Note that there are some more drugs interacting with nalidixic acid

nalidixic acid further details are available in official CIMS India

nalidixic acid

nalidixic acid brands available in India

Always prescribe with Generic Name : nalidixic acid, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : DIARLOP SUSP susp DIX syr DIX tab GRAMONEG dispertab GRAMONEG susp GRAMONEG tab NADIX ACUTAB dispertab NEGADIX P-tab NEGADIX tab

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([all drugs])

naloxone

CIMS Class : (Antidotes, Detoxifying Agents & Drugs Used in Substance Dependence)

naloxone

P - Caution when used during pregnancy

L - Caution when used during lactation

related naloxone information

Indication & Dosage

Oral

Opioid dependence

Adult: As hydrochloride: 200 mg to 3 g daily.

Intravenous

Opioid overdosage

Adult: As hydrochloride: 0.4-2 mg repeated if necessary at 2-3 min intervals. If there is no response after a total of 10 mg has been given, consider the possibility of overdosage with other drugs. Reduce dose for opioid-dependent patients: 0.1-0.2 mg. IM/SC routes may be used (at IV doses) if IV admin is not feasible.

Child: As hydrochloride: Initially 10 mcg/kg IV followed by 100 mcg/kg IV if necessary. Alternatively, 0.4-0.8 mg IM or SC, repeated as necessary, if IV admin is not feasible.

Parenteral

Opioid-induced depression in neonates due to obstetric analgesia

Child: As hydrochloride: 10 mcg/kg IV, IM or SC repeated at 2-3 min intervals if necessary or 60 mcg/kg as a single IM dose.

Intravenous

Reversal of central depression from opioid use during surgery

Adult: As hydrochloride: 100-200 mcg at intervals of 2-3 minute, titrate dose according to response while maintaining analgesia.

Child: As hydrochloride: 5-10 mcg IV at 2-3 min intervals.

Reconstitution: Stable in 0.9% sodium chloride and 5% dextrose inj at 4 mcg/ml for 24 hr.
Incompatibility: Preparations containing bisulfite, metabisulfite, long-chain or high-molecular wt anions, or solutions with an alkaline pH.

Special Precautions

Patients physically dependent on opioids, or who have received large doses of opioids (acute withdrawal syndrome may be precipitated). Pregnancy and lactation.

Adverse Drug Reactions

Occur secondarily to reversal (withdrawal) of narcotic analgesia and sedation. Mental depression, apathy, inability to concentrate, sleepiness, irritability, anorexia, nausea, and vomiting in high oral doses during initial treatment of opiate addiction.
Potentially Fatal: Severe cardiopulmonary effects (e.g. hypotension, hypertension, ventricular tachycardia and fibrillation, dyspnoea, pulmonary oedema, cardiac arrest) in postoperative patients, most frequently in those with preexisting CV disease. Recurrence of respiratory depression in long-acting opioids.

Drug Interactions

Decreased effect of opioid analgesics.

Potentially Fatal: Acute withdrawal reaction in physically dependent patients may occur with opioid analgesics. Severe cardiopulmonary effects may occur with cardiotoxic drugs.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Intravenous: Store at 25°C. Protect from light. Oral: Store at 25°C. Protect from light. Parenteral: Store at 25°C. Protect from light.

Mechanism of Action

Naloxone is a pure opioid antagonist that acts competitively at opioid receptors.

Onset: 2 min (IV); 2-5 min (endotracheal, IM, SC).

Duration: 30-120 min depending on route; IV has a shorter duration than IM.

Distribution: Crosses placenta.

Metabolism: Extensively hepatic via glucuronidation.

Excretion: Urine (as metabolites); elimination half-life: 0.5-1.5 hr (adult); 3-4 hr (neonates).

CIMS Class

Antidotes, Detoxifying Agents & Drugs Used in Substance Dependence

ATC Classification

V03AB15 - naloxone; Belongs to the class of antidotes. Used in opioid analgesic overdose.

*naloxone information:

Note that there are some more drugs interacting with naloxone

naloxone

naloxone brands available in India

Always prescribe with Generic Name : naloxone, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : NALOX inj NARCOTAN amp NEX amp

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([all drugs])

naltrexone

CIMS Class : (Antidotes, Detoxifying Agents & Drugs Used in Substance Dependence)

naltrexone

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related naltrexone information

Indication & Dosage

Oral

Opioid dependence

Adult: As hydrochloride: Initially, 25 mg; increase to 50 mg daily if no withdrawal signs occur. Maintenance: 350 mg wkly given as 50

mg daily or divided in 3 doses (given on 3 days of the wk) for improved compliance.

Oral

Adjunct in alcohol dependence

Adult: As hydrochloride: 50 mg daily.

Intramuscular

Adjunct in alcohol dependence

Adult: 380 mg once every 4 wk.

Administration

May be taken with or without food.

Overdosage

Symptoms: Clonic-tonic convulsions and respiratory failure. Management: Supportive and symptomatic.

Contraindications

Patients concurrently dependent on opioids; acute hepatitis or hepatic failure; acute opioid withdrawal; patients on therapeutic opioid analgesics.

Special Precautions

Hepatic or renal impairment. Monitor LFTs regularly. Patients should be opioid-free for at least 7-10 days prior to initiating naltrexone therapy. Strictly warn patients against the use of opioids while on naltrexone. Monitor for inj-site reactions. Pregnancy, lactation. History of bleeding disorders (including thrombocytopenia).

Adverse Drug Reactions

Abdominal pain, nausea, vomiting; anxiety, insomnia, lethargy, headache, musculoskeletal pain; anorexia, diarrhoea, constipation; increased thirst; chest pain; chills, dizziness; sexual dysfunction; rash, liver function abnormalities and reversible idiopathic thrombocytopenia. Inj-site reactions.

Drug Interactions

May reduce effects of opiate-containing preparations e.g. those used for cough and cold, diarrhoea and pain. Increased or decreased serum levels with drugs that alter hepatic metabolism.

Potentially increased hepatotoxic effects with disulfiram. Increased risk of naltrexone-induced lethargy and somnolence withthioridazine. May increase insulin requirements.

Lab Interference

May interfere in the detection of urinary opiates using some immunoassay or enzymatic methods.

Storage

Intramuscular: Store at 2-8°C (36-46°F); do not freeze. Oral: Store at 20-25°C (68-77°F).

Mechanism of Action

Naltrexone acts as a competitive antagonist at opioid receptor sites. It blocks the action of opioids and precipitates withdrawal symptoms in opioid-dependent individuals.
Absorption: Well absorbed from the GI tract. Peak plasma concentrations after about 1 hr.
Distribution: 20% bound to plasma proteins.

Metabolism: Extensively metabolised in the lvier. Undergoes considerable 1st-pass metabolism and may undergo enterohepatic recycling.
Excretion: Via urine (as <1% unchanged drug and as metabolites).
Elimination half-life: Approx 4 hr.

CIMS Class

Antidotes, Detoxifying Agents & Drugs Used in Substance Dependence

ATC Classification

N07BB04 - naltrexone; Belongs to the class of drugs used in the management of alcohol dependence.

*naltrexone information:
Note that there are some more drugs interacting with naltrexone
naltrexone further details are available in official CIMS India
naltrexone
naltrexone brands available in India
Always prescribe with Generic Name : naltrexone, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : NALTIMA tab NODICT tab

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([all drugs])

nandrolone

CIMS Class : (Anabolic Agents)

nandrolone

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related nandrolone information

Indication & Dosage

Intramuscular

As anabolic after debilitating illness

Adult: As decanoate: 25-100 mg once every 3-4 wk.

Intramuscular

Postmenopausal osteoporosis

Adult: As decanoate: 25-100 mg once every 3-4 wk.

Intramuscular

Metastatic breast cancer

Adult: As decanoate: 25-100 mg once every 3-4 wk.

Intramuscular

Anaemia of chronic renal failure

Adult: As decanoate: 50-200 mg wkly.

Intramuscular

Anaemia in chemotherapy patients

Adult: 50-150 mg wkly.

Contraindications

Prostatic or breast carcinoma (male); nephrosis, porphyria; infants, pregnancy and lactation.

Special Precautions

Monitor diabetic patients carefully. Conditions influenced by oedema (e.g. CV disease, migraine, seizure disorder, renal impairment). Hepatic impairment. Elderly. Discontinue if signs of virilisation in women occur. Monitor skeletal maturation in children.

Adverse Drug Reactions

Male: Postpubertal: Acne, gynaecomastia, bladder irritability, priapism, insomnia, chills, decreased libido, hepatic dysfunction, nausea, diarrhoea, prostatic hyperplasia. Prepubertal: Acne, virilism, chills, insomnia, hyperpigmentation, diarrhoea, nausea. Female: Virilism, hypercalcaemia, nausea, diarrhoea, chills, insomnia, iron deficiency anaemia, hepatic dysfunction.

Drug Interactions

May increase effects of oral anticoagulants, insulin, oral antidiabetic agents, adrenal steroid, adrenocorticotropic hormone (ACTH).

Lab Interference

May alter glucose tolerance tests.

Pregnancy Category (US FDA)

Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.

Mechanism of Action

Nandrolone is an anabolic steroid. It promotes tissue-building processes and protein anabolism. It also stimulates erythropoeitin production, causing an increase in haemoglobin and RBC volume.
Onset: 3-6 mth.
Duration: Up to 30 days.
Absorption: 77% (IM).
Metabolism: Hepatic.
Excretion: Via urine.

CIMS Class

Anabolic Agents

ATC Classification

A14AB01 - nandrolone; Belongs to the class of estren derivative anabolic steroids used as systemic anabolic agents.
S01XA11 - nandrolone; Belongs to the class of other agents used as ophthalmologicals.

*nandrolone information:

Note that there are some more drugs interacting with nandrolone

nandrolone further details are available in official CIMS India

nandrolone

nandrolone brands available in India

Always prescribe with Generic Name : nandrolone, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ABONIC inj ACTDEC amp AFDEC vial ALDEC inj ALIDEC inj AMDREC inj ANDURA inj ANDYSAN amp ARIDRON amp AVILLIN-25 amp BEEDEC inj BETABOLIN inj BETADECABOLIN inj BETALOBIN inj BLUDEC amp BONOBOL inj BONODEC inj CADEC amp CADESOL amp CANON inj CNP vial CONBOL amp CUDEC amp CUREBOL inj DDLON vial DECA NANDROBOL inj DECA-ARODEC amp DECABIN inj DECA-DURABOLIN amp DECA-DURALIN amp DECA-INTABOLIN inj DECAMAX amp DECAMERIBOL amp DECA-NANDROBOL inj DECANEURABOL inj DECANEUROPHEN amp DECARAS amp DECARISE amp DECASOZ inj DECASUN amp DECATOP amp DECATROLIN amp DECAVEN amp DECAVILLIN amp DECK amp DECODECA inj DECOLANE amp DECOLONE inj DEC-OMBOLIN vial DECONBOL amp DECOZOOM amp DECWELL inj DEKOT

vial DENA-N amp DESTAR inj DROCAN-25 amp DRONA inj DURABOLIN inj DURAS amp DYNAMAX amp ELDEC amp ESNADEC inj FOETACARE inj FORDEC amp HND vial IDEC vial INDAC inj INDOBOL amp INDODEC amp INDOLONE inj INTRADEC inj ITN inj KANDRODEC amp LABDEC amp MEGABOL inj MENDRO vial METABOL inj METADEC inj METUP amp MITYDEC inj MULTI-ND inj MYOBOLIN inj NABOLIN DEC amp NADRONE inj NANDODEL amp NANDRO amp NANDROBOL inj NANDRODEC inj NANDY inj NANKAIR vial NANZON inj NDN amp NEODEC amp NEURABOL INJ inj NEUROPHEN amp NEWBOLIN inj NIKIDAC amp NINZA inj NISDROL inj NMX inj NUBOLIN inj OCTOBOLIN amp OCTODEC amp OSIDEC amp PRODEC inj PRONABOL-25 amp PROTOMARK inj PROTOPHEN INJ inj RECODEC inj REDAC Combipack RENAND vial SANDEC inj SIODEC amp STEGIN amp STENAUR-D inj SYNOBOL inj TROLINE amp VARBOLIN amp WORDEC inj ZIPDEC vial ZOTABOLIN amp ZYDEC amp

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([all drugs])

naphazoline

CIMS Class : (Nasal Decongestants & Other Nasal Preparations) , (Ophthalmic Decongestants, Anesthetics, Anti-inflammatories)

naphazoline

P - Caution when used during pregnancy

L - Caution when used during lactation

related naphazoline information

Indication & Dosage

Nasal

Nasal congestion

Adult: 1-2 drops or spray of 0.05-0.1% solution every 6 hr.

Child: =12 yr: 1-2 drops or spray of 0.05% solution every 6 hr. Therapy should not exceed 3 days.

Ophthalmic

Conjunctival decongestant

Adult: 1-2 drops of 0.1% solution to the conjunctiva every 3-4 hr as needed. Alternatively, 1-2 drops of a 0.01-0.03% solution to the conjunctiva up to 4 times daily.

Overdosage

Symptoms: CNS depression, hypothermia, bradycardia, CV collapse, apnoea, coma, agitation, tachycardia, hypertension; alternating

agitation and hypertension. Management: Symptom-directed and supportive.

Contraindications

Narrow-angle glaucoma.

Special Precautions

Pregnancy and lactation. Not recommended in infants and young children. Chronic asthma, hypertension, heart failure, coronary artery disease, cerebral arteriosclerosis, DM, hyperthyroidism, local infection or injury, benign prostatic hyperplasia. Rebound hyperaemia may occur on prolonged use (ophthalmic).

Adverse Drug Reactions

Cardiac abnormalities, hypertension; reduced body temperature, dizziness, drowsiness, headache, nervousness; hyperglycaemia; nausea; transient stinging, nasal mucosa irritation, dryness, rebound congestion; weakness; blurred vision, discomfort, increased intraocular pressure, irritation, lacrimation, mydriasis, punctuate keratitis, redness; sneezing; diaphoresis.

Drug Interactions

Pressor effects may be potentiated by TCAs. Mydriatic effects may be increased by methyldopa, guanadrel.
Potentially Fatal: Hypertensive crisis may occur when used with MAOIs.

Storage

Nasal: Store at controlled room temperature. Ophthalmic: Store at controlled room temperature.

Mechanism of Action

Naphazoline, an imidazoline derivative sympathomimetic amine, produces vasoconstriction by stimulating the a-adrenergic receptors in the arterioles of the conjunctiva and the nasal mucosa.
Onset: Decongestant: Topical: Approx 10 min.
Duration: 2-6 hr.
Absorption: Not given systemically, but readily absorbed from the GI tract.

CIMS Class

Nasal Decongestants & Other Nasal Preparations / Ophthalmic Decongestants, Anesthetics, Anti-inflammatories

ATC Classification

R01AA08 - naphazoline; Belongs to the class of topical sympathomimetic agents used as nasal decongestants.
R01AB02 - naphazoline; Belongs to the class of topical sympathomimetic combination preparations, excluding corticosteroids. Used as nasal decongestants.
S01GA01 - naphazoline; Belongs to the class of sympathomimetics used as ophthalmologic decongestants.

*naphazoline information:
Note that there are some more drugs interacting with naphazoline
naphazoline
naphazoline brands available in India
Always prescribe with Generic Name : naphazoline, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : CLEARINE eye drops EFCORLIN nasal drops E-NORM eye drops EXXON eye drops MEZOL eye drops N-COOL eye drops NCZ eye drops NEFACOOL eye drops NPBOR eye drops N-ZOLIN eye drops OCUCEL eye drops OCUCEL-A eye drops OCUDECON eye drops OVISIL eye drops RED RID eye drops

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([all drugs])

naproxen

CIMS Class : (Nonsteroidal Anti-inflammatory Drugs (NSAIDs))

naproxen

P - Contraindicated in pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related naproxen information

Indication & Dosage

Oral

Rheumatic disorders

Adult: 0.5-1 g as a single dose or in 2 divided doses, up to 1.5 g daily for patients who can tolerate lower doses, for up to 6 mth, if required.

Elderly: Consider dose reductions; use lowest possible effective dose.

Oral

Juvenile idiopathic arthritis

Child: =2 yr: 5-7.5 mg/kg bid. Max: 1 g/day.

Oral

Dysmenorrhoea

Adult: Initially, 500 mg followed by 250 mg every 6-8 hr. Max: 1.25 g on the 1st day and 1 g thereafter.

Elderly: Consider dose reductions; use lowest possible effective dose.

Oral

Acute musculoskeletal disorders

Adult: Initially, 500 mg followed by 250 mg every 6-8 hr. Max: 1.25 g on the 1st day and 1 g thereafter.

Elderly: Consider dose reductions; use lowest possible effective dose.

Oral

Acute gout

Adult: Initially, 750 mg followed by 250 mg every 8 hr.

Elderly: Consider dose reductions; use lowest possible effective dose.

Oral

Acute migraine attacks

Adult: 750 mg at the onset of attack, followed after at least ½ an hr by further doses of 250-500 mg daily. Max: 1250 mg daily.

Elderly: Consider dose reductions; use lowest possible effective dose.

Administration

Should be taken with food.

Overdosage

Symptoms: Drowsiness, heartburn, vomiting, CNS depression, leukocytosis, renal failure. Management: Supportive and symptomatic.

Contraindications

Hypersensitivity. Aspirin or NSAID allergy. Perioperative pain in the setting of CABG surgery. Pregnancy (3rd trimester).

Special Precautions

Pre-existing CV risk factors or disease e.g. fluid retention, CHF, hypertension. History of GI disease (bleeding or ulcers). Other forms of asthma. Hepatic impairment; closely monitor patients with any abnormal LFT. Renal impairment. Elderly. Lactation.

Adverse Drug Reactions

Oedema, palpitation, dizziness, drowsiness, headache, light headedness, vertigo, pruritus, skin eruption, ecchymosis, purpura, rash, fluid retention, abdominal pain, constipation, nausea, heartburn, diarrhoea, dyspepsia, stomatitis, flatulence, gross bleeding/perforation, indigestion, ulcers, vomiting, abnormal renal function, haemolysis, anaemia, increased bleeding time, elevated LFTs, visual disturbances, tinnitus, hearing disturbances, dyspnoea, diaphoresis, thirst.
Potentially Fatal: Anaphylactic/anaphylactoid reactions. Exfoliative dermatitis, Stevens-Johnson syndrome (SJS), toxic epidermal necrolysis (TEN).

Drug Interactions

Antihypertensive effects of hypotensive agents may be reduced. May increase ciclosporin levels. Increased risk of seizures with fluoroquinolones. May reduce efficacy of diuretics. May diminish the cardioprotective effect of acetylated salicylates. Alcohol may enhance gastric mucosal irritation. Increased serum levels withprobenecid.

Potentially Fatal: Increased risk of GI ulceration with corticosteroids. May increase lithium levels/toxicity. Severe bone marrow suppression, aplastic anaemia and GI toxicity may occur with methotrexate. Increased risk of bleeding with anticoagulants (e.g. warfarin, heparin, LMWHs) and antiplatelet agents (e.g. ticlopidine,clopidogrel, aspirin, abciximab, dipyridamole, eptifibatide, tirofiban). Absorption may be reduced withcolestyramine (and other bile acid sequestrants).

Food Interaction

Rate of absorption may be reduced with food. Avoid herbs/food with antiplatelet activity e.g. alfalfa, anise, bilberry, grapeseed, green tea, bladderwrack, turmeric, bromelain, cat's claw, celery, ginkgo biloba, coleus, cordyceps, dong quai, evening primrose, feverfew, fenugreek, garlic, ginger, red clover, horse chestnut,

ginseng, guggul, horse chestnut seed, horseradish, licorice, prickly ash, reishi, sweet clover, white willow.

Lab Interference

May interfere with 5-hydroxyindole acetic acid (5-HIAA) urinary assays. Discontinue 72 hr before adrenal function testing if the Porter-Silber test is used.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

in 3rd trimester or near delivery.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store at 15-30°C (59-86°F).

Mechanism of Action

Naproxen has anti-inflammatory, analgesic, antipyretic actions. It reduces prostaglandin synthesis by inhibiting the enzyme cyclooxygenase. It also inhibits platelet aggregation.
Onset: Analgesic: 1 hr; anti-inflammatory: Approx 2 wk.
Duration: Analgesic: =7 hr; anti-inflammatory: =12 hr.
Absorption: Readily absorbed from the GI tract (oral); peak plasma concentrations after 2-4 hr. Well absorbed rectally.
Distribution: Diffuses into synovial fluid; crosses the placenta; enters breast milk. Protein-binding: 99%.
Excretion: Via urine (as unchanged drug and metabolites), faeces; 13 hr (elimination half-life).

CIMS Class

Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

ATC Classification

G02CC02 - naproxen; Belongs to the class of antiinflammatory products for vaginal administration used in the treatment and prevention of inflammation.

M01AE02 - naproxen; Belongs to the class of propionic acid derivatives of non-steroidal antiinflammatory and antirheumatic products. Used in the treatment of inflammation and rheumatism.

M02AA12 - naproxen; Belongs to the class of non-steroidal antiinflammatory preparations for topical use. Used in the treatment of joint and muscular pains.

*naproxen information:

Note that there are some more drugs interacting with naproxen

naproxen further details are available in official CIMS India

naproxen

naproxen brands available in India

Always prescribe with Generic Name : naproxen, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ANTESVEL tab ARTAGEN tab ARTHOPAN cap MOVIBON tab NAPEXAR SR-tab NAPRIS tab NAPRODOM tab NAPROSYN GEL gel NAPROSYN SR-tab NAPROSYN SUSP

susp NAPROSYN tab NAPRYN tab NAXDOM tab NAXEN CR-tab PACINAC-NP tab XENAR-CR tab XENOBID GEL gel XENOBID TAB tab

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([all drugs])

natamycin

CIMS Class : (Antifungals) , (Eye Anti-infectives & Antiseptics) , (Preparations for Vaginal Conditions) , (Topical Antifungals & Antiparasites)

natamycin

P - Caution when used during pregnancy

L - Caution when used during lactation

related natamycin information

Indication & Dosage

Oral

Intestinal candidiasis

Adult: 100 mg 4 times daily.

Child: 100 mg bid.

Oral

Oral candidiasis

Adult: One 10-mg loz every 4-6 hr.

Ophthalmic

Blepharitis, conjunctivitis and keratitis

Adult: Ophthamic suspension 5%: Instil 1 drop in conjunctival sac every 1-2 hr; reduce to 1 drop 6-8 times a day after 3-4 days. Duration of treatment: 2-3 wk. Ointment 1%: Apply bid-tid.

Vaginal

Trichomoniasis

Adult: One 25-mg vaginal tablet daily for 20 days.

Vaginal

Vulvovaginal candidiasis

Adult: One 100-mg vaginal tablet for 3-6 days.

Topical/Cutaneous

Nail fungal infections

Adult: Apply 2% cream to the affected area once or several times a day.

Topical/Cutaneous

Skin fungal infections

Adult: Apply 2% cream to the affected area once or several times a day.

Contraindications

Hypersensitivity.

Special Precautions

Pregnancy and lactation. Porphyria.

Adverse Drug Reactions

GI disturbances (oral). Irritation (local). Conjunctival chemosis and hyperaemia (ophthalmic).

Drug Interactions

Ophthalmic: May increase spread of fungal eye infection when used with topical corticosteroid.

Storage

Ophthalmic: Ophthalmic suspension: Store at 8-24°C (46-75°F); do not freeze. Topical/Cutaneous: Store at 15-25°C.

Mechanism of Action

Natamycin is a polyene antifungal antibiotic which acts by increasing cell membrane permeability in susceptible fungi. It is active against Candida and Fusarium spp, and against the protozoan Trichomonas vaginalis.

Absorption: Poorly absorbed from the GI tract (<2%). Not absorbed through the skin or mucous membranes (topical). Present in therapeutic concentrations in corneal stroma but not in intraocular fluid (ocular).

CIMS Class

Antifungals / Eye Anti-infectives & Antiseptics / Preparations for Vaginal Conditions / Topical Antifungals & Antiparasites

ATC Classification

A01AB10 - natamycin; Belongs to the class of local antiinfective and antiseptic preparations. Used in the treatment of diseases of the mouth.

A07AA03 - natamycin; Belongs to the class of antibiotics. Used for the treatment of intestinal infections.

D01AA02 - natamycin; Belongs to the class of antibiotics for topical use. Used in the treatment of fungal infection.

G01AA02 - natamycin; Belongs to the class of antibiotics. Used in the treatment of gynecological infections.
S01AA10 - natamycin; Belongs to the class of antibiotics. Used in the treatment of eye infections.

*natamycin information:
natamycin
natamycin brands available in India
Always prescribe with Generic Name : natamycin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ELMYCIN eye drops NATADROPS eye drops NATAMET eye drops NATOPTIC eye drops PIMAFUSIN eye drops PIMAFUSIN VAGINAL vag tab
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([all drugs])
nateglinide
CIMS Class : (Antidiabetic Agents)
nateglinide
P - Caution when used during pregnancy
L - Contraindicated in lactation

Food ¤ - Food interaction

related nateglinide information

Indication & Dosage

Oral

Type 2 diabetes mellitus

Adult: 60-120 mg tid prior to each meal; may be increased to 180 mg tid if necessary.

Administration

Should be taken with food. (Take immediately before or up to ½ hr before meals.)

Overdosage

Symptoms: Hypoglycaemia. Management: Use IV glucose in severe hypoglycaemic reactions. Dialysis is not effective.

Contraindications

Diabetic ketoacidosis; IDDM. Lactation.

Special Precautions

Geriatric patients, debilitated and malnourished patients; adrenal or pituitary insufficiency, moderate to severe hepatic impairment; severe renal impairment. Monitor glycaemic levels during periods of stress. Pregnancy.

Adverse Drug Reactions

Dizziness; back pain; arthropathy; upper respiratory tract infection; flu-like symptoms; bronchitis; cough; hypoglycaemia; accidental trauma; diarrhoea.

Drug Interactions

Increased levels/effects with enzyme inhibitors (e.g. fluconazole). Increased hypoglycaemic effects with salicylates, MAOIs, nonselective ß-blockers, alcohol, NSAIDs. Decreased levels/effects with enzyme inducers (e.g. rifampicin). Decreased hypoglycaemic effects with thiazide diuretics, corticosteroids, thyroid products and sympathomimetic agents.

Food Interaction

Absorption delayed with food. Hypoglycaemic effects may be increased with alfalfa, aloe, bilberry, bitter melon, burdock, celery, damiana, fenugreek, garcinia, garlic, ginger, American ginseng, gymnema, marshmallow and stinging nettle. Levels/effects may be reduced with St. John's wort.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 25°C (77°F).

Mechanism of Action

Nateglinide, a nonsulfonylurea hypoglycaemic agent, acts by stimulating insulin release from pancreatic ß-cells to reduce postprandial hyperglycaemia. This action depends on the amount of existing glucose levels.

Onset: Approx 20 min.

Duration: 4 hr.

Absorption: Rapidly absorbed; peak plasma concentrations within 1 hr (oral).

Distribution: Protein-binding: 98%, primarily to albumin.

Metabolism: Hepatic via hydroxylation followed by glucuronidation; converted to metabolites.

Excretion: Via urine (16% unchanged drug); faeces (10%). Elimination half-life: 1.5 hr.

CIMS Class

Antidiabetic Agents

ATC Classification

A10BX03 - nateglinide; Belongs to the class of other oral blood glucose lowering drugs. Used in the treatment of diabetes.

*nateglinide information:

Note that there are some more drugs interacting with nateglinide nateglinide further details are available in official CIMS India nateglinide

nateglinide brands available in India

Always prescribe with Generic Name : nateglinide, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : GLINATE tab NATELIDE tab NATIZ tab NDS tab

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([all drugs])

nebivolol

CIMS Class : (Beta-Blockers)

nebivolol

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related nebivolol information

Indication & Dosage

Oral

Hypertension

Adult: 5 mg daily. May increase dose at intervals of 2 wk to a max of 40 mg once daily, if needed.

Elderly: >65 yr: Initially, 2.5 mg daily.

Renal impairment: Initially, 2.5 mg daily. Maintenance: Increase to 5 mg daily if required.

Oral

Heart failure

Adult: Initially, 1.25 mg once daily. May double dose every 1-2 wk up to a max of 10 mg once daily.

Elderly: Initially 1.25 mg once daily. If tolerated, double the dose every 1-2 wk up to a max of 10 mg once daily.

Administration

May be taken with or without food.

Overdosage

Symptoms: Severe hypotension, bradycardia, heart failure, bronchospasm, hypoglycaemia. Management: Treat initially with IV fluids. Sympathomimetics, glucagon or a pacemaker may be used to treat toxic bradycardia, asystole, and/or hypotension. Other treatment is symptomatic and supportive. Not dialysable.

Contraindications

Hepatic impairment, sick sinus syndrome, 2nd and 3rd degree heart block (without a pacemaker), history of asthma, metabolic acidosis, severe peripheral arterial disease, severe bradycardia, cardiogenic shock or decompensated heart failure, untreated phaeochromocytoma. Pregnancy and lactation.

Special Precautions

Elderly. History of anaphylaxis to various allergens, 1st degree AV block, peripheral arterial disease, DM, compensated heart failure, myasthenia gravis, history of psychiatric illness, renal impairment. May mask signs of hyperthyroidism (e.g. tachycardia).

Adverse Drug Reactions

Peripheral oedema, bradycardia, chest pain; headache, fatigue, dizziness, insomnia; rash; hypercholesterolaemia, decreased HDL levels, hyperuricaemia, increased triglyceride levels, increased uric acid levels; diarrhoea, nausea, abdominal pain; thrombocytopenia; paraesthesia, weakness; increased BUN; dyspnoea.
Potentially Fatal: Anaphylaxis.

Drug Interactions

Attenuation of reflex tachycardia and increased risk of hypotension with volatile halogenated anaesthetics. Increased risk of hypotension with dihydropyridine-type calcium antagonists. Hypotensive effect may be increased with antipsychotics, TCAs, barbiturates and phenothiazines. Effects may be reduced with sympathomimetic agents. Increased levels/effects with CYP2D6 inhibitors e.g. paroxetine, fluoxetine, thioridazine and quinidine.
Potentially Fatal: Additive negative influence on contractility and AV conduction with verapamil and diltiazemtype drugs; profound hypotension and AV block with IV verapamil. Exacerbation of heart failure with centrally-acting antihypertensive, abrupt withdrawal may increase risk of rebound hypertension. Increased effect on AV conduction with antiarrhythmic drugs. Increased risk of hypertension, severe bradycardia and heart block when used with sympathomimetics with mixed a- and ß-adrenergic effects.

Food Interaction

Hypertension may be exacerbated by bayberry, blue cohosh, cayenne, ephedra, ginger, American ginseng, kola and licorice. Antihypertensive effect may be increased by black cohosh,

California poppy, coleus, golden seal, hawthorn, mistletoe, periwinkle, quinine and shepherd's purse.

Storage

Oral: Store at 20-25°C (68-77°F). Protect from light.

Mechanism of Action

Nebivolol exhibits a high selectivity for ß1-adrenergic receptors and acts by reducing the peripheral vascular resistance by modulating nitric oxide release.
Absorption: Absorbed rapidly from the GI tract (oral). Peak plasma concentrations after 0.5-4 hr.
Distribution: Protein-binding: 98%. Enters breast milk.
Metabolism: Hepatic: Extensively by alicyclic and aromatic hydroxylation, N-dealkylation and glucuronidation.
Excretion: Via urine and faeces (as metabolites). Elimination half-life: 10 hr (nebivolol), 24 hr (hydroxy metabolites).

CIMS Class

Beta-Blockers

ATC Classification

C07AB12 - nebivolol; Belongs to the class of selective beta-blocking agents. Used in the treatment of cardiovascular diseases.

*nebivolol information:
Note that there are some more drugs interacting with nebivolol
nebivolol further details are available in official CIMS India
nebivolol
nebivolol brands available in India
Always prescribe with Generic Name : nebivolol, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ASIVOL tab BETALOL tab ENDOLOL tab NEBEST tab NEBICARD tab NEBILOL tab NEBILONG tab NEBIMAC tab NEBINEX tab NEBINEX-AM tab NEBIPIL tab NEBISTAR tab NEBITEN tab NEBIVAS tab NEBULA tab NEVOL tab NIAVAS tab NODON tab NUBETA tab NYFE tab ZENEBI tab ZINEBI tab
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([all drugs])

nebivolol + hydrochlorothiazide

CIMS Class : (Beta-Blockers) , (Diuretics)

nebivolol + hydrochlorothiazide

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related nebivolol + hydrochlorothiazide information

Indication & Dosage

Oral

Hypertension

Adult: Per tablet contains nebivolol 5 mg and hydrochlorothiazide 12.5 mg: 1 tablet once daily.

Contraindications

Hypersensitivity, liver impairment, anuria, sulphonamide allergy. Pregnancy, lactation.

Special Precautions

History of allergies, psoriasis, hyperthyroidism, peripheral arterial disease, diabetes, existing electrolyte disturbances, oedema, renal impairment, hyperlipidemia,hyperuricaemia. Elderly.

Adverse Drug Reactions

Nebivolol - Headache, fatigue, parasthesias, dizziness.
Hydrochlorothiazide - Hypotension including orthostatic hypotension, pancreatitis, intrahepatic cholestatic jaundice, diarrhoea, vomiting, sialadenitis, cramping, constipation, gastric irritation, nausea, anorexia, thrombocytopenia, photosensitivity, fever, urticaria, rash, purpura, hyperglycemia, glycosuria, hyperuricemia, restlessness, impotence.
Potentially Fatal: Seizures, may unmask diabetes mellitus. Hyponatraemia and idiosyncratic, hypersensitivity reactions.

Drug Interactions

Symptomatic hyponatraemia when combined with carbamazepine. Predisposes to allopurinol sensitivity reactions and impaired renal function. Potentiates hypotensive effect of beta blockers and ACE inhibitors; these also reduce diuretic-induced hypokalaemia.

Potentially Fatal: Enhance neuromuscular blocking action of competitive muscle relaxants. Cross-allergy with sulphonamides and sulphonylurea hypoglycaemics with resultant acute interstitial nephritis and vasculitis. Potentiates bone-marrow suppression caused by anticancer drugs. Potentiates aminoglycoside nephrotoxicity. Impaired control of diabetes by oral hypoglycaemic agents. May precipitate digitalis toxicity andlithium toxicity. Increased risk of hypokalaemia with corticosteroids. Prolongs paralysis caused by tubocurarine.

Lab Interference

Discontinued before carrying parathyroid function.

Mechanism of Action

Nebivolol exerts its actions by exhibiting a high selectivity for beta-1 adrenergic receptors and also by reducing the peripheral vascular resistance by modulating nitrous oxide release. Hydrochlorothiazide inhibits the reabsorption of Na and chloride at the beginning of distal convoluted tubule. It causes natriuretic effect mainly by decreasing Na and chloride reabsorption in the

cortical segment of the ascending limb of the Loop of Henle by inhibition of a specific Na+Cl- co-transporter.

CIMS Class

Beta-Blockers / Diuretics

ATC Classification

C03AA03 - hydrochlorothiazide; Belongs to the class of low-ceiling thiazide diuretics. Used to promote excretion of urine.
C07AB12 - nebivolol; Belongs to the class of selective beta-blocking agents. Used in the treatment of cardiovascular diseases.

*nebivolol + hydrochlorothiazide information:
Note that there are some more drugs interacting with nebivolol + hydrochlorothiazide
nebivolol + hydrochlorothiazide
nebivolol + hydrochlorothiazide brands available in India
Always prescribe with Generic Name : nebivolol + hydrochlorothiazide, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BETALOL-H tab NEBEST-H tab NEBICARD-H tab NEBILOL-H tab NEBILONG-H tab NEBIMAC-H tab NEBITEN-H tab NEBIVAS-H tab NEVOL-H tab NIAVAS-D tab NODON-H tab NUBETA-H tab

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([all drugs])

nelfinavir

CIMS Class : (Antivirals)

nelfinavir

P - Caution when used during pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related nelfinavir information

Indication & Dosage

Oral

HIV infection

Adult: Combined with other antiretrovirals: 1.25 g bid or 0.75 g tid.

Child: Combined with other antiretrovirals: 2-13 yr: 45-55 mg/kg bid or 25-35 mg/kg tid.

Max Dosage: Child: 0.75 g tid.

Hepatic impairment: Dose reduction may be required.

Administration

Should be taken with food.

Contraindications

Hypersensitivity; lactation.

Special Precautions

Pregnancy. Hepatic and renal impairment; haemophilia A or B; diabetes. Monitor for signs of lipodystrophy.

Adverse Drug Reactions

Hyperglycaemia, dyslipidaemia and redistribution of body fat (protease paunch, buffalo hump, facial atrophy and heart engorgement); hypertriglyceridaemia, hypercholesterolaemia. Diarrhoea, rash, nausea, flatulence, decreased lymphocytes, decreased neutrophils, decreased haemoglobin, increased creatine kinase, increased transaminases.

Drug Interactions

Reduced levels/effects with antacids, phenobarbital, carbamazepine, aminoglutethimide, phenytoin, rifampicin, nafcillin, nevirapine, omeprazole, nevirapine. Increased serum levels/effects with azole antifungal agents, cimetidine, efavirenz. Increased serum levels/effects of azithromycin, calcium channel blockers, clarithromycin, corticosteroids (e.g. fluticasone), mirtazapine, nateglinide, nefazodone, ciclosporin, sirolimus, tacrolimus, venlafaxine, eplerinone, fentanyl, atorvastatin, phosphodiesterase-5 (PDE-5) inhibitors, rifabutin, trazodone, TCAs. Reduced serum levels/effects of hormonal contraceptives, methadone, theophylline derivatives. Potentially Fatal: Increased serum levels/toxicity of amiodarone, cisapride, pimozide, midazolam, triazolam, ergot alkaloids, lovastatin, simvastatin, quinidine.

Food Interaction

Combination with acidic food or juice may produce bitter taste. Plasma concentration time curve (AUC) increased by 2- to 3-fold with food. Reduced serum levels with St John's wort.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store at 15-30° (59-86°F).

Mechanism of Action

Nelfinavir is a selective, competitive, reversible HIV protease inhibitor. It inhibits HIV-1 protease preventing the cleavage of the gag-pol polyprotein resulting in the production of noninfectious virus.

Absorption: Absorbed from the GI tract. Peak plasma levels in 2-4 hr. Absorption increased with food.

Distribution: Extensively bound to plasma proteins (98%). Enters breast milk.
Metabolism: Hepatic via oxidation.
Excretion: Mainly via faeces (as metabolites); via urine (about 1-2%). Terminal half-life: 3.5-5 hr.

CIMS Class

Antivirals

ATC Classification

J05AE04 - nelfinavir; Belongs to the class of protease inhibitors. Used in the systemic treatment of viral infections.

*nelfinavir information:
Note that there are some more drugs interacting with nelfinavir
nelfinavir
nelfinavir brands available in India
Always prescribe with Generic Name : nelfinavir, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : EMNEL tab NEIVEX tab NEL tab NELVIR tab RETRONEL tab

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([all drugs])

neomycin

CIMS Class : (Aminoglycosides) , (Topical Antibiotics) , (Eye Anti-infectives & Antiseptics) , (Ear Anti-infectives & Antiseptics)

neomycin

P - Contraindicated in pregnancy

L - Caution when used during lactation

related neomycin information

Indication & Dosage

Oral

Preoperative intestinal antisepsis

Adult: 1 g every hr for 4 doses then every 4 hr for 2-3 days; or 1 g at 1 PM, 2 PM and 11 PM on the day before surgery as an adjunct to mechanical cleansing of the intestine and in combination with oral erythromycin; or 6 g/day divided every 4 hr for 2-3 days.

Child: 90 mg/kg/day divided every 4 hr for 2 days; or 25 mg/kg at 1 PM, 2 PM and 11 PM on the day before surgery as an adjunct to

mechanical cleansing of the intestine and in combination with erythromycin base.

Renal impairment: Dose modification required.

Oral

Adjunct in hepatic encephalopathy

Adult: 4-12 g daily in divided doses for 5-7 days.

Child: 50-100 mg/kg/day in divided doses every 6-8 hr or 2.5-7 g/m2/day divided every 4-6 hr for 5-6 days. Max: 12 g/day.

Renal impairment: Dose modification required.

Oral

Chronic hepatic insufficiency

Adult: 4 g/day for an indefinite period.

Renal impairment: Dose modification required.

Otic/Aural

Otic infections

Adult: Per ml solution contains neomycin sulfate 3.5 mg, polymyxin B sulfate 10,000 units and hydrocortisone acetate 10 mg: Instill 4 drops into the affected ear(s) 3 or 4 times daily. Treatment duration should be limited to 10 consecutive days.

Ophthalmic

Susceptible ophthalmic infections

Adult: Per ml solution contains neomycin sulfate 3.5 mg, polymyxin B sulfate 10,000 units and dexamethasone 1 mg: Instill 1-2 drops

into the affected eye(s) 4-6 times daily, up to hrly admin in severe cases.

Topical/Cutaneous

Skin infections

Adult: Per g cream contains neomycin sulfate 3.5 mg, polymyxin B sulfate 10,000 units and hydrocortisone acetate 5 mg: Apply onto affected area 2-4 times daily as needed. May gently rub cream into affected areas if conditions permit.

Child: In combination with anti-infectives: Apply ointment or cream to affected area 1-3 times/day. In combination with corticosteroids and other anti-infectives: Apply ointment or cream to affected area 2-4 times/day. As irrigation: Topical solutions of 0.1-1% have been used.

Administration

May be taken with or without food.

Overdosage

Rare due to poor oral absorption. Symptoms: Ototoxicity, nephrotoxicity, neuromuscular toxicity. Treatment: Single acute overdose: Maintain urine output of at least 3 ml/kg/hr during the

acute treatment phase. Haemodialysis is preferred over peritoneal dialysis in patients with normal renal function. Chelation with penicillin may be useful.

Contraindications

Do not use for intestinal disinfection if there is intestinal obstruction. Hypersensitivity to aminoglycosides. Infants <1 yr. Inflammatory or ulcerative GI disease (oral). Pregnancy. Not to be used topically or for urological purposes in doses >1 g daily or urologically for >10 days. Extensive skin damage or perforation of the eardrum (otic application). Do not admin parenterally or as peritoneal lavage.

Special Precautions

Kidney or liver disease; neuromuscular disorders (e.g. myasthenia gravis, parkinsonism); impaired hearing (pre-existing vertigo, tinnitus, hearing loss). Monitor auditory and renal function in patients with additional risk factors. Monitor patients on high doses or prolonged courses. Elderly, dehydrated patients. Avoid prolonged use. Lactation.

Adverse Drug Reactions

Oral: Nausea, diarrhoea, vomiting, irritation or soreness of the mouth or rectal area; dyspnoea, eosinophilia, nephrotoxicity, neurotoxicity, ototoxicity (auditory and vestibular). Topical: Contact dermatitis.
Potentially Fatal: Neuromuscular blockade and respiratory paralysis.

Drug Interactions

Synergistic effects with penicillins. Additive toxicity with neurotoxic, ototoxic or nephrotoxic drugs. May decrease absorption of digoxin and methotrexate. May increase effects of oral anticoagulants.

Storage

Ophthalmic: Store at 15-30°C (59-86°F). Oral: Store at 20-25°C (68-77°F). Otic/Aural: Store at 15-30°C (59-86°F). Topical/Cutaneous: Store at 15-30°C (59-86°F).

Mechanism of Action

Neomycin is an aminoglycoside antibiotic. It binds to 30S ribosomal subunits of bacterial ribosome thus inhibiting protein synthesis and generating errors in genetic code transcription causing cell death. It acts against many gram-negative aerobes and some gram-positive aerobes. It lacks activity against fungi, viruses and most anaerobic bacteria.

Absorption: Poorly absorbed from the GI tract; increased in the presence of damaged or inflamed mucosa. Absorption may occur from the peritoneum, respiratory tract, bladder, wounds, and inflamed skin.

Distribution: Low levels in intestinal wall and muscles.

Excretion: Via faeces (about 97% of an oral dose unchanged); via urine (active form). Half-life: 2-3 hr; 12-24 hr in adults with severe renal impairment.

CIMS Class

Aminoglycosides / Topical Antibiotics / Eye Anti-infectives & Antiseptics / Ear Anti-infectives & Antiseptics

ATC Classification

A01AB08 - neomycin; Belongs to the class of local antiinfective and antiseptic preparations. Used in the treatment of diseases of the mouth.

A07AA01 - neomycin; Belongs to the class of antibiotics. Used for the treatment of intestinal infections.

B05CA09 - neomycin; Belongs to the class of antiinfectives used as irrigating solutions.

D06AX04 - neomycin; Belongs to the class of other topical antibiotics used in the treatment of dermatological diseases.

J01GB05 - neomycin; Belongs to the class of other aminoglycosides. Used in the treatment of systemic infections.

R02AB01 - neomycin; Belongs to the class of antibiotics used in throat preparations.

S01AA03 - neomycin; Belongs to the class of antibiotics. Used in the treatment of eye infections.

S02AA07 - neomycin; Belongs to the class of antiinfectives used in the treatment of ear infections.

S03AA01 - neomycin; Belongs to the class of antiinfectives used in ophthalmologic and otologic preparations.

*neomycin information:

Note that there are some more drugs interacting with neomycin

neomycin

neomycin brands available in India

Always prescribe with Generic Name : neomycin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CLOSTAGEN cream DECORT-N eye/ear drops DEXONA DPS eye/ear drops DEXONA E/E FFS drops EVERBATE cream METHACIN eye drops NEBASULF powd NEBASULF SKIN OINT oint NEOSPORIN EYE DPS eye soln NEOSPORIN SKIN oint NEOSPORIN-H DPS ear drops NEOTOP powd ONDERM cream

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([all drugs])

neostigmine

CIMS Class : (Neuromuscular Disorder Drugs) , (Antiglaucoma Preparations)

neostigmine

P - Caution when used during pregnancy

L - Caution when used during lactation

related neostigmine information

Indication & Dosage

Oral

Myasthenia gravis

Adult: As bromide: 15 mg every 3-4 hr. Total daily dose is 75-300 mg in divided doses. Individualise dosing intervals to maximal response.

Child: As bromide: 2 mg/kg daily, divided into doses and given every 3-4 hr. Total daily dose is 15-90 mg.

CrCl (ml/min)

Dosage Recommendation

10-50

50% of normal dose.

<10

25% of normal dose.

Oral

Paralytic ileus and postoperative urinary retention

Adult: As bromide: 15-30 mg.

CrCl (ml/min)

Dosage Recommendation

10-50

50% of normal dose.

<10

25% of normal dose.

Oral

Neonatal myasthenia gravis

Child: As bromide: 1-5 mg every 4 hr.

CrCl (ml/min)

Dosage Recommendation

10-50

50% of normal dose.

<10

25% of normal dose.

Parenteral

Myasthenia gravis

Adult: As metilsulfate: 0.5-2.5 mg IM/SC at intervals, up to a total daily dose of 5-20 mg.

Child: As metilsulfate: 200-500 mcg IM/SC as single daily dose.

CrCl (ml/min)

Dosage Recommendation

10-50

50% of normal dose.

<10

25% of normal dose.

Parenteral

Paralytic ileus and postoperative urinary retention

Adult: As metilsulfate: 0.5 mg IM/SC.

CrCl (ml/min)

Dosage Recommendation

10-50

50% of normal dose.

<10

25% of normal dose.

Intravenous

Reversal of neuromuscular blockade

Adult: As metilsulfate: 50-70 mcg/kg by IV inj over 60 sec. Alternatively, 0.5-2 mg up to a max of 5 mg.

Child: As metilsulfate: Children: 0.025-0.08 mg/kg/dose. Infants: 0.025-0.1 mg/kg/dose.

CrCl (ml/min)

Dosage Recommendation

10-50

50% of normal dose.

<10

25% of normal dose.

Parenteral

Neonatal myasthenia gravis

Child: As metilsulfate: 50-250 mcg IM/SC every 4 hr.

CrCl (ml/min)

Dosage Recommendation

10-50

50% of normal dose.

<10

25% of normal dose.

Intramuscular

Diagnosis of myasthenia gravis

Adult: As metilsulfate: 0.02 mg/kg as a single dose. Discontinue all anticholinesterase medications for at least 8 hr prior to admin.

Child: As metilsulfate: 0.04 mg/kg as a single dose. Discontinue all anticholinesterase medications for at least 8 hr prior to admin.

Ophthalmic

Glaucoma

Adult: Instil 1-2 drops of 0.5% solution into the eyes 1-4 times daily.

Overdosage

Symptoms: Muscle weakness, blurred vision, excessive sweating, tearing and salivation, nausea, vomiting, diarrhoea, hypertension, bradycardia, muscle weakness, paralysis. Management: Atropine sulfate inj should be readily available.

Contraindications

Mechanical GI or urinary tract obstruction, peritonitis.

Special Precautions

Patients with epilepsy, bronchial asthma, bradycardia, recent MI, hypotension, vagotonia, hyperthyroidism, recent intestinal or bladder surgery, renal impairment, arrhythmias, peptic ulcer. Distinguish cholinergic crisis due to overdosage from myasthenic crisis. Pregnancy and lactation. Atropine should always be available when given by inj.

Adverse Drug Reactions

Increased salivation and sweating, nausea and vomiting, abdominal cramps, diarrhoea, allergic reactions, rash (bromide salt), miosis,

increased bronchial secretions, bradycardia, bronchospasm, weakness, muscle cramps, fasciculation, hypotension.
Potentially Fatal: Anaphylaxis.

Drug Interactions

May reduce effects of anticholinergics. May increase effects of cholinergic agonists. Increased risk of bradycardia with digoxin, diltiazem, verapamil or ß-blockers without intrinsic sympathomimetic activity. Increased muscle weakness and decreased response to anticholinesterases with corticosteroids. May increase effects of depolarising neuromuscular blockers. Effects may be antagonised by drugs with neuromuscular blocking activity e.g. aminoglycosides, clindamycin, colistin, cyclopropane, halogenated inhalational anaesthetics. Effects may be reduced by quinine, chloroquine, hydroxychloroquine, quinidine,procainamide, propafenone, lithium, ß-blockers. Possible additive toxicity with ophthalmic use of anticholinesterases e.g. ecothiopate.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals

are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intramuscular: Store at 15-30°C. Protect from light. Do not freeze. Intravenous: Store at 15-30°C. Protect from light. Do not freeze. Oral: Store at 15-30°C. Parenteral: Store at 15-30°C. Protect from light. Do not freeze.

Mechanism of Action

Neostigmine reversibly inhibits acetylcholinesterase and thus potentiates the nicotinic and muscarinic effects of acetylcholine. This facilitates the transmission of impulses across myoneural junction.

Onset: IM: 20-30 min. IV: 1-20 min.

Duration: IM: 2.5-4 hr. IV: 1-2 hr.

Absorption: Poorly absorbed from the GI tract (oral).

Distribution: CNS (poor penetration), crosses the placenta and enters breast milk (small amounts). Protein-binding: 15-25%.

Metabolism: Hepatic; hydrolysis by cholinesterases.

Excretion: Parenteral: Rapidly eliminated via urine (as unchanged drug and metabolites).

CIMS Class

Neuromuscular Disorder Drugs / Antiglaucoma Preparations

ATC Classification

N07AA01 - neostigmine; Belongs to the class of anticholinesterase used as parasympathomimetics.
S01EB06 - neostigmine; Belongs to the class of parasympathomimetics used in the treatment of glaucoma and miosis.

*neostigmine information:
Note that there are some more drugs interacting with neostigmine
neostigmine
neostigmine brands available in India
Always prescribe with Generic Name : neostigmine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : BEEMINE amp MYOSTIGMIN amp NEOSTIGMINE inj PROSTIGMIN inj PROSTIGMIN tab TILSTIGMIN inj TILSTIGMIN tab

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([all drugs])

netilmicin

CIMS Class : (Aminoglycosides)

netilmicin

P - Caution when used during pregnancy

L - Caution when used during lactation

related netilmicin information

Indication & Dosage

Parenteral

Susceptible infections

Adult: 4-6 mg/kg once daily or in equally divided doses given every 8 or 12 hr. Life-threatening infections: Increase to up to 7.5 mg/kg daily every 8 hr. All doses may be given as IM, slow IV (over 3-5 min) or as 50-200 ml infusion over 0.5-2 hr. Treatment is usually given for 7-14 days.

Child: Premature infants and neonates <1 wk: 6 mg/kg daily in divided doses every 12 hr. Infants and neonates >1 wk: 7.5-9

mg/kg daily in divided doses every 8 hr. Older children: 6-7.5 mg/kg daily in divided doses every 8 hr. Alternative regimen: Neonates <6 wk: 4-6.5 mg/kg daily in divided doses every 12 hr. Older infants and children: 5.5-8 mg/kg daily in divided doses every 8 or 12 hr.

Renal impairment: Dose reduction or lengthening of interval between doses may be necessary. Haemodialysis: 50% of initial loading dose is required after dialysis.

Parenteral

Urinary tract infections

Adult: 150 mg as a single daily dose for 5 days. Complicated UTI: 3-4 mg/kg daily in divided doses every 12 hr. All doses may be given as IM, slow IV (over 3-5 min) or as a 50-200 ml infusion over 0.5-2 hr. Treatment is usually given for 7-14 days.

Renal impairment: Dose reduction or lengthening of interval between doses may be necessary. Haemodialysis: 50% of initial loading dose is required after dialysis.

Incompatibility: Do not mix in the same syringe with penicillins or cephalosporins.

Overdosage

Haemodialysis will be beneficial. Institute appropriate supportive therapy.

Contraindications

Hypersensitivity to the drug or other aminoglycosides.

Special Precautions

Renal impairment; monitor renal, vestibular and auditory function. Monitor peak serum levels. Myasthenia gravis, parkinsonism, infant botulism; conditions predisposing to ototoxicity and nephrotoxicity. Premature and neonatal infants, dehydration, elderly. Pregnancy and lactation.

Adverse Drug Reactions

Headache, malaise, visual disturbances, disorientation, tachycardia, hypotension, palpitations, thrombocytosis, paraesthesia, rash, chills, fever, fluid retention, vomiting, diarrhoea. Increased blood sugar; increased alkaline phosphatase; increased liver enzymes, bilirubin; increased potassium; other abnormal LFTs; decreased

haemoglobin, WBCs and platelets; eosinophilia, anaemia and increase in prothrombin time.

Potentially Fatal: Nephrotoxicity; ototoxicity; anaphylaxis.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Parenteral: Store at 2-30°C. Do not freeze.

Mechanism of Action

Netilmicin, an aminoglycoside antibiotic, binds to 30S and to some extent to 50S ribosomal subunit of susceptible bacteria disrupting photosynthesis, thus rendering the bacterial cell membrane defective.

Absorption: Rapidly and completely absorbed (IM). Peak plasma concentrations after 0.5-1 hr (IM), 1 hr (IV infusion).

Excretion: Via urine within 24 hr (80% of a dose); 2-2.5 hr (elimination half-life).

CIMS Class

Aminoglycosides

ATC Classification

J01GB07 - netilmicin; Belongs to the class of other aminoglycosides. Used in the treatment of systemic infections.
S01AA23 - netilmicin; Belongs to the class of antibiotics. Used in the treatment of eye infections.

*netilmicin information:
Note that there are some more drugs interacting with netilmicin
netilmicin
netilmicin brands available in India
Always prescribe with Generic Name : netilmicin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : NETICIN inj NETILCIN inj NETMICIN amp NETROMAX vial NETROMYCIN amp NETSPAN amp

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([all drugs])

nevirapine

CIMS Class : (Antivirals)

nevirapine

P - Caution when used during pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related nevirapine information

Indication & Dosage

Oral

HIV infection

Adult: Combined with other antiretrovirals: 200 mg once daily for the first 14 days; increase to 200 mg bid ifrash does not develop. Interrupting the treatment for >7 days necessitate reintroduction at a lower dose for the first 14 days.

Child: Combined with other antiretrovirals: 2 mth to 8 yr: 4 mg/kg once daily for the first 14 days; increase to 7 mg/kg bid if no rash is present. 8-16 yr: 4 mg/kg once daily for 14 days followed by 4

mg/kg bid. Max: 400 mg daily. Interrupting the treatment for >7 days necessitate reintroduction at a lower dose for the first 14 days.
Renal impairment: Haemodialysis: A further 200-mg dose is recommended after dialysis.

Administration

May be taken with or without food.

Overdosage

Symptoms: Oedema, erythema nodosum, fatigue, fever, headache, insomnia, nausea, pulmonary infiltrates, rash, vertigo, wt loss. Management: No known antidote.

Contraindications

Hypersensitivity. Lactation. Severe hepatic impairment.

Special Precautions

Pregnancy. Interrupt treatment if severe hepatotoxicity or life-threatening skin reactions develop. Renal or hepatic insufficiency. Monitor liver function periodically.

Adverse Drug Reactions

Skin rash, nausea, vomiting, headache, abnormal LFT, fatigue, diarrhoea, abdominal pain.
Potentially Fatal: Severe and life-threatening hepatotoxic and skin reactions.

Drug Interactions

Mutually increased levels effects when used with drugs extensively metabolised by CYP3A. Reduced levels/effects of methadone.

Food Interaction

Reduced serum levels with St John's wort.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are

no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 15-30°C (59-86°F).

Mechanism of Action

Nevirapine is a non-nucleoside reverse transcriptase inhibitor that acts against HIV-1. It binds directly to reverse transcriptase and thereby blocks the RNA-dependent and DNA-dependent DNA polymerase activities by disrupting the enzyme's catalytic site.

Absorption: Readily absorbed from the GI tract; peak plasma concentrations after 4 hr (oral).

Distribution: Crosses the placenta; enters breast milk. Protein-binding: Approx 60%.

Metabolism: Hepatic by microsomal enzymes.

Excretion: Via urine (as glucuronide conjugates of the hydroxylated metabolites).

CIMS Class

Antivirals

ATC Classification

J05AG01 - nevirapine; Belongs to the class of non-nucleoside reverse transcriptase inhibitors. Used in the systemic treatment of viral infections.

*nevirapine information:
Note that there are some more drugs interacting with nevirapine
nevirapine
nevirapine brands available in India
Always prescribe with Generic Name : nevirapine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : NEV tab NEVE tab NEVIMUNE susp NEVIMUNE tab NEVIPAN tab NEVIR susp NEVIR tab NEVIRETRO tab
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([all drugs])
nicergoline
CIMS Class : (Peripheral Vasodilators & Cerebral Activators)

nicergoline

P - Caution when used during pregnancy

related nicergoline information

Indication & Dosage

Oral

Peripheral vascular disease

Adult: 10 mg tid. Maintenance: 5-10 mg tid. Max: Up to 60 mg daily in divided doses.

Renal impairment: Reduce dose.

Oral

Mental deterioration associated with cerebrovascular insufficiency

Adult: 10 mg tid. Maintenance: 5-10 mg tid. Max: Up to 60 mg daily in divided doses.

Renal impairment: Reduce dose.

Intramuscular

Peripheral vascular disease

Adult: 2-4 mg bid.

Renal impairment: Reduce dose.

Intramuscular

Symptoms of mental deterioration associated with cerebrovascular insufficiency

Adult: 2-4 mg bid.

Renal impairment: Reduce dose.

Intravenous

Peripheral vascular disease

Adult: 4-8 mg by slow IV infusion (over 30 min).

Renal impairment: Reduce dose.

Intravenous

Symptoms of mental deterioration associated with cerebrovascular insufficiency

Adult: 4-8 mg by slow IV infusion (over 30 min).

Renal impairment: Reduce dose.

Reconstitution: Dilute in 250 ml saline solution.

Administration

Should be taken on an empty stomach. (Take on an empty stomach.)

Special Precautions

Porphyria. Pregnancy.

Adverse Drug Reactions

GI disturbances; hypotension (especially after parenteral admin). Hot flushes, malaise, hyperacidity, nausea, diarrhoea, dizziness, somnolence.

Drug Interactions

May potentiate action of antihypertensives. May increase cardiac depressant effects of propranolol.

Mechanism of Action

Nicergoline is an ergot derivative. It has a-adrenergic blocking activity and produces vasodilatation.
Onset: 1-1.5 hr (oral).
Absorption: Rapidly absorbed from the GI tract (oral).
Distribution: Protein-binding: 82-87%.
Metabolism: Undergoes significant 1st-pass effect.
Excretion: Via urine (80%), via faeces (20%).

CIMS Class

Peripheral Vasodilators & Cerebral Activators

ATC Classification

C04AE02 - nicergoline; Belongs to the class of ergot alkaloids. Used as peripheral vasodilators.

*nicergoline information:
Note that there are some more drugs interacting with nicergoline nicergoline
nicergoline brands available in India
Always prescribe with Generic Name : nicergoline, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : CHOLERGOL tab NICERBIUM film-coated tab SERMION tab
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([all drugs])
nicorandil
CIMS Class : (Anti-Anginal Drugs)
nicorandil
P - Caution when used during pregnancy

L - Contraindicated in lactation

related nicorandil information

Indication & Dosage

Oral

Angina pectoris

Adult: 10 mg bid, increase if necessary. Usual dose: 10-20 mg bid. May use 5 mg bid for patients prone toheadache. Max dose: 30 mg bid.

Hepatic impairment: Dose reduction may be necessary.

Administration

May be taken with or without food.

Contraindications

Cardiogenic shock; hypotension; left ventricular failure with low filling pressure; lactation.

Special Precautions

Hypovolaemia, low systolic BP, acute pulmonary oedema, pregnancy. May impair ability to drive or operate machinery.

Adverse Drug Reactions

Headache (usually transitory), flushing, dizziness, nausea, vomiting and weakness. Hypotension and reflex tachycardia at high doses.

Drug Interactions

Hypotensive interaction may occur with alcohol, TCAs, antihypertensives and other vasodilators.
Potentially Fatal: Enhanced hypotensive effect with sildenafil and other phosphodiesterase type-5 inhibitors.

Mechanism of Action

Nicorandil dilates arterioles and large coronary arteries by opening the potassium channels, and stimulates guanylate cyclase causing venous vasodilatation. It therefore reduces preload and afterload, and improves coronary blood flow.
Absorption: Absorbed well from the GI tract (oral); peak plasma concentrations after 30-60 min.

Distribution: Protein-binding: Slightly bound.

Metabolism: Denitration.

Excretion: Via urine (as metabolites); 1 hr (elimination half-life).

CIMS Class

Anti-Anginal Drugs

ATC Classification

C01DX16 - nicorandil; Belongs to the class of other vasodilators. Used in the treatment of cardiac disease.

*nicorandil information:

Note that there are some more drugs interacting with nicorandil nicorandil

nicorandil brands available in India

Always prescribe with Generic Name : nicorandil, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AV-COR tab CORFLO tab DILNICON tab DUORANDIL tab K-COR tab KORANDIL tab NICODUCE tab NIKORAN SR-tab NIKORAN tab NIKORAN vial NUCORIL tab ZYNICOR tab

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([all drugs])

nicotine

CIMS Class : (Antidotes, Detoxifying Agents & Drugs Used in Substance Dependence)

nicotine

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related nicotine information

Indication & Dosage

Buccal

Smoking cessation

Adult: Chewing gum: Smokers of > 20 cigarettes/day: Start with 4 mg gum (chewed slowly and parked on the gum)over 30 min when the urge to smoke occurs; reduce to 2 mg gum when able. Smokers of = 20 cigarettes/day: Start with 2 mg gum. Not more than 15 pieces of either strength daily. Lozenges: Initially, 1 every 1-2 hr;

max daily dose 30 mg (i.e. 15 x 2 mg lozenges or 30 x 1 mg lozenges). Sublingual tablets (each tab is equivalent to 2 mg of nicotine as ß-cyclodextrin complex): 1-2 tab/hr, max 40 tab daily if necessary. Reduce usage of nicotine replacement therapy gradually until no longer needed.

Buccal

Smoking cessation

Adult: 2 mg or 4 mg gum: Chew (and park on the gum) one piece when urge to smoke occurs between smoking episodes; reduce smoking within 6 wk and attempt smoking cessation within 6 mth.

Nasal

Smoking cessation

Adult: Nasal spray: 1 spray of 500 mcg administered into each nostril as required. Max use twice hrly and 64 sprays daily. Reduce usage gradually until no longer needed.

Transdermal

Smoking cessation

Adult: 1 patch for 16 or 24 hr daily applied to dry, hair free skin on the hip, trunk or upper arm. Site patch on a different area each day, leaving several days before using area again. Start with the highest strength (21 mg/24 hr or 15 mg/16 hr) and reduce gradually over several wk to lower strengths (14 mg/24 hr or 10 mg/16 hr then 7

mg/24 hr or 5 mg/16 hr). Lighter smokers may start with the lower strength patches.

Inhalation

Smoking cessation

Adult: Inhalator with 10 mg/cartridge nicotine: Inhale when urge to smoke occurs. Initial use of 6-12 cartridges daily, reduced gradually until no longer needed.

Inhalation

Smoking cessation

Adult: Inhalator with 10 mg/cartridge nicotine: Inhale when urge to smoke occurs between smoking episodes; reduce smoking within 6 wk and attempt smoking cessation within 6 mth.

Administration

Loz: May be taken with or without food. (Suck until the taste becomes strong. Then, lodge the loz between the gum & cheek. When the taste fades, start sucking it again. Repeat until the loz completely dissolves (about 30 mins). Do not swallow. Avoid coffee, acidic drinks or soft drinks for 15 mins prior to sucking the loz.)

Gum: May be taken with or without food. (Chew gum until the taste becomes strong, then rest it between the gums & the cheek. When

the taste fades, start chewing it again. Repeat the chewing routine for 30 mins.)

Overdosage

Characterised by initial stimulation followed by depression of the autonomic nervous system. Symptoms include burning of mouth and throat, nausea and salivation, abdominal pain, vomiting, diarrhoea, hypertension or hypotension, headache, convulsions, dizziness, confusion, dyspnoea, faintness and sweating. Severe overdose may result in respiratory failure and death. If nicotine was taken orally, gastric lavage and activated charcoal may be used. Treatment is supportive; atropine may be used to reduce features of parasympathomimetic stimulation.

Contraindications

Nonsmokers, children and occasional smokers. Recent cerebrovascular accident, acute MI, unstable or worsening angina pectoris, severe cardiac arrhythmias, active temporomandibular joint disease (gum).

Special Precautions

Use with caution in oropharyngeal inflammation and in patients with cerebrovascular disease, heart failure and renal impairment. History of oesophagitis, peptic ulcer, CV disease, hyperthyroidism, hepatic dysfunction; myasthenia gravis; DM (monitor blood glucose concentrations); pregnancy, lactation; peripheral vascular disease; skin disease (should not be applied on broken skin).

Adverse Drug Reactions

Headache, cold and flu-like symptoms; insomnia; nausea; myalgia and dizziness; palpitations; dyspepsia, hiccups; vivid dreams; chest pain; anxiety and irritability; somnolence and impaired concentration; abnormal hunger; dysmenorrhoea; rash. Patches: Skin reactions (discontinue if severe), vasculitis. Spray: Nasal irritation, nose bleeds, watery eyes, ear sensations. Gum, lozenges, SL tab or inhalator: Apthous ulceration, throat irritation. Inhalator: Cough, rhinitis, pharyngitis, stomatitis, sinusitis, dry mouth.

Drug Interactions

Nicotine increases the haemodynamic and AV blocking effects of adenosine. Monitor for treatment-emergent hypertension in

patients treated with combination of nicotine patch and bupropion. Smoking cessation may increase response to various drugs e.g. theophylline, imipramine, oxazepam, pentazocine, some ß-blockers; monitor for increased toxicity.

Food Interaction

Acidic foods/beverages decrease absorption of nicotine.

Mechanism of Action

Nicotine is a potent ganglionic and CNS stimulant. It paralyses all autonomic ganglia after stimulation of the respiratory system (a central effect of small doses). Larger doses produce medullary-type convulsions then paralysis. The actions of nicotine are mediated via nicotine-specific receptors.

Onset: Formulation specific.

Duration: Formulation specific.

Distribution: Crosses the placenta and present in breast milk.

Metabolism: Metabolised principally in the liver via oxidation.

Excretion: Excreted in the urine (10-20% as unchanged drug). Excretion is pH dependant with increased excretion in acidic urine.

CIMS Class

Antidotes, Detoxifying Agents & Drugs Used in Substance Dependence

ATC Classification

N07BA01 - nicotine; Belongs to the class of drugs used in the management of nicotine dependence.

*nicotine information:
Note that there are some more drugs interacting with nicotine
nicotine
nicotine brands available in India
Always prescribe with Generic Name : nicotine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : NICOTEX-2 chewing gum NULIFE chewing gum
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([all drugs])
nicotinic acid

CIMS Class : (Dyslipidaemic Agents) , (Other Cardiovascular Drugs) , (Vitamin B-Complex / with C)

nicotinic acid

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related nicotinic acid information

Indication & Dosage

Oral

Treatment and prophylaxis of nicotinic acid deficiency

Adult: Up to 500 mg daily in divided doses. May also be given by IM or slow IV inj.

Oral

Hyperlipidaemias

Adult: As immediate-release preparation: Initially, 600 mg daily in 3 divided doses, gradually increased over 2-4 wk to max 6 g daily (usual dose 1-2 g bid-tid). As modified-release preparation: Initially, 375 or 500 mg at night gradually increased by no more that 500 mg in 4 wk according to patient's response. Maintenance: 1-2 g at bedtime.

Oral

Vasodilation

Adult: As immediate-release preparation: 100-150 mg 3-5 times daily. As extended release preparation: 300-400 mg 12 hrly.

Administration

Nicotinic acid: Should be taken with food. (Take at bedtime after a low-fat snack.)

Contraindications

Liver disease; active peptic ulcer; severe hypotension; arterial bleeding.

Special Precautions

Gout; cases of severe hepatic toxicity, including fulminant hepatic necrosis have occurred in patients who have substituted SR nicotinic acid products for immediate-release nicotinic acid at equivalent doses. Monitor LFT. DM, diabetic patients may experience a dose-related rise in glucose intolerance. Children, adolescents. Pregnancy, lactation (contraindicated at high doses).

Adverse Drug Reactions

Vomiting, diarrhoea, peptic ulceration, jaundice, abnormal LFTs, decreased glucose-tolerance, hyperuricaemia, gout, toxic amblyopia, flushing, pruritus, hyperpigmentation, dry skin and headache, atrial fibrillation, orthostasis, cystoid macular oedema.

Drug Interactions

Potentiates the effects of ganglionic blocking agents and vasoactive drugs resulting in postural hypotension. Increased risk of rhabdomyolysis with concomitant admin of HMG-CoA reductase inhibitors. Alcohol or hot drinks may increase the side effects of flushing and pruritus and should be avoided at the time of drug ingestion.

Lab Interference

False-positive results in urine glucose determination e.g. Benedict's test. False elevations in some fluorometric determinations of urinary catecholamines due to production of fluorescent substances in the urine.

Mechanism of Action

Nicotinic acid is a derivative of vitamin B3<190 and is incorporated into coenzymes nicotinamide adenine dinucleotide (NAD) and nicotinamide adenine dinucleotide phosphate (NADP), which are involved in multiple cellular metabolic pathways. Nicotinic acid also reduces total serum cholesterol, LDL, VLDL, and triglycerides, and increases HDL cholesterol. It appears to decrease hepatic synthesis of VLDL, however, the exact mechanisms of nicotinic acid's antilipemic effects are unknown and are unrelated to its role as a vitamin.

Absorption: Readily absorbed from the GI tract (oral).

Distribution: Widely in body tissues; enters breast milk.

Metabolism: Converted to N-methylnicotinamide, 2-pyridine and 4-pyridine derivatives.

Excretion: Urine (small amounts as unchanged drug).

CIMS Class

Dyslipidaemic Agents / Other Cardiovascular Drugs / Vitamin B-Complex / with C

ATC Classification

C04AC01 - nicotinic acid; Belongs to the class of nicotinic acid agents used as peripheral vasodilators.
C10AD02 - nicotinic acid; Belongs to the class of nicotinic acid and derivatives. Used in the treatment of hyperlipidemia.

*nicotinic acid information:
Note that there are some more drugs interacting with nicotinic acid
nicotinic acid further details are available in official CIMS India
nicotinic acid
nicotinic acid brands available in India
Always prescribe with Generic Name : nicotinic acid in PubMed
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : NEASYN-SR tab NIALIP CR-tab NICINAL tab NICOCIN ER-tab
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([all drugs])
nifedipine
CIMS Class : (Anti-Anginal Drugs) , (Calcium Antagonists)
nifedipine
P - Caution when used during pregnancy
Lab ¤ - Lab interference

Food ¤ - Food interaction

related nifedipine information

Indication & Dosage

Oral

Hypertension

Adult: Long-acting preparation: 10-40 mg bid, or 20-90 mg once daily.

Child: 1 mth?12 yr: 200?300 mcg/kg tid (max: 3 mg/kg daily or 90 mg daily); 12?18 yr: 5?20 mg tid (max: 90 mg daily). Dose frequency may vary based on the preparation used. For hypertensive crisis: 1 mth-18 yr: 250-500 mcg/kg as a single dose.

Elderly: Dose reduction may be necessary.

Hepatic impairment: Reduce dose by 50%-60% in patients with cirrhosis.

Oral

Angina pectoris

Adult: Long-acting preparation: 10-40 mg bid or 30-90 mg once daily. Liquid-filled capsules: 5-20 mg tid.

Child: Angina in Kawasaki disease or progeria: 1 mth?18 yr: 200?300 mcg/kg tid (max: 3 mg/kg/day or 90 mg/day). Dose frequency may vary based on the preparation used.

Elderly: Dose reduction may be necessary.

Hepatic impairment: Reduce dose by 50%-60% in patients with cirrhosis.

Oral

Raynaud's syndrome

Adult: Liquid-filled capsules: 5-20 mg tid.

Child: 2?18 yr: 2.5-10 mg 2?4 times daily; intiate with low doses at night. Increase slowly to prevent posturalhypotension. Dose frequency may vary based on the preparation used.

Elderly: Dose reduction may be necessary.

Hepatic impairment: Reduce dose by 50%-60% in patients with cirrhosis

Administration

Retard, GITS & OROS: May be taken with or without food. (Avoid grapefruit juice. Swallow whole, do not chew/crush.)

Immediate-release: May be taken with or without food. (Avoid grapefruit juice.)

Overdosage

Hypotension and bradycardia; hyperglycaemia, metabolic acidosis, coma. Management is mainly supportive and symptomatic.

Contraindications

Acute MI, cardiogenic shock, acute unstable angina, treatment of anginal attack in chronic stable angina.

Special Precautions

Hypotension, poor cardiac reserve, heart failure (deterioration has been noted), severe aortic stenosis, hepatic impairment, DM, porphyric patients, pregnancy. Avoid abrupt withdrawal (associated with exacerbation of angina). Discontinue if with ischaemic pain following administration.

Adverse Drug Reactions

Peripheral oedema, hypotension, palpitations, tachycardia, flushing, dizziness, headache, nausea, increased micturition frequency, lethargy, eye pain, mental depression, visual disturbances, gingival hyperplasia, myalgia, tremor, impotence, fever, paradoxical increase in ischaemic chest pain during initiation of treatment, rashes, abnormalities in liver function (including

cholestasis), GI obstruction in some tablets covered in indigestable membrane.

Drug Interactions

Potentiates antihypertensives. Increases the effects of neuromuscular-blocking agents and CYP1A2 substrates (e.g. theophylline, aminophylline). Enhances toxic effects of magnesium. Enhanced antihypertensive effects with alpha 1-blockers, aldesleukin, and antipsychotics. Reduced effects with calcium. With concurrent use withquinidine, serum concentration is increased while reduced in quinidine. Decreased levels/effects with CYP3A4 inducers (e.g. carbamazepine, nafcillin, phenobarbital, phenytoin, and rifampicin). Increased levels/effects with CYP3A4 inhibitors (e.g. azole antifungals, cimetidine, erythromycin, and HIV-protease inhibitors).

Food Interaction

Serum levels may be decreased with food, St John's wort. Increased levels/effects with grapefruit juice, ethanol, garlic. Avoid ephedra, yohimbe, ginseng (may worsen hypertension).

Lab Interference

Falsely elevated spectrophotometric values of urinary vanillylmandelic acid.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Nifedipine blocks the slow calcium channels thus preventing the flow of calcium ions into the cell. It produces peripheral and coronary vasodilatation, reduces afterload, peripheral resistance and BP, increases coronary blood flow and causes reflex tachycardia. It has little or no effect on cardiac conduction and rarely has negative inotropic activity.

Absorption: Rapidly and completely absorbed from the GI tract (oral); peak plasma concentrations after 30 min (as liquid-filled capsules).

Distribution: Enters breast milk. Protein-binding: 92-98%.
Metabolism: Extensive hepatic first-pass metabolism.
Excretion: Via urine (70-80% as inactive metabolites); 2 hr(elimination half-life).

CIMS Class

Anti-Anginal Drugs / Calcium Antagonists

ATC Classification

C08CA05 - nifedipine; Belongs to the class of selective dihydropyridine derivative calcium-channel blockers with mainly vascular effects. Used in the treatment of cardiovascular diseases.

*nifedipine information:
Note that there are some more drugs interacting with nifedipine
nifedipine further details are available in official CIMS India
nifedipine
nifedipine brands available in India
Always prescribe with Generic Name : nifedipine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ADALAT-ORS cap ANGIBLOCK cap ANGIBLOCK tab CALBLOC RETARD tab CALCIGARD cap CALCIGARD RTD-tab CALNIF RETARD film-coated tab CARDIPIN cap CARDIPIN RETARD ER-tab CARDIPIN SR-tab CARDULES cap CARDULES RETARD cap DEPICOR cap DEPICOR SR-tab DEPIN cap DEPIN RETARD tab MYOGARD OD tab MYOGARD tab MYOGARD-LA tab N-DIP tab NEEDIN tab NF tab NICARDIA cap NICARDIA RETARD SR-tab NICARDIA XL extentab NICARDIA-CD-RETARD SR-tab NIFCARD SR-tab NIFEDINE SR-tab NIFEDINE tab NIFELAT cap NIFELAT SR-film-coated tab NIFERIL tab

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([all drugs])

nimesulide

CIMS Class : (Nonsteroidal Anti-inflammatory Drugs (NSAIDs))

nimesulide

P - Contraindicated in pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related nimesulide information

Indication & Dosage

Oral

Osteoarthritis

Adult: 100 mg bid. Use in the European Union (EU) is limited to a max of 15 days.

Oral

Postoperative pain

Adult: 100 mg bid. Use in the European Union (EU) is limited to a max of 15 days.

Oral

Dysmenorrhoea

Adult: 100 mg bid. Use in the European Union (EU) is limited to a max of 15 days.

Oral

Acute pain

Adult: 100 mg bid. Use in the European Union (EU) is limited to a max of 15 days.

Rectal

Acute pain

Adult: 200 mg bid

Rectal

Primary dysmenorrhoea

Adult: 200 mg bid

Rectal

Osteoarthritis

Adult: 200 mg bid

Topical/Cutaneous

Sprains

Adult: 3% gel/cream: Apply thin layer to affected area bid-tid. Duration: 7-15 days.

Topical/Cutaneous

Acute traumatic tendinitis

Adult: 3% gel/cream: Apply thin layer to affected area bid-tid. Duration: 7-15 days.

Administration

Should be taken with food. (Take after meals.)

Overdosage

Epigastric pain, nausea, vomiting, drowsiness, lethargy, GI haemorrhage, seizures, hypertension, apnoea, coma, anaphylactic reactions and renal failure. Treatment is supportive.

Contraindications

Hypersensitivity; GI bleeding, active peptic ulcer disease; severe renal and heart failure; hepatic impairment or known liver disease; coagulation disorders; pregnancy; children <12 yr.

Special Precautions

History of GI tract disease, infections, oedema, hypertension, elderly, lactation.

Adverse Drug Reactions

Epigastric discomfort, heartburn or abdominal cramps, nausea, vomiting and diarrhoea; skin rash, pruritus, oedema, headache, dizziness, drowsiness; hypersensitivity reactions (e.g. bronchospasm, rhinitis, angioedema urticaria); GI haemorrhage/perforation; bullous/erosive stomatitis, purpura, thrombocytopenia, toxic epidermal necrolysis, haematuria, oliguria, and renal failure; increases in liver enzymes.
Potentially Fatal: Fatal hepatitis, Stevens Johnson syndrome.

Drug Interactions

Additive hepatotoxic effects with known hepatotoxins: anti-convulsants (e.g. valproic acid), anti-fungals (e.g. ketoconazole), anti-tuberculous drugs (e.g. isoniazid), tacrine, pemoline, amiodarone, methotrexate, methyldopa, amoxicillin/clavulanic acid. May decrease the oral bioavailability of furosemide and the natriuretic and diuretic response to furosemide. Increased risks of GI and hepatic adverse effects with other NSAIDs, including aspirin. May increase anti-coagulant effect of warfarin. Potentiates the action of phenytoin. May be displaced from binding sites with fenofibrate, salicylic acid, and tolbutamide. Interactions between NSAIDs andlithium, probenecid and ciclosporin, have been documented.

Food Interaction

Alcohol increases the risk of hepatic reactions.

Storage

Oral: Protect from heat and humidity; store at <25°C.

Mechanism of Action

Nimesulide is a nonsteroidal anti-inflammatory drug (NSAID) with anti-inflammatory, anti-pyretic, and analgesic properties. It inhibits prostaglandin synthetase/cyclooxygenase, which limits prostaglandin production. Its cyclooxygenase inhibiting potency is intermediate, but is relatively selective for the cyclo-oxygenase-2 (COX-2) thus the potential for gastric injury and intolerance is less. It is also a free radical scavenger, and helps protect against the tissue damage that occurs during inflammation.

Absorption: Well absorbed from GI tract following oral admin. Peak plasma levels:1-3 hr. With bid admin of 100 mg, steady-state is achieved within 24-36 hr.

Distribution: 99% bound to plasma protein.

Metabolism: Hepatic biotransformation; principal metabolite is 4-hydroxy-nimesulide.

Excretion: Elimination half-life: 2-5 hr. Metabolites in urine: 80%, feces: 20% of the administered dose.9% bound to plasma protein.

CIMS Class

Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

ATC Classification

M01AX17 - nimesulide; Belongs to the class of other non-steroidal antiinflammatory and antirheumatic products. Used in the treatment of inflammation and rheumatism.

*nimesulide information:

Note that there are some more drugs interacting with nimesulide

nimesulide further details are available in official CIMS India

nimesulide

nimesulide brands available in India

Always prescribe with Generic Name : nimesulide, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACTINIM dispertab ADENIM PLUS susp ADENIM PLUS tab ADENIM susp ADENIM tab ADNIM-P susp ADNIM-P tab AGLONIM susp AGLONIM tab ALDEE-P tab ALINIME PLUS tab ALSOLIDE PLUS SYR syr ALSOLIDE PLUS tab AMIDASE-N tab ANAFEBRIN susp ANAFEBRIN tab ANIM syr ANIM-P syr ANIM-P tab ANM-P syr ANM-P TAB tab ANTIPEN susp ANTIPEN tab ARINOX MD-tab ARINOX PLUS susp ARINOX PLUS tab ARNIM-P tab ARSULIDE tab ARSULIDE-P tab ARSULIDE-S tab ARTHORID SUSP susp ARTHORID tab ARTIFEN SUSP susp ARTIFEN tab ASILID RELIEF

susp ASILID RELIEF tab ASILID tab AURONIM susp AURONIM tab AVINIM PLUS susp AVINIM PLUS tab AVINIM susp AVINIM tab AXINIM syr AXINIM tab BASELIDE tab BENICE-DT tab BENIM tab BENIM-P tab BESTOGESIC PLUS KID-tab BESTOGESIC PLUS tab BESTOGESIC SUSP susp BESTONIM P tab BESTONIM susp BESTONIM TAB tab BETA NICIP tab BIO-NIM KID KID-tab BIO-NIM tab BIOZOBID-N tab BLISULIDE tab BOFLAM DT dispertab BRINIMO susp BRINIMO tab BYFLAM tab BYFLAM-DT tab CADIFLAM-NP syr CADIFLAM-NP tab CANMET SUSP liqd CANMET-MD MD-tab CANMET-P liqd CANMET-P TAB tab CANMET-SN tab CARNIL PLUS KID-tab CARNIL PLUS syr CARNIL PLUS tab CASLIDE tab CASLIDE-P tab CERALIDE-MD tab CERALIDE-P susp CIPZEN FORTE-N tab C-NIM PLUS tab C-NIM tab COFEV tab COLIDE-100 MD tab CRANIM-P susp CRANIM-P tab CUNIM syr CUNIM-PLUS syr DACNIS N tab DARDNIL susp DARDNIL tab DARDNIL-MD MD-tab DARDNIL-P susp DARDNIL-P tab DELNIM MD-tab DELNIM-P syr DELNIM-P tab DELNIM-SP tab DENIM DS dispertab DENIM JUICY DT-tab DENIM JUICY KID-dispertab DENIM JUICY susp DENIM MD tab DENIM P SUSP susp DENIM P tab DENIM PLUS tab DENIM-P tab DIPLONIM PLUS tab DIPLONIM tab DIPLONIM-P susp DIPLONIM-P tab DIZER-N tab DOLAMIDE tab DOLIDE DT-tab DOLIDE PLUS

tab DOLIDE susp DOLOFLAM PLUS tab DOLONIM dispertab DS-15 PLUS film-coated tab ELIDE susp ELIDE tab ELNIM-D soft-gelatin caps ELNIM-MD tab EMSULIDE GEL gel EMSULIDE liqd EMSULIDE tab EMSULIDE-FEN cap EMSULIDE-P tab E-NIM PLUS tab E-NIM-MD tab FEDOL tab FENIM susp FENIM tab FLOZEN-NS film-coated tab FLUPARA-N syr FLUPARA-N tab FLUPARA-SN tab FONIM MD-tab FONIM-P MD-tab FONIM-P susp FONIM-S tab GENLIDE PLUS tab GENLIDE PLUS TAB tab GENLIDE tab GESNIM MD-tab GESNIM tab GESNIM-P KID tab GESNIM-P susp GESNIM-P tab GESNIM-S tab GSNIM-P tab HILYTE MD-tab HILYTE-P tab HITZ-NP susp IMOSAN syr IMSIMOL tab INDLIDE tab INGESIC-P tab INSLIDE liqd JUMO tab JUMOCIP tab KAYLID-P tab KHALLI syr KIND PLUS tab KIND-MD tab LADEX tab LADEX-P syr LADEX-P tab LEBEC-NP syr LEEBEC-NP tab LUPISULIDE gel LUPISULIDE tab LUPISULIDE-D SG-cap LUPISULIDE-P SUSP susp LUPISULIDE-P tab MANGOLIDE susp MAXIFLAM susp MAXIFLAM tab MAXIFLAM-SP tab MAXONIM-P film-coated tab MAXONIM-P syr MAXULIDE tab MERIFLAM syr MERIFLAM tab MESULID susp MESULID tab MESU-P susp MESU-P tab MILENIM susp MILENIM tab MINIPAR LIQD liqd MINIPAR-P tab MINIPAR-SP tab MINSU-P susp MINSU-P tab MOLIDE susp MOLIDE tab MOLULID SUSP susp MOLULID

tab MONOGESIC GEL gel MONOGESIC susp MONOGESIC tab MORTRIN-T tab MYONAL susp MYONAL tab NAM GEL gel NAM susp NAM tab NAMOSID susp NAMOSID tab NAP PLUS SUSP susp NAP PLUS tab NAP SUSP susp NAP TABS tab NAYANIM MD-tab NEED tab NEEM-MD tab NEET dispertab NEET JUNIOR dispertab NEET PLUS tab NEET susp NEET-S tab NEFTER tab NELSID GEL gel NELSID MD-tab NELSID PLUS SUSP susp NELSID PLUS SUSP tab NELSID susp NELSID tab NELSID-S tab NELSI-P syr NEMERIV tab NEMERIV-P tab NEMIL susp NEMIL tab NEMON susp NEMON tab NENCY-P susp NENCY-P tab NEOMOL-XP tab NEOSULIDE PLUS tab NEPAR tab NEULAB ACTIVE syr NEULAB ACTIVE tab NEULAB tab NEULIDE tab NEVIS-P susp NEVIS-P tab NEW NICIP tab NEXUS SUSP susp NEXUS-MD tab NEXUS-P SYP syr NEXUS-P tab NIAP tab NICET tab NICIP DT-tab NICIP GEL gel NICIP MD-tab NICIP PLUS SUSP susp NICIP PLUS tab NICIP SG-cap NICIP SUPERGEL gel NICIP susp NICIP T FORTE tab NICIP tab NICIP-D cap NIFEN PLUS tab NIFEN susp NIFEN tab NIFIC susp NIFIC-P susp NIKEE susp NIKEE-RD tab NILE GEL gel NILE PLUS susp NILE PLUS tab NILE syr NILE tab NILE-CZ tab NILE-MD tab NILE-P susp NILE-P tab NILE-S film-coated tab NILE-SP film-coated tab NILIDE GEL gel NILIDE susp NILIDE tab NILIEF-P

susp NILUP susp NILUP tab NILUP-P tab NIMACE-MD tab NIMACE-P susp NIMACE-P tab NIMACE-SP tab NIMACT DT dispertab NIMACT SUSP susp NIMACT tab NIMAGYL tab NIMAGYL-PC tab NIMAGYL-TD tab NIMAID tab NIMAID-P syr NIMAID-P tab NIMAT tab NIMAT-PLUS tab NIMBID tab NIMBRA PLUS tab NIMBU-DT dispertab NIMBUS KID-tab NIMBUS PLUS susp NIMBUS PLUS tab NIMBUS susp NIMBUS tab NIMCARE-A tab NIMCET DT-tab NIMCET PLUS susp NIMCET PLUS tab NIMCET susp NIMCIN-P tab NI-MD tab NIMDASE soft-gelatin caps NIMDASE-P film-coated tab NIMDUS tab NIMEB susp NIMEB tab NIMEB-P tab NIMEGESIC IR-tab NIMEGESIC KID-tab NIMEGESIC OD-tab NIMEGESIC susp NIMEGESIC tab NIMEGESIC T-GEL gel NIMEGESIC-P tab NIMEL syr NIMEL tab NIMELIDE FEN cap NIMERIL susp NIMERIL tab NIMERIL-MD tab NIMESEL susp NIMESEL tab NIMESEL-P susp NIMESEL-P tab NIMETER-A SUSP susp NIMETER-A tab NIMFAST GEL gel NIMFAST susp NIMFAST tab NIMI RAPI GEL gel NIMI RAPITAB KID-tab NIMI RAPITAB susp NIMI RAPITAB tab NIMICA dispersible cap NIMICA GEL gel NIMICA PLUS tab NIMICA susp NIMIND CT chewable tab NIMIZ tab NIMIZ-PLUS susp NIMIZ-PLUS tab NIMKAIR MD-tab NIMKAIR syr NIMKAIR-P syr NIMKAIR-P tab NIMKUL KID-tab NIMKUL PARA susp NIMKUL PARA

tab NIMKUL SP tab NIMKUL susp NIMKUL tab NIMKUL-DS tab NIMLAK-MD tab NIMLAK-PLUS tab NIMLID-MD tab NIMLID-P susp NIMLID-P tab NIMLI-P susp NIMLI-P tab NIMLODI CR-tab NIMNIL-P tab NIMOBID tab NIMODEX tab NIMODIA-P tab NIMODOL susp NIMODOL tab NIMOFEN tab NIMOFEN-P tab NIMOFEN-T tab NIMOGEM dispertab NIMOGEM susp NIMOGEM tab NIMOPACE A tab NIMOPACE tab NIMORIL susp NIMORIL tab NIMOTAS KID-tab NIMOTAS susp NIMOTAS-CD dispertab NIMOTAS-P susp NIMOTAS-P tab NIMOVEN SUSP susp NIMOVEN tab NIMPA syr NIMPA tab NIMPAIN P susp NIMPAIN P tab NIMPAIN PS tab NIMPAIN-MD tab NIMPAR PLUS susp NIMPAR PLUS tab NIMPAR tab NIMPARA tab NIMPEP tab NIMPIC IR-tab NIMPURE-MD tab NIMPURE-P susp NIMPURE-P tab NIMPURE-PS tab NIMRAS-MD tab NIMRIZ PLUS syr NIMRIZ PLUS tab NIMRIZ syr NIMRIZ tab NIMSAID tab NIMSAID-P susp NIMSAID-P tab NIMSAID-S tab NIMSOL PLUS tab NIMS-P dispertab NIMSTAR-P liqd NIMSUTECH MD-tab NIMTECH tab NIMTOL liqd NIMTOP syr NIMTOP tab NIMTOP-MD DT-tab NIMUBA tab NIMUCET susp NIMUCET tab NIMUCET-FEN soft-gelatin caps NIMUDA tab NIMUFLEX-P susp NIMUFLEX-P tab NIMULASE tab NIMULEX-FD tab NIMULID dispertab NIMULID SAFE INJECT amp NIMULID

susp NIMULID tab NIMULID TRANSGEL gel NIMULID-MD dispertab NIMULID-MD KID-dispertab NIMULID-MR tab NIMULID-SP cap NIMUMOL-P syr NIMUMOL-P tab NIMUPAIN PLUS tab NIMUPAIN tab NIMUPAIN-MD tab NIMUPET tab NIMURIS-PLUS syr NIMURIS-PLUS tab NIMUSTAR GEL gel NIMUSTAR susp NIMUSTAR tab NIMUSTAR-P susp NIMUSTAR-P tab NIMUSTAR-S tab NIMUSYM syr NIMUSYM tab NIMUSYM-PLUS syr NIMUSYM-PLUS tab NIMUSYP susp NIMUTAB tab NIMUTAL syr NIMUTAL tab NIMUTAL-PLUS syr NIMUTAL-PLUS tab NIMUWIN susp NIMVAR-MD tab NIMVAR-PLUS susp NIMVAR-PLUS tab NIMVEN PLUS SUSP susp NIMVEN PLUS tab NIMVEN-MD tab NIMVEN-S tab NIMVISTA PLUS susp NIMVISTA PLUS tab NIMVISTA susp NIMVISTA tab NIMVISTA-D cap NIMVON-S tab NISBA PLUS SUSP susp NISBA PLUS tab NISBA susp NISBA tab NISE dispertab NISE GEL gel NISE inj NISE susp NISE tab NISER tab NISULID tab NIZER GEL gel NIZER susp NIZER tab N-LID DT GEL gel N-LID DT-tab N-LID susp NMD tab NMD-100 MD-tab NMD-PLUS syr NMD-PLUS tab NOBEL KID KID-tab NOBEL PLUS tab NOBEL tab NODARD PLUS tab NODARD tab NOFLAM P susp NOFLAM P TAB tab NOM tab NOM-P tab NORMAL TAB tab NORPY tab NOVIGAN-M tab NOVOLID tab NOVOLID-S

tab NP susp NP.COM tab N-PLUS tab NPM tab N-SIDE BETA tab N-SIDE dispertab N-SIDE susp N-S-PLUS tab NUGESIA susp NUGESIA tab NUGESIC susp NUGESIC tab NUGESIC-A syr NUGESIC-MD tab NULEB susp NULEB tab NULIDE tab NUMEL tab ONALIDE-MD tab ONALIDE-P susp ONALIDE-P tab ONIM-MD tab OPEL KID tab OPEL PLUS tab ORTHOBID GEL gel ORTHOBID PLUS tab ORTHOBID tab OSNIP syr OSNIP tab OSONIM dispertab OSONIM MD-tab OSONIM-P syr OSONIM-P tab OXIN PLUS cap PANIM CR-tab PANIM GEL gel PANIM tab PANIM-CR tab PANSULIDE RD tab PANUM-P susp PANUM-P tab PANUM-SP film-coated tab PARALIDE susp PARALIDE tab PARATEL-N syr PARATEL-NP tab PARAZOLANDIN tab PENCHEK susp PENCHEK tab PIRODOL susp PIRODOL tab PROLIDE susp PROLIDE-PLUS susp PROLIDE-PLUS tab PRONIM syr PRONIM tab PYNOR-DT dispertab PYRANIM syr PYRANIM tab PYREXICARE susp QUIT PLUS susp QUIT PLUS tab RALGESIC tab RELIEF-N tab RELISULIDE susp RELISULIDE tab RELIVO tab REMUDOL tab REMULIDE GEL gel REMULIDE susp REMULIDE tab SAINIM-P tab SCOLID PLUS tab SCOLID susp SENITA MD-tab SENITA PLUS susp SENITA PLUS tab SENITA susp SENITA-S tab SERADISE-N tab SERAKAIR-N tab SERAKAIR-NP tab SERAL-N tab SERANIM tab SERATAUR-N tab SEREN-N

tab SERFLAM film-coated tab SERNIM tab SERONIM tab SERRALEX-NM tab SERRA-N tab SIALID RELIEF susp SIALID RELIEF tab SIALID tab SIDER-N tab SIDLIDE susp SIDLIDE tab SLIDOMEX MD-tab SLIDOMEX-P tab SN-15 tab SOLIDE tab SOLIDE-P tab SOONIL dispertab SOONIL susp SOONIL tab SPANIM MD-tab STALWAR-N cap STARDASE-N tab SULIDE-P susp SUMO INJ amp SUMO susp SUMO tab SUMOFLAM tab SUNOCET-G tab SUNOCET-P syr SUPAR tab SYMOLID syr SYMOLID tab SYMOLID-P syr SYMOLID-PLUS tab TAB SIES-NMR tab TEMLID dispertab TEMLID-NP tab TIFNIM PLUS susp TIFNIM PLUS tab TIFNIM susp TIFNIM-MD MD-tab TIFNIM-S tab TREDICAL FT dispertab TREDICAL FT susp TROMA PLUS tab WILLGO tab WINDOSE tab WYPAR syr WYPAR tab XAPPY-P syr XAPPY-P tab XAPPY-SP tab ZEGA susp ZEGA tab ZENIM soft-gelatin caps ZIMNIL tab ZOLANDIN GEL gel ZUNIM MD-tab ZUNIM-P susp ZUNIM-P tab ZYDOL susp ZYDOL tab ZYNIM PLUS tab ZYNIM-P tab ZYSER-N tab

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([all drugs])

nimesulide + racemethionine

CIMS Class : (Nonsteroidal Anti-inflammatory Drugs (NSAIDs))

nimesulide + racemethionine

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related nimesulide + racemethionine information

Indication & Dosage

Oral

Pain and inflammation

Adult: Per tablet contains nimesulide 100 mg and racemethionine 50 mg: 1 tablet bid.

Child: 5 mg/kg/day (Nimesulide) divided in 2-3 daily doses.

Contraindications

Active peptic ulcer, moderate-to-severe hepatic impairment. Pregnancy, lactation.

Special Precautions

Renal impairment, heart failure, cirrhosis; vol or salt depleted patients; elderly patients. Metabolic acidosis, patients with a history of severe hepatic impairment.

Adverse Drug Reactions

Nausea, diarrhoea, vomiting, rash, dizziness, somnolence, headache.

Drug Interactions

Fenofibrate, salicylic acid, valproic acid and tolbutamide displace nimesulide from its plasma binding sites. Nimesulide displaces methotrexate and furosemide from plasma proteins. Nimesulide should be used with caution along with warfarin since efficacy may be increased. Nimesulide may decrease the efficacy of slow release theophylline preparations. Concurrent use of levodopa with racemethionine may decrease the therapeutic effects of levodopa.

Mechanism of Action

Nimesulide leads to inhibition of superoxide anion generation in vitro by activated neutrophils, inhibition of histamine release from tissue mast cells and basophils, it causes inhibition of platelet activating factor synthesis in stimulated human neutrophils and inhibition of synthesis of metaloproteinase thus preventing breakdown of osteoarthritic human cartilage. Racemethionine restores the hepatic concentrations of glutathione. Thus, it serves

as a precursor for the synthesis of glutathione and sulfate. It is also a great antioxidant as the sulfur it supplies inactivates free radicals. It thus has a role in the treatment of arthritis pain as well as chronic liver disease. Racemethionine contributes to the synthesis of S-adenosylmethionine, which promotes production of cartilage proteoglycans, and is therapeutically beneficial in osteoarthritis.

CIMS Class

Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

ATC Classification

M01AX17 - nimesulide; Belongs to the class of other non-steroidal antiinflammatory and antirheumatic products. Used in the treatment of inflammation and rheumatism.

*nimesulide + racemethionine information:
Note that there are some more drugs interacting with nimesulide + racemethionine
nimesulide + racemethionine
nimesulide + racemethionine brands available in India

Always prescribe with Generic Name : nimesulide + racemethionine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : NAMSAFE SUSP syr NAMSAFE tab

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([all drugs])

nimodipine

CIMS Class : (Peripheral Vasodilators & Cerebral Activators) , (Nootropics & Neurotonics)

nimodipine

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related nimodipine information

Indication & Dosage

Oral

Prophylaxis of neurological deficit following subarachnoid haemorrhage

Adult: 60 mg every 4 hr beginning within 4 days of onset of haemorrhage and continued for 21 consecutive days.

Hepatic impairment: 30 mg every 4 hr in hepatic cirhosis.

Intravenous

Ischaemic neurological deficits following subarachnoid hemorrhage

Adult: Initially, 1 mg/hr infusion for 2 hr given via bypass into a central vein, increase to 2 mg/hr if no severe decrease in BP is observed. For <70 kg body weight or unstable BP: Initial dose: =500 mcg/hr. Treatment is started at once and continued for 5-14 days. Total duration should not exceed 21 days if patient has received oral treatment.

Hepatic impairment: Initial dose: =500 mcg/hr.

Administration

Tab: May be taken with or without food. (Take consistently, either always with or always without meals.)

Cap: Should be taken on an empty stomach. (Take on an empty stomach 1 hr before or 2 hr after meals.)

Overdosage

Hypotension and bradycardia; hyperglycemia, metabolic acidosis, coma. Treatment is symptomatic.

Special Precautions

Cerebral oedema, severely raised intracranial pressure, idiopathic hypertrophic subaortic stenosis (IHSS), elderly, severe liver disease. Inadvertent IV admin of the contents of capsules has resulted in CV collapse, hypotension, bradycardia and death. Tablets should not be administered concomitantly with IV solution.

Adverse Drug Reactions

Peripheral oedema, hypotension, palpitations, tachycardia, flushing, dizziness, headache, nausea, increased micturition frequency, lethargy, eye pain, mental depression, visual disturbances, gingival hyperplasia, myalgia, tremor, impotence, fever, paradoxical increase in ischaemic chest pain during initiation of treatment, rashes, abnormalities in liver function (including cholestasis), GI obstruction in some tablets covered in indigestable membrane.
Potentially Fatal: Angina/MI, symptomatic hypotension.

Drug Interactions

Potentiates hypotensive effect of antihypertensives. Additive effects with sildenafil, tadalafil, vardenafil. Reduced effects with calcium. Decreased levels/effects with CYP3A4 inducers (e.g aminoglutethimide,carbamazepine, nafcillin, nevirapine, phenobarbital, phenytoin, and rifamycins). Increased levels/effects with cimetidine, sodium valproate, CYP3A4 inhibitors (e.g. azole antifungals, clarithromycin, diclofenac, doxycycline, erythromycin, imatinib, isoniazid, nefazodone, nicardipine, propofol, protease inhibitors, quinidine, telithromycin, and verapamil).

Food Interaction

Increased levels/effects with grapefruit juice, garlic. Decreased serum levels with St John's wort. Avoid ephedra, yohimbe, ginseng (may worsen hypertension).

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals

are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intravenous: Store <25°C. Protect from light. Oral: Store <25°C. Protect from light.

Mechanism of Action

Nimodipine inhibits inflow of calcium ions into cells by blocking calcium channels or select voltage-sensitive areas resulting in relaxation of vascular smooth muscle. Nimodipine has greater action on the cerebral vessels because of its high lipophilicity.

Absorption: Absorbed rapidly from the GI tract (oral).

Distribution: Blood-brain barrier. Protein-binding: 95%.

Metabolism: Extensive hepatic first-pass metabolism.

Excretion: In faeces via bile, via urine (as metabolites). Terminal elimination half-life: 9 hr.

CIMS Class

Peripheral Vasodilators & Cerebral Activators / Nootropics & Neurotonics

ATC Classification

C08CA06 - nimodipine; Belongs to the class of selective dihydropyridine derivative calcium-channel blockers with mainly vascular effects. Used in the treatment of cardiovascular diseases.

*nimodipine information:
Note that there are some more drugs interacting with nimodipine
nimodipine further details are available in official CIMS India
nimodipine
nimodipine brands available in India
Always prescribe with Generic Name : nimodipine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : MODIPIN cap MODIPIN inj NIMOCARD infusion NIMOCER film-coated tab NIMODEC tab NIMODEC vial NIMODIP infusion NIMODIP tab NIMOTIDE tab VASOTOP infusion VASOTOP tab
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([all drugs])

nitazoxanide

CIMS Class : (Antiamoebics)

nitazoxanide

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related nitazoxanide information

Indication & Dosage

Oral

Cryptosporidiosis, Giardiasis

Adult: 500 mg every 12 hr for 3 days.

Child: 1-3 yr: 100 mg every 12 hr; 4-11 yr: 200 mg every 12 hr; =12 yr: 500 mg every 12 hr. All doses to be taken for 3 days.

Administration

Should be taken with food.

Contraindications

Hypersensitivity.

Special Precautions

Renal and hepatic impairment. Pregnancy and lactation. Children <1 yr.

Adverse Drug Reactions

Headache, abdominal pain, diarrhoea, nausea, vomiting, allergic reactions, anaemia, anorexia, increased appetite, increased creatinine and LFT, diaphoresis, dizziness, eye and urine discolouration, fever, flatulence, hypertension, infection, malaise, nausea, pruritus, rhinitis, enlarged salivary glands, tachycardia.

Drug Interactions

May possibly interact with highly protein-bound drugs e.g. warfarin.

Food Interaction

Increased AUC with food.

Storage

Oral: Suspension: Store at 15-30°C (59-86°F). Tablet: Store at room temperature.

Mechanism of Action

Nitazoxanide is an antiprotozoal agent. Both nitazoxanide and its active metabolite (tizoxanide) interfere with the pyruvate:ferredoxin 2-oxidoreductase (PFOR) enzyme-dependent electron transfer reaction which is essential to anaerobic metabolism in susceptible organisms.

Absorption: Absorbed from the GI tract (oral). Extent of absorption enhanced with food; peak plasma concentrations of tizoxanide and glucuronide metabolite after 1-4 hr.

Distribution: Protein-binding: >99%.

Metabolism: Rapidly hydrolysed to tizoxanide (active desacetyl metabolite) which partially undergoes conjugation, primarily by glucuronidation.

Excretion: Via faeces (2/3 of an oral dose); via urine (remaining dose).

CIMS Class

Antiamoebics

ATC Classification

P01AX11 - nitazoxanide;

*nitazoxanide information:
nitazoxanide
nitazoxanide brands available in India
Always prescribe with Generic Name : nitazoxanide, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : FLAGYNOR susp FLAGYNOR tab NETAZOX dispertab NETAZOX film-coated tab NETAZOX susp NETAZOX-OF susp NETAZOX-OF tab NITACURE film-coated tab NITACURE SYP dry syr NITA-O film-coated tab NITARID dispertab NITARID dry syr NITARID tab NITAZET dispertab NITAZET susp NITAZET tab NITAZET-O tab NITZIX susp NITZIX tab NITZIX-O dry syr NITZIX-O tab NIZONIDE dispertab NIZONIDE film-coated tab NIZONIDE syr NIZONIDE-O dry syr NIZONIDE-O tab NOZOA susp NOZOA tab ZIMDAX dispertab ZOXAKIND dispertab ZOXAKIND dry syr ZOXAKIND

film-coated tab ZSTOP film-coated tab ZSTOP susp ZSTOP-O film-coated tab

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([all drugs])

nitrazepam

CIMS Class : (Hypnotics & Sedatives)

nitrazepam

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related nitrazepam information

Indication & Dosage

Oral

Short-term management of insomnia

Adult: 5 mg at night; increase to 10 mg if necessary.

Elderly: and debilitated patients: =normal adult dose.

Oral

Infantile spasms

Child: Infants: 125 mcg/kg bid; gradually increase to 250-500 mcg/kg bid.

Administration

May be taken with or without food.

Overdosage

Symptoms: Somnolence, drowsiness, confusion, ataxia, impaired reflexes, coma, dyspnoea, hypotension, respiratory and cardiovascular depression. Management: Supportive. Gastric lavage may be beneficial if performed soon after ingestion. Flumazenil may reverse benzodiazepine-induced CNS depression.

Contraindications

Myasthenia gravis, narrow-angle glaucoma, severe respiratory insufficiency, sleep apnoea syndrome, severe hepatic impairment, porphyria.

Special Precautions

May induce anterograde amnesia; caution patients to have uninterrupted sleep of 7-8 hr after ingestion of dose. May impair

ability to drive or operate machinery. Depression, especially if suicidal risk may be present. History of drug abuse or acute alcoholism. Hepatic and renal impairment. Respiratory disease. Debilitated patients. Patients who are at risk of falls. Children, elderly. Pregnancy and lactation.

Adverse Drug Reactions

Hypotension, palpitation; agitation, aggressiveness, amnesia, ataxia, confusion, delusions, disorientation, dizziness, fatigue, hallucination, hangover, headache, irritability, nightmares, psychoses, rage, restlessness, sedation; rash; changes in libido; constipation, diarrhoea, excessive salivation, heartburn, nausea, vomiting; granulocytopenia, leukopenia; falling, muscle weakness; blurred or double vision; tinnitus (associated with withdrawal); aspiration, increased bronchial secretion, dyspnoea.

Drug Interactions

CNS depressant effect increased with alcohol, barbiturates, TCAs, phenothiazines, morphine derivatives. Effects may be antagonised by theophylline. Increased levels/effects with probenecid. Reduced levels/effects with rifampicin. May reduce effects of levodopa.

Food Interaction

Increased CNS depression may occur with valerian, kava kava, St John's wort, gotu kola.

Lab Interference

May cause false elevations (about 15%) in clozapine plasma levels.

Storage

Oral: Store at room temperature. Protect from light and moisture.

Mechanism of Action

Nitrazepam is a benzodiazepine with a pronounced sleep-inducing activity. It depresses the reticular-activating system in the brainstem by enhancing the inhibitory effect of GABA on brain cells, thus preventing excessive brain activity.
Onset: 30-60 min.
Duration: 6-8 hr.

Absorption: Fairly absorbed from the GI tract (oral). Peak plasma levels in 2-3 hr.
Distribution: Crosses the blood-brain barrier and placenta; enters breast milk (trace amounts). Protein-binding: 87%.
Metabolism: Hepatic by nitroreduction followed by acetylation.
Excretion: Urine (as free or conjugated metabolites); 24-30 hr (elimination half-life).

CIMS Class

Hypnotics & Sedatives

ATC Classification

N05CD02 - nitrazepam; Belongs to the class of benzodiazepine derivatives used as hypnotics and sedatives.

*nitrazepam information:
Note that there are some more drugs interacting with nitrazepam
nitrazepam further details are available in official CIMS India
nitrazepam
nitrazepam brands available in India

Always prescribe with Generic Name : nitrazepam, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BARONITE tab DORMIN CAPSULES cap DORMIN tab GENTRAVIT tab HYPNORIL tab HYPNOTEX cap INSOMIN FORTE tab NIGAP tab NIPAM tab NITAVAN tab NITHRA tab NITRAVET tab NITRAZ-SR SR-tab NITROCALM tab NITROSUN tab NITROSYM tab STRESSBAN tab

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([all drugs])

nitrofural

CIMS Class : (Topical Antibiotics)

nitrofural

related nitrofural information

Indication & Dosage

Topical/Cutaneous

Wounds, burns, ulcers and skin infections, Preparation of surfaces before skin grafting

Adult: Apply as 0.2% topical preparation in a water-soluble or water-miscible basis to the affected area.

Contraindications

Hypersensitivity. Cross-sensitation may occur with other nitrofuran derivatives.

Special Precautions

G6PD deficiency (oral). Renal impairment.

Adverse Drug Reactions

Oral: Severe peripheral neuropathy. Topical: Sensitisation, generalised allergic skin reactions.

Storage

Topical/Cutaneous: Store below 25°C.

Mechanism of Action

Nitrofural is a nitrofuran derivative bactericidal against a wide spectrum of gram-negative and gram-positive bacteria. It also has activity against trypanosomes.

CIMS Class

Topical Antibiotics

ATC Classification

B05CA03 - nitrofural; Belongs to the class of antiinfectives used as irrigating solutions.
D08AF01 - nitrofural; Belongs to the class of nitrofuran derivative antiseptics. Used in the treatment of dermatological diseases.
D09AA03 - nitrofural; Belongs to the class of ointment dressings with antiinfectives. Used in treatment of wounds.
P01CC02 - nitrofural; Belongs to the class of nitrofuran derivative agents used in the treatment of leishmaniasis and trypanosomiasis.
S01AX04 - nitrofural; Belongs to the class of other antiinfectives. Used in the treatment of eye infections.
S02AA02 - nitrofural; Belongs to the class of antiinfectives used in the treatment of ear infections.

*nitrofural information:

nitrofural

nitrofural brands available in India

Always prescribe with Generic Name : nitrofural, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : EMFURAZONE cream FURACIN cream FURACIN oint FURACIN powd

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([all drugs])

nitrofurantoin

CIMS Class : (Other Antibiotics)

nitrofurantoin

P - Contraindicated in pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related nitrofurantoin information

Indication & Dosage

Oral

Acute uncomplicated urinary tract infections

Adult: 50-100 mg 4 times daily for 7 days. Dual-release preparation: 100 mg bid.

Child: >3 mth and older children: 3 mg/kg daily in 4 divided doses.

Oral

Prophylaxis of uncomplicated urinary tract infections

Adult: 50-100 mg at bedtime.

Child: >3 mth and older children: 1 mg/kg once daily.

Administration

Should be taken with food. (Take w/ or immediately after meals.)

Overdosage

Symptoms include vomiting. Management is supportive; dialysable.

Contraindications

Severe renal impairment (anuria, oliguria, significantly elevated serum creatinine, CrCl <60 ml/min). Hypersensitivity to nitrofurans, G6PD deficiency, infants <3 mth. Pregnancy at term,

during labour and delivery, or when the onset of labour is imminent.

Special Precautions

Elderly. Monitor hepatic and pulmonary function during prolonged therapy. Pre-existing pulmonary, hepatic, neurological, or allergic disorders, predisposition to peripheral neuropathy e.g. renal impairment, anaemia, DM, electrolyte imbalance, debility, vitamin B deficiency. Withdraw if signs of peripheral neuropathy occur. Lactation.

Adverse Drug Reactions

Nausea, vomiting, anorexia, abdominal pain, diarrhoea; headache, drowsiness, vertigo, dizziness, nystagmus, benign intracranial hypertension; rash, urticaria, pruritus, fever, sialadenitis, angioedema, erythema multiforme, exfoliative dermatitis, pancreatitis, lupus-like syndrome, myalgia, arthralgia; acute pulmonary sensitivity reactions; megaloblastic anaemia, leucopenia, granulocytopenia or agranulocytosis, thrombocytopenia, aplastic anaemia, haemolytic anaemia (in G6PD-

deficient patients); transient alopecia; brownish discolouration of urine.

Potentially Fatal: Peripheral polyneuropathy, hepatotoxicity, anaphylaxis, Stevens-Johnson syndrome, interstitial pneumonitis, pulmonary fibrosis.

Drug Interactions

Reduced excretion with probenecid or sulfinpyrazone. Absorption reduced by magnesium trisilicate. Antagonistic effects with quinolone antibacterials. Reduced effects with carbonic anhydrase inhibitors or urinary alkalinisers.

Food Interaction

Food may increase bioavailability and prolong therapeutic concentrations in urine.

Lab Interference

False-positive test for urinary glucose using cupric sulfate solution.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store at 15-30°C (59-86°F).

Mechanism of Action

Nitrofurantoin interferes with cell metabolism and cell wall synthesis by inhibiting several enzyme systems including acetyl coenzyme A. It is bactericidal to most gram-positive and gram-negative urinary tract pathogens.

Absorption: Readily absorbed from the GI tract. Food may increase bioavailability and prolong the duration of therapeutic urinary concentrations.

Distribution: Concentrations in blood and body tissues are low; crosses the placenta and the blood-brain barrier and distributes in breast milk (trace amounts).

Metabolism: Hepatic and in most body tissues.

Excretion: Via urine (30-40% of a dose excreted rapidly as unchanged drug); some tubular reabsorption may occur in acid urine. Plasma half-life: 0.3-1 hr.

CIMS Class

Other Antibiotics

ATC Classification

J01XE01 - nitrofurantoin; Belongs to the class of nitrofuran derivative antibacterials. Used in the treatment of systemic infections.

*nitrofurantoin information:
Note that there are some more drugs interacting with nitrofurantoin
nitrofurantoin
nitrofurantoin brands available in India
Always prescribe with Generic Name : nitrofurantoin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : FURADANTIN tab FURASOZ tab MARTIFUR tab NIFTAS SR-film-coated tab NIFTRAN cap URIFAST cap URINIF tab

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([all drugs])

nonoxinol 9

CIMS Class : (Other Contraceptives)

nonoxinol 9

P - Caution when used during pregnancy

L - Caution when used during lactation

related nonoxinol 9 information

Indication & Dosage

Vaginal

Spermicidal contraception

Adult: Spread cream over the diaphragm surface which will be in contact with the cervix and on the rim. Allow the diaphragm to remain in situ for at least 6-8 hr after coitus. Apply more cream or other spermicides prior to any subsequent coitus within this period, without removing the diaphragm. Use a vaginal applicator for inserting more cream.

Contraindications

Absence of vaginal sensation e.g. in paraplegics and quadriplegics.

Special Precautions

Pregnancy and lactation. Nonoxinol 9 does not protect against HIV infection and other STDs. Use in conjuction with barrier methods of contraception.

Adverse Drug Reactions

Local irritation, increased susceptibility to E. coli bacteruria, increased risk of genital ulceration.
Potentially Fatal: Toxic shock syndrome.

Storage

Vaginal: Do not store above 25 °C.

Mechanism of Action

Nonoxinol 9 is a spermicide for contraception. It acts by damaging the sperm cell membrane, increasing permeability resulting in loss of cellular components and reduced motility.

CIMS Class

Other Contraceptives

*nonoxinol 9 information:
nonoxinol 9
nonoxinol 9 brands available in India
Always prescribe with Generic Name : nonoxinol 9, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : TODAY pessary TODAY PREMIUM pessary
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([all drugs])
norepinephrine
CIMS Class : (Vasoconstrictors)
norepinephrine
P - Contraindicated in pregnancy

L - Caution when used during lactation

related norepinephrine information

Indication & Dosage

Intravenous

Acute hypotensive states

Adult: Initially, 8-12 mcg/minute, up to 8-30 mcg/minute in refractory shock. Infuse using a solution of 4 mcg/ml in glucose 5%, or sodium chloride 0.9% and glucose 5% at a rate of 2-3 ml/minute. Adjust according to BP response. Average maintenance dose: 0.5-1 ml/minute (2-4 mcg/minute). Infuse via a central venous catheter or into a large vein.

Child: Administer at a rate of 2 mcg/minute. Alternatively, 2 mcg/m2/minute. Adjust rate according to BP response and perfusion.

Elderly: Initial dose should be at low end of dose range.

Injection

Upper gastrointestinal haemorrhage

Adult: Intraperitoneal admin: 8 mg in 250 ml of 0.9% sodium chloride inj. Alternatively, instill 8 mg in 100 ml of 0.9% sodium chloride solution through a nasogastric tube every hr for 6?8 hr, then every 2 hr for 4?6 hr. Withdraw drug gradually.

Reconstitution: Dilute with 5% glucose inj, with or without sodium chloride; dilution with sodium chloride inj alone is not recommended.
Incompatibility: Incompatible with alkali and oxidising agents, barbiturates, chlorphenamine, chlorothiazide, nitrofurantoin, novobiocin, phenytoin, sodium bicarbonate, sodium iodide, streptomycin, insulin.

Overdosage

Symptoms: Hypertension, sweating, cerebral haemorrhage, convulsions.

Contraindications

Hypertension. Pregnancy. Patients with peripheral or mesenteric vascular thrombosis unless necessary as a life-saving procedure.

Special Precautions

Not a substitute for replacement of blood, plasma, fluids, and/or electrolytes; correct volume depletion prior to admin. Identify and correct hypoxia, hypercapnia and acidosis prior to or during admin.

Avoid extravasation as tissue necrosis may occur. Avoid inj into leg veins, especially in elderly or those with occlusive vascular diseases, arteriosclerosis, DM or Buerger's disease. Hypertensive or hyperthyroid patients. In conjunction with local anaesthetics, do not use in fingers, toes, ears, nose or genitalia. Lactation.

Adverse Drug Reactions

Hypertension, headache, peripheral ischaemia, bradycardia, arrhythmias, anxiety, skin necrosis (with extravasation), dyspnoea, respiratory difficulty.

Drug Interactions

Guanethidine, methyldopa, reserpine, TCAs may increase pressor response to norepinephrine.
Potentially Fatal: Increased risk of arrhythmias with cocaine, cyclopropane or halogenated hydrocarbon anaesthetics. Hypertensive crisis may occur with MAOIs. Hypertensive effects may be increased by nonselective ß-blockers.

Storage

Intravenous: Store at room temperature (25°C) and protect from light. Store in tight, light-resistant containers as norepinephrine is readily oxidised. Do not use if discoloured (e.g. pink, dark yellow, brown) or if there is a precipitate.

Mechanism of Action

Norepinephrine is a direct-acting sympathomimetic which stimulates ß1- and a-adrenergic receptors. Its a-agonist effects cause vasoconstriction, thereby raising systolic and diastolic BP with reflex slowing of heart rate.

Onset: Rapid.

Duration: Short; stops within 1-2 min after discontinuing the infusion.

Absorption: Oral: Destroyed in the GI tract; SC: Poorly absorbed.

Distribution: Mainly localises in sympathetic nervous tissue; crosses the placenta but not the blood-brain barrier.

Metabolism: Metabolised in the liver and in other tissues by the enzymes catechol-O-methyltransferase (COMT) and monoamine oxidase (MAO).

Excretion: Via urine (mainly as metabolites).

CIMS Class

Vasoconstrictors

ATC Classification

C01CA03 - norepinephrine; Belongs to the class of adrenergic and dopaminergic cardiac stimulants excluding glycosides. Used in the treatment of heart failure.

*norepinephrine information:
Note that there are some more drugs interacting with norepinephrine
norepinephrine
norepinephrine brands available in India
Always prescribe with Generic Name : norepinephrine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ADRENOR amp ADRONIS amp EPINOR inj NODRESOL amp NORAD amp NORADRIA amp NORALIN vial NOREPIRIN amp NOR-S inj VESCUE amp
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([all drugs])

norethisterone

CIMS Class : (Oestrogens & Progesterones & Related Synthetic Drugs)

norethisterone

P - Contraindicated in pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related norethisterone information

Indication & Dosage

Oral

Menorrhagia

Adult: 10-15 mg daily in a cyclical regimen. Usual dose: 5 mg tid for 10 days as primary treatment, subsequently 5 mg bid on days 19-26 of cycle to prevent recurrence. As acetate: 2.5-10 mg daily in a cyclical regimen, beginning during the assumed latter half of the cycle.

Oral

Endometriosis

Adult: 10-25 mg daily continuously for 4-9 mth. As acetate: 5-15 mg daily, start at 5 mg daily and increase by 2.5 mg at 14 day intervals. Take continuously for 4-9 mth.

Oral

Contraception

Adult: 0.35 mg daily, or 0.5-1 mg daily when combined with oestrogen. As acetate: 0.6 mg daily, or 1-1.5 mg daily when combined with oestrogen.

Oral

Progestogen component of menopausal hormonal replacement therapy

Adult: 0.7 mg as a continuous daily dose. As acetate: 1 mg daily for 10-12 days of a 28-day cycle.

Oral

Premenstrual syndrome

Adult: 5 mg tid on days 16-25 of cycle.

Oral

Breast cancer

Adult: 40 mg daily increasing to 60 mg daily if no regression is noted.

Oral

Postponement of menstruation

Adult: 5 mg tid starting 3 days before expected onset of menstruation.

Transdermal

Progestogen component of menopausal hormonal replacement therapy

Adult: As acetate: 140, 170 or 250 mcg/day (as patch), applied twice wkly for 2 wk of a 4 wk cycle. Lower strength may also be applied twice wkly on a continuous basis.

Intramuscular

Contraception

Adult: As enantate: 200 mg every 8 wk.

Administration

May be taken with or without food.

Overdosage

Symptoms include nausea, vomiting, breast enlargement, vaginal bleeding. Treatment should be symptomatic.

Contraindications

Severe hepatic dysfunction; undiagnosed vaginal bleeding; porphyria; pregnancy; previous idiopathic or current thromboembolism; thromboembolic disease; DVT.

Special Precautions

Hypertension; CVS disease; hepatic impairment; epilepsy; lactation; new onset of migraine-type headache; asthma; renal impairment; history of clinical depression.

Adverse Drug Reactions

Mental depression, cholestatic jaundice, porphyria, epilepsy, migraine, headache, breast discomfort, dizziness, nausea and vomiting, changes in libido, appetite and weight, breakthrough bleeding, changes in menstrual flow, amenorrhoea, oedema, rash, melasma or cholasma, acne, urticaria, abnormal LFTs, moodswings, insomnia, thrombotic and thromoembolic events, optic neuritis, altered lipid profile.

Drug Interactions

Concentration may be reduced by CYP450 inducers (e.g. phenobarbital, phenytoin, carbamazepine,rifampicin, rifabutin, nevirapine, efavirenz, tetracyclines, ampicillin, oxacillin, co-trimoxazole) and ritonavir,nelfinavir (usually inhibitors of CYP450 but have inducing properties when used with steroid hormones). May cause additive fluid retention with NSAIDs, vasodilators. Adjustment in antidiabetic, thyroid hormone and anticoagulant therapy may be required.
Potentially Fatal: May increase ciclosporin concentration.

Food Interaction

St John's wort may induce norethisterone metabolism, leading to decreased concentrations.

Lab Interference

Abnormal thyroid function tests, metyropone test and LFTs reported.

Storage

Oral: Store below 25°C. Transdermal: Store below 25°C.

Mechanism of Action

Norethisterone has typical effects of a progestogen and converts the endometrium from the proliferative to the secretory phase. It may also have some oestrogenic, anabolic and androgenic activities, but these may not be significant. Norethisterone delays onset of periods and controls abnormal uterine bleeding. It also has contraceptive effects due to negative feedback inhibition of pituitary gonadotropin thus preventing ovulation.

Absorption: Absorbed from the GI tract (oral).

Distribution: Highly protein bound

Metabolism: Hepatic; extensive first-pass effect.

Excretion: Via urine (50-80%); via faeces (40%).

CIMS Class

Oestrogens & Progesterones & Related Synthetic Drugs

ATC Classification

G03AC01 - norethisterone; Belongs to the class of progestogens. Used as systemic contraceptives.

G03DC02 - norethisterone; Belongs to the class of estren derivative progestogens used in progestogenic hormone preparations.

*norethisterone information:

Note that there are some more drugs interacting with norethisterone

norethisterone

norethisterone brands available in India

Always prescribe with Generic Name : norethisterone, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AMENOVA tab COROLUT-N tab CYCLOREG tab DUB-5 tab DUBACT tab ETHISONE tab GYNUT-N tab MENOR-N tab MENSIL-N tab NORATE tab NORATE-A tab NORETA HRT tab NORETHISTERONE tab NORFAST tab NORGEST tab NORGLEN tab NORISTERAT inj NORITIS tab NORLUT-N tab NOTERON tab POSTPON tab PREVENT-N tab PRIMONA-N tab PRIMTOZ-N tab PRIMZED-N tab PROLIN-N tab REGBEL tab REGESTRONE tab RELICALFIN DS tab RETON tab SHEGEST-N tab STERNIL tab STYPTIN tab SYSRON-N tab THEGEST-N tab TRITO N tab

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([all drugs])

norfloxacin

CIMS Class : (Quinolones) , (Eye Anti-infectives & Antiseptics)

norfloxacin

P - Caution when used during pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related norfloxacin information

Indication & Dosage

Oral

Uncomplicated gonorrhoea

Adult: 800 mg as a single daily dose.

CrCl (ml/min)

Dosage Recommendation

=30

400 mg single dose

Oral

Chronic bacterial prostatitis

Adult: 400 mg bid for 28 days.

CrCl (ml/min)

Dosage Recommendation

=30

400 mg once daily

Oral

Complicated urinary tract infections

Adult: 400 mg bid for 10-21 days.

CrCl (ml/min)

Dosage Recommendation

=30

400 mg once daily

Oral

Chronic relapsing urinary tract infections

Adult: 400 mg bid for up to 12 wk, may be reduced to 400 mg once daily if adequate suppression within first 4 wk.

CrCl (ml/min)

Dosage Recommendation

=30

400 mg once daily

Oral

Gastroenteritis

Adult: 400 mg bid for 3-5 days

CrCl (ml/min)

Dosage Recommendation

=30

400 mg once daily

Oral

Uncomplicated urinary tract infections

Adult: Infections caused by susceptible Escherichia coli, Klebsiella pneumoniae, roteus mirabilis species: 400 mg bid for 3 days. Infections caused by other susceptible bacteria: 400 mg bid for 7-10 days.

CrCl (ml/min)

Dosage Recommendation

=30

400 mg once daily

Ophthalmic

Conjunctivitis

Adult: As 0.3% solution: Usual dose, 1 or 2 drops in the eye 4 times daily for up to 7 days. Dosage may be increased to 1 or 2 drops every 2 hr for the 1st day in more severe infections.

Child: =1 yr, as 0.3% solution: Usual dose, 1 or 2 drops in the eye 4 times daily for up to 7 days. Dosage may be increased to 1 or 2 drops every 2 hr for the 1st day in more severe infections.

Administration

Should be taken on an empty stomach. (Take on an empty stomach 1 hr before or 2 hr after meals. Do not take w/dairy products.)

Overdosage

Empty stomch by vomiting or gastric lavage. Give symptomatic and supportive treatment.

Contraindications

Hypersensitivity to quinolones; children <18 yr. Lactation.

Special Precautions

Renal impairment; history of CNS disorders; myasthaenia gravis. Pregnancy. QT prolongation; discontinue if signs of neuropathy occur.

Adverse Drug Reactions

Nausea, vomiting, heartburn, constipation, diarrhoea, abdominal cramping, anorexia; headache, dizziness; depression, insomnia; phototoxicity; rash, fever, arthralgia; elevated liver enzymes, urea and creatinine. Eosinophilia, neutropenia, thrombocytopenia and anaemia; hyperhidris; tendon rupture; QT prolongation.
Potentially Fatal: Anaphylaxis, acute renal failure, seizures.

Drug Interactions

Antacids reduce absorption from GI tract. Probenecid reduces urinary excretion of norfloxacin. Norfloxacin may increase concentration of clozapine, ropinirole, tacrine, tizanidine. Severe hypoglycaemia has occured rarely with glyburide. Increased risk of CNS stimulation and seizures with NSAIDs.
Potentially Fatal: Raises theophylline and ciclosporin levels. Effects of warfarin potentiated. Risk of QT prolongation and torsades de pointes with class I and III antiarrythmics, cisapride, erythromycin, antipsychotics, TCAs.

Food Interaction

Absorption reduced, especially when taken with dairy products e.g. milk or yogurt.

Pregnancy Category (US FDA)
Caution esp in 1st trimester.
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.
Storage

Ophthalmic: Store at 15-30°C. Oral: Store at 15-30°C.

Mechanism of Action

Norfloxacin inhibits the action of DNA gyrase in DNA replication, transcription, repair, recombination and transposition.
Absorption: 30-40% absorbed from the GI tract (oral); peak plasma concentrations after 1-2 hr. May be delayed by the presence of food.

Distribution: Genitourinary tract, placenta, bile (high concentrations). Protein-binding: 14%.
Metabolism: Hepatic; converted to several metabolites with antibacterial activity.
Excretion: Via urine by glomerular filtration and tubular secretion within 24 hr (30% as unchanged); via faeces (30%); 4 hr (elimination half-life); may be prolonged in renal impairment.

CIMS Class

Quinolones / Eye Anti-infectives & Antiseptics

ATC Classification

J01MA06 - norfloxacin; Belongs to the class of quinolones, fluoroquinolone. Used in the treatment of systemic infections.
S01AX12 - norfloxacin; Belongs to the class of other antiinfectives. Used in the treatment of eye infections.

*norfloxacin information:
Note that there are some more drugs interacting with norfloxacin
norfloxacin further details are available in official CIMS India
norfloxacin

norfloxacin brands available in India

Always prescribe with Generic Name : norfloxacin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACTIFLOX-400 tab ALFLOX dispertab ALFLOX DPS ear drops ALFLOX tab ANQUIN tab BACIGYL susp BACIGYL tab BACIGYL-N susp BIOFLOXIN tab DENAR dispertab ENTEROFLOX tab FLOX susp FLOX tab FLOXIREN drops GYRAX ear drops HARFLOX eye drops LOXONE tab MERIFLOX tab NEGAFLOX tab N-FLOX D eye/ear drops N-FLOX eye/ear drops NITDIN KID-tab NITDIN tab NORALOX tab NORBACTIN DPS eye drops NORBACTIN tab NORBID tab NORFLOX dispertab NORFLOX DPS eye/ear drops NORFLOX OINT eye oint NORFLOX tab NORILET DPS eye/ear drops NORILET tab NORILET-D eye/ear drops NORIN tab NORMAX DPS eye/ear drops NORMAX tab NORMINT susp NORNIJ dispertab NORNIJ tab NORRIT eye/ear drops NORRIT-ORD tab NOR-U tab NORVIT drops NORVIT EYE eye drops NORZEN ear drops NOX tab OPTOFLOX eye drops PD-NOR E/E eye/ear drops POWERFLOX dispertab PROGEN drops QUINOBID tab QUINOLOX tab RENOR tab R-FLOX tab SIANOR eye drops SIANOR TAB tab TAMFLOX

tab UFLOX DPS eye/ear drops UFLOX tab URIBEN tab UROBACID susp UROFLOX tab UTIBID tab ZEFLOX dispertab ZEFLOX DPS eye/ear drops ZEFLOX tab

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([all drugs])

norfloxacin + tinidazole

CIMS Class : (Antibacterial Combinations) , (Antidiarrheals)

norfloxacin + tinidazole

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related norfloxacin + tinidazole information

Indication & Dosage

Oral

Diarrhoea and dysentery of amoebic, bacterial or mixed origins

Adult: Per tablet contains norfloxacin 400 mg and tinidazole 600 mg: 1 tablet bid for 5 days.

Contraindications

Hypersensitivity, neurological disorders including convulsions, blood dyscrasias, children. Pregnancy and lactation.

Special Precautions

Moderate renal impairment, history of or susceptibility to seizures, alcohol intake. Ensure adequate hydration and urine output.

Adverse Drug Reactions

Nausea, vomiting, heartburn, metallic taste, headache, dizziness, depression, insomnia, rash, dry mouth, fever, arthralgia. Rarely eosinophilia, bone marrow depression.
Potentially Fatal: Rarely hypersensitivity reactions, facial and laryngeal oedema, hypotension, bronchospasm.

Drug Interactions

Antacids reduce absorption of norfloxacin from gut. Probenecid reduces urinary excretion of norfloxacin.
Potentially Fatal: Increased levels of theophylline and ciclosporin, warfarin effects potentiated, disulfiram-like reactions with alcohol.

Food Interaction

Reduced absorption of norfloxacin esp with milk or yogurt.

Mechanism of Action

Tinidazole is active against protozoa and anaerobic bacterial infections against which norfloxacin is inactive. The combination of norfloxacin and tinidazole has an extended range of antimicrobial spectrum and is effective in mixed gut infections, diarrhoeas and dysentery.

CIMS Class

Antibacterial Combinations / Antidiarrheals

ATC Classification

J01MA06 - norfloxacin; Belongs to the class of quinolones, fluoroquinolone. Used in the treatment of systemic infections.
J01XD02 - tinidazole; Belongs to the class of imidazole derivative antibacterials. Used in the treatment of systemic infections.

P01AB02 - tinidazole; Belongs to the class of nitroimidazole derivatives antiprotozoals. Used in the treatment amoebiasis and other protozoal diseases.
S01AX12 - norfloxacin; Belongs to the class of other antiinfectives. Used in the treatment of eye infections.

*norfloxacin + tinidazole information:
Note that there are some more drugs interacting with norfloxacin + tinidazole
norfloxacin + tinidazole
norfloxacin + tinidazole brands available in India
Always prescribe with Generic Name : norfloxacin + tinidazole, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ACTIFLOX-T tab ACTINOR-TZ tab AMIBEX-TZ tab BIOFLOX-TZ FC-tab CINZOLE tab C-NOR PLUS tab CONAZ tab DAZONOR tab DIABA tab DUONOR tab DYSNILOX tab ELNOR-TZ tab EMFLOX-TZ susp EMFLOX-TZ tab ENTAMIZOLE TN film-coated tab ENTEROFLOX-T tab FLONTIN tab GRAMONEG-TN tab HARFLOX-T susp HARFLOX-T tab LOXITIN-P susp LOXONE-T tab MAPGYL tab MATRIX film-coated tab MEGANEG tab NEDGE

tab NEFLOX-TZ tab N-FLOX TZ tab NITDIN-TZ tab NOR T susp NORAGYL tab NORAZOL tab NORBACTIN-Z tab NORDYS tab NORFEN TZ susp NORFLOX TZ tab NORIGYL tab NORILET-A tab NORIN-TD tab NORLEX-TZ tab NORLON tab NORMAX-TZ tab NORMIDE tab NORNIJ-TZ susp NORNIJ-TZ tab NORT tab NOR-T tab NORZEE-TZ tab NOTISYM-LB tab NOX-TZ tab NTD tab N-TIZ tab NT-Z tab POWERFLOX-TZ tab RENOR TI tab RIDODIA tab SIGMADYS tab TIN tab TINDIFLOX susp TINDIFLOX tab TINIBA-N tab TINIFLOX tab TINI-NF film-coated tab TININOR-SF tab TINIVISTA-NF tab TINOR tab TINOV FORTE tab TIZFLOX tab TN-DD tab TROPENOR film-coated tab URIBEN-T tab YACANOR tab ZEFLOX TN tab ZOAC tab ZONOR film-coated tab

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([all drugs])

nortriptyline

CIMS Class : (Antidepressants)

nortriptyline

P - Caution when used during pregnancy

L - Caution when used during lactation

related nortriptyline information

Indication & Dosage

Oral

Depression

Adult: 75-100 mg daily in 3-4 divided doses, increased gradually up to 150 mg daily in severe depression.

Child: Adolescent: 30-50 mg daily in divided doses.

Elderly: 30-50 mg daily in divided doses.

Oral

Nocturnal enuresis

Child: 6-7 yr (20-25 kg): 10 mg; 8-11 yr (25-35kg): 10-20 mg; >11 yr (35-54 kg): 25-35 mg. All doses are given 30 minutes before bedtime and treatment should continue for not >3 mth.

Administration

May be taken with or without food.

Overdosage

Symptoms include cardiac dysrhythmias, severe hypotension, shock, CHF, pulmonary oedema, convulsions, and CNS depression, including coma. Gastric lavage should be perfprmed, followed by activated charcoal. Emesis is contraindicated. Initiate cardiac

monitoring and observe for signs of CNS, respiratory depression, hypotension, cardiac dysrhythmias and seizures.

Contraindications

Mania, recent MI, arrhythmias (particularly heart block); severe liver disease; children <6 yr.

Special Precautions

Elderly; hepatic or renal dysfunction; benign prostatic hypertrophy; angle closure glaucoma; phaeochromocytoma; CVS disease; epilepsy; history of bowel obstruction; withdraw gradually; monitor for suicidal tendencies during early treatment; DM; thyroid disease; psychoses (may aggravate psychotic symptoms); urinary retention. Pregnancy, lactation.

Adverse Drug Reactions

Tachycardia, slows conduction and prolongation of PR interval, lowers seizure threshold, peripheral neuropathy, dry mouth, constipation, urinary hesitancy, confusion and blurred vision, nausea, sweating, tremor, rashes, hypersensitivity reactions,

hypomania or mania, headache, hyponatraemia, abnormal LFT, endocrine disorders, movement disorders, taste disturbances.
Potentially Fatal: Rare, blood dyscrasias.

Drug Interactions

May antagonise hypotensive effects of guanethidine and similar compounds, clonidine and rauwolfia alkaloids. May cause additive CNS depression with CNS depressants (e.g. opioids, alcohol, sedatives and hypnotics). Possible increased risk of seizure with tramadol. Nortriptyline concentrations may be increased by quinidine, phenothiazines, haloperidol, inhibitors of CYP3A4, cimetidine, methylphenidate. Concentrations may be decreased by inducers of CYP3A4. Increased toxicity with SSRIs (reduce concentration).
Potentially Fatal: Severe hyperpyretic reaction with MAOIs, should not be used concomitantly or within 2 wk of stopping MAOIs. Potentiates hypertensive effect of sympathomimetics and anticoagulant action of coumarins.

Pregnancy Category (US FDA)
Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite

the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store at 20-25°C.

Mechanism of Action

Nortriptyline is the chief active metabolite of amitriptyline. It is a dibenzocycloheptadiene tricyclic antidepressant. It prevents the re-uptake of noradrenaline and serotonin at nerve terminals.

Absorption: Peak plasma concentrations within 7-8.5 hr.

Distribution: Distributed in milk.

Metabolism: Extensively hepatic; converted to 10-hydroxynortriptyline.

Excretion: Excreted in the urine (around a third) and faeces (small amounts) as metabolites.

CIMS Class

Antidepressants

ATC Classification

N06AA10 - nortriptyline; Belongs to the class of non-selective monoamine reuptake inhibitors. Used in the management of depression.

*nortriptyline information:
Note that there are some more drugs interacting with nortriptyline
nortriptyline
nortriptyline brands available in India
Always prescribe with Generic Name : nortriptyline, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : DEPIVAL-25 film-coated tab NORDEP tab NORTIN film-coated tab PRIMOX tab SENSARIL tab SENSIVAL tab
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([all drugs])
octreotide
CIMS Class : (Trophic Hormones & Related Synthetic Drugs)
octreotide
P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related octreotide information

Indication & Dosage

Subcutaneous

Secretory neoplasms

Adult: Initially, 50 mcg 1-2 times daily, increased gradually to up to 600 mcg daily in 2-4 divided doses according to response. Continued treatment is not recommended if there is no benefit within a wk of starting treatment for carcinoid tumour. Initial dose may be given via IV admin of a rapid response is required.

Renal impairment: Dosage may need to be reduced in severe renal impairment requiring dialysis.

Subcutaneous

Acromegaly

Adult: Initially 50 mcg tid, increased as necessary to usual dose 100-200 mcg tid. Max: 500 mcg tid.

Renal impairment: Dosage may need to be reduced in severe renal impairment requiring dialysis.

Subcutaneous

Prophylaxis of complications following pancreatic surgery

Adult: 100 mcg tid of a rapid-acting preparation given for 7 consecutive days, starting at least 1 hr before operation.

Renal impairment: Dosage may need to be reduced in severe renal impairment requiring dialysis.

Intravenous

Variceal haemorrhage in patients with cirrhosis

Adult: As continuous IV infusion: 25 mcg/hr for 48 hr (up to 5 days in patients at high risk of re-bleeding).

Child: =1 mth: 1 mcg/kg/hr (up to 50 mcg/hr); given as continuous IV infusion. Higher doses may be needed initially, reduce dose gradually over 24 hr until bleeding has stopped.

Renal impairment: Dosage may need to be reduced in severe renal impairment requiring dialysis.

Subcutaneous

HIV-associated diarrhoea

Adult: Initial dose 100 mcg tid. If symptoms are not controlled after 1 wk, increase dose to 250 mcg tid, if still not effective after 1 wk stop therapy.

Renal impairment: Dosage may need to be reduced in severe renal impairment requiring dialysis.

Intramuscular

Acromegaly

Adult: Following initial control with SC therapy: As a depot preparation, initially 20 mg every 4 wk. Adjust if required after 3 mth to 10-30 mg every 4 wk. Max: 40 mg every 4 wk.
Renal impairment: Dosage may need to be reduced in severe renal impairment requiring dialysis.

Incompatibility: Incompatible with most TPN solutions due to formation of a glycosyl octreotide conjugate, which may decrease efficacy.

Special Precautions

Renal disease; risk of gall bladder disease; DM; hypothyroidism. Pregnancy, lactation, children, elderly. Monitor levels of vitamin B12 during long term therapy.

Adverse Drug Reactions

Local pain, stinging, tingling at site of inj; anorexia, nausea, vomiting, abdominal pain, bloating, flatulence, loose stools, steatorrhoea; biliary tract abnormalities. Hypoglycaemia and hyperglycaemia, hypothyroidism, cardiac conduction abnormalitles, pancreatitis.

Drug Interactions

Dosage adjustment of concurrent therapy may be necessary with calcium channel blockers, oral hypoglycaemics, ß-blockers, diuretics. May increase concentration of bromocriptine.
Potentially Fatal: Requirements of insulin may be reduced requiring careful blood-glucose monitoring. Reduction in ciclosporin bioavailability and efficacy.

Food Interaction

Schedule injections between meals to decrease adverse GI effects.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Intramuscular: Store at 2-8°C. Stable at room temperature for up to 14 days. Intravenous: Store at 2-8°C. Stable at room temperature for up to 14 days. Subcutaneous: Store at 2-8°C. Stable at room temperature for up to 14 days.

Mechanism of Action

Octreotide is a synthetic analogue of somatostatin which acts by suppressing basal and stimulated secretion of growth hormone (GH). It also suppresses LH response to gonadotrophin-releasing hormone and reduces the secretion of gastrin, vasoactive intestinal peptide (VIP), insulin, glucagon, secretin, motilin and pancreatic polypeptide.
Absorption: Rapidly absorbed (SC); peak plasma concentrations after 25-30 min.
Distribution: 65% plasma protein bound.
Excretion: Via urine (as unchanged); 1.5 hr (elimination half-life), prolonged in elderly.

CIMS Class

Trophic Hormones & Related Synthetic Drugs

ATC Classification

H01CB02 - octreotide; Belongs to the class of antigrowth hormone. Used in hypothalamic hormone preparations.

*octreotide information:
Note that there are some more drugs interacting with octreotide
octreotide
octreotide brands available in India
Always prescribe with Generic Name : octreotide, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ACTIDE amp OCTATE amp OCTIDE amp OCTRIDE amp OCTRONIS vial OKERON inj OTIDE amp SANDOSTATIN inj SANDOSTATIN LAR inj
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([all drugs])
ofloxacin
CIMS Class : (Quinolones) , (Eye Anti-infectives & Antiseptics) , (Ear Anti-infectives & Antiseptics)
ofloxacin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related ofloxacin information

Indication & Dosage

Oral

Leprosy

Adult: As part of a multidrug therapy: 400 mg daily or intermittently, depending on regimen.

Renal impairment: Initial dose as normal then reduce.

CrCl (ml/min)

Dosage Recommendation

20-50

Reduce dose by half or give usual dose only every 24 hr.

<20

100 mg every 24 hr.

Hepatic impairment: Clearance is reduced in severe hepatic impairment, lower doses should be used. Max: 400 mg daily.

Oral

Uncomplicated gonorrhoea

Adult: 400 mg as a single dose.

Oral

Community-acquired pneumonia

Adult: 400 mg bid for 10 days.

Renal impairment: Initial dose as normal then reduce.

CrCl (ml/min)

Dosage Recommendation

20-50

Reduce dose by half or give usual dose only every 24 hr.

<20

100 mg every 24 hr

Hepatic impairment: Clearance is reduced in severe hepatic impairment, lower doses should be used. Max: 400 mg daily.

Oral

Uncomplicated skin infections

Adult: 400 mg bid for 10 days.

Renal impairment: Initial dose as normal then reduce.

CrCl (ml/min)

Dosage Recommendation

20-50

Reduce dose by half or give usual dose only every 24 hr.

<20

100 mg every 24 hr

Hepatic impairment: Clearance is reduced in severe hepatic impairment, lower doses should be used. Max: 400 mg daily.

Oral

Acute bacterial exacerbation of chronic bronchitis

Adult: 400 mg bid for 10 days.

Renal impairment: Initial dose as normal then reduce.

CrCl (ml/min)

Dosage Recommendation

20-50

Reduce dose by half or give usual dose only every 24 hr.

<20

100 mg every 24 hr

Hepatic impairment: Clearance is reduced in severe hepatic impairment, lower doses should be used. Max: 400 mg daily.

Oral

Non-gonococcal cervicitis/urethritis due to Chlamydia trachomatis

Adult: 200-300 mg bid for 7 days.

Renal impairment: Initial dose as normal then reduce.

CrCl (ml/min)

Dosage Recommendation

20-50

Reduce dose by half or give usual dose only every 24 hr.

<20

100 mg every 24 hr.

Hepatic impairment: Clearance is reduced in severe hepatic impairment, lower doses should be used. Max: 400 mg daily.

Oral

Mixed infection of the urethra and cervix due to C. trachomatis and Neisseria gonorrhoeae

Adult: 200-300 mg bid for 7 days.

Renal impairment: Initial dose as normal then reduce.

CrCl (ml/min)

Dosage Recommendation

20-50

Reduce dose by half or give usual dose only every 24 hr.

<20

100 mg every 24 hr.

Hepatic impairment: Clearance is reduced in severe hepatic impairment, lower doses should be used. Max: 400 mg daily.

Oral

Pelvic inflammatory disease

Adult: 400 mg bid for 14 days.

Renal impairment: Initial dose as normal then reduce.

CrCl (ml/min)

Dosage Recommendation

20-50

Reduce dose by half or give usual dose only every 24 hr.

<20

100 mg every 24 hr.

Hepatic impairment: Clearance is reduced in severe hepatic impairment, lower doses should be used. Max: 400 mg daily.

Oral

Uncomplicated cystitis

Adult: 200 mg bid for 3 days if due to E. Coli or Klebsiella pneumoniae; 7 days if due to other susceptible organisms.

Renal impairment: Initial dose as normal then reduce.

CrCl (ml/min)

Dosage Recommendation

20-50

Reduce dose by half or give usual dose only every 24 hr.

<20

100 mg every 24 hr.

Hepatic impairment: Clearance is reduced in severe hepatic impairment, lower doses should be used. Max: 400 mg daily.

Oral

Complicated urinary tract infections

Adult: 200 mg bid for 10 days.

Renal impairment: Initial dose as normal then reduce.

CrCl (ml/min)

Dosage Recommendation

20-50

Reduce dose by half or give usual dose only every 24 hr.

<20

100 mg every 24 hr.

Hepatic impairment: Clearance is reduced in severe hepatic impairment, lower doses should be used. Max: 400 mg daily.

Oral

Chronic bacterial prostatitis

Adult: 300 mg bid for 6 wk.

Renal impairment: Initial dose as normal then reduce.

CrCl (ml/min)

Dosage Recommendation

20-50

Reduce dose by half or give usual dose only every 24 hr.

<20

100 mg every 24 hr.

Hepatic impairment: Clearance is reduced in severe hepatic impairment, lower doses should be used. Max: 400 mg daily.

Oral

Traveller's diarrhoea

Adult: 300 mg bid for 1-3 days.

Renal impairment: Initial dose as normal then reduce.

CrCl (ml/min)

Dosage Recommendation

20-50

Reduce dose by half or give usual dose only every 24 hr.

<20

100 mg every 24 hr.

Hepatic impairment: Clearance is reduced in severe hepatic impairment, lower doses should be used. Max: 400 mg daily.

Oral

Postexposure prophylaxis after suspected or confirmed exposure to inhalational anthrax

Adult: 400 mg bid for =60 days.

Renal impairment: Initial dose as normal then reduce.

CrCl (ml/min)

Dosage Recommendation

20-50

Reduce dose by half or give usual dose only every 24 hr.

<20

100 mg every 24 hr.

Hepatic impairment: Clearance is reduced in severe hepatic impairment, lower doses should be used. Max: 400 mg daily.

Oral

Legionnaire's disease

Adult: 400 mg bid for 2-3 wk.

Renal impairment: Initial dose as normal then reduce.

CrCl (ml/min)

Dosage Recommendation

20-50

Reduce dose by half or give usual dose only every 24 hr

<20

100 mg every 24 hr.

Hepatic impairment: Clearance is reduced in severe hepatic impairment, lower doses should be used. Max: 400 mg daily.

Oral

Typhoid fever

Adult: 200-400 mg bid for 7-14 days.

Renal impairment: Initial dose as normal then reduce.

CrCl (ml/min)

Dosage Recommendation

20-50

Reduce dose by half or give usual dose only every 24 hr.

<20

100 mg every 24 hr.

Hepatic impairment: Clearance is reduced in severe hepatic impairment, lower doses should be used. Max: 400 mg daily.

Intravenous

Complicated urinary tract infections

Adult: 200 mg daily by IV infusion over at least 30 min. Max: 400 mg bid infused over at least 1 hr.

Renal impairment: Initial dose as normal then reduce.

CrCl (ml/min)

Dosage Recommendation

20-50

Reduce dose by half or give usual dose only every 24 hr.

<20

100 mg every 24 hr.

Hepatic impairment: Clearance is reduced in severe hepatic impairment, lower doses should be used. Max: 400 mg daily.

Intravenous

Lower respiratory tract infections

Adult: 200 mg bid by IV infusion over at least 30 min. Max: 400 mg bid infused over at least 1 hr.

Renal impairment: Initial dose as normal then reduce.

CrCl (ml/min)

Dosage Recommendation

20-50

Reduce dose by half or give usual dose only every 24 hr.

<20

100 mg every 24 hr.

Hepatic impairment: Clearance is reduced in severe hepatic impairment, lower doses should be used. Max: 400 mg daily.

Intravenous

Septicaemia

Adult: 200 mg bid by IV infusion over at least 30 min. Max: 400 mg bid infused over at least 1 hr.

Renal impairment: Initial dose as normal then reduce.

CrCl (ml/min)

Dosage Recommendation

20-50

Reduce dose by half or give usual dose only every 24 hr.

<20

100 mg every 24 hr.

Hepatic impairment: Clearance is reduced in severe hepatic impairment, lower doses should be used. Max: 400 mg daily.

Intravenous

Skin and soft tissue infections

Adult: 400 mg bid infused over at least 1 hr.

Renal impairment: Initial dose as normal then reduce.

CrCl (ml/min)

Dosage Recommendation

20-50

Reduce dose by half or give usual dose only every 24 hr.

<20

100 mg every 24 hr

Hepatic impairment: Clearance is reduced in severe hepatic impairment, lower doses should be used. Max: 400 mg daily.

Otic/Aural

Otic infections

Adult: Apply 10 drops of 0.3% solution in the affected ear once daily for 7 days. Lie with the affected ear upwards for 5 min to facilitate penetration into the ear canal.

Child: 6 mth-13 yr: 5 drops of 0.3% solution in the affected ear once daily for 7 days. >13 yr: 10 drops of 0.3% solution in the affected ear once daily for 7 days. Lie with the affected ear upwards for 5 min to facilitate penetration into the ear canal.

Ophthalmic

Bacterial conjunctivitis

Adult: As 0.3% ophth solution: 1-2 drops in the affected eye instilled every 2-4 hr for the first 2 days then 4 times daily for the next 5 days of treatment.

Child: >1 yr: 1-2 drops in the affected eye instilled every 2-4 hr for the first 2 days then 4 times daily for the next 5 days of treatment.

Ophthalmic

Bacterial corneal ulcer

Adult: As 0.3% ophth solution: Days 1-2: Instill 1-2 drops into the affected eye every 30 min while awake. Awaken approximately 4 and 6 hr after retiring and instill 1-2 drops. Days 3-7 (or 9 if necessary): Instill 1-2 drops hrly while awake. Thereafter: Instill 1-2 drops 4 times daily until condition fully resolved.

Child: >1 yr: Days 1-2: Instill 1-2 drops into the affected eye every 30 min while awake. Awaken approximately 4 and 6 hr after retiring and instill 1-2 drops. Days 3-7 (or 9 if necessary): Instill 1-2 drops hrly while awake. Thereafter: Instill 1-2 drops 4 times daily until condition fully resolved.

Administration

Should be taken on an empty stomach. (Take on an empty stomach 1 hr before or 2 hr after meals. Do not take w/dairy products.)

Overdosage

Empty stomach, ensure adequate hydration is maintained and observe patient. Treat symptomatically, ofloxacin is not removed efficiently by haemodialysis or peritoneal dialysis.

Contraindications

Hypersensitivity to quinolones; pregnancy and lactation; prolongation of the QT interval; uncorrected hypokalaemia.

Special Precautions

Epilepsy or other predisposition to seizures; known or suspected CNS disorders; renal, hepatic impairment; myasthaenia gravis; superinfection; children <18 yr; exposure to strong sunlight and UV light; ensure adequate hydration; elderly.

Adverse Drug Reactions

Nausea, vomiting, abdominal pain, diarrhoea; headache, dizziness, insomnia, hallucinations; leucopenia and eosinophilia; vaginitis; dysgeusia; tendon damage and rupture; anorexia; tremor; photosensitivity; hypersensitivity reactions. Discontinue if psychiatric, neurological or hypersensitivity reactions occur.
Potentially Fatal: Anaphylaxis; rarely seizures.

Drug Interactions

Probenecid decreases elimination. Antacids may reduce ofloxacin absorption, avoid for 2 hr either side of administration. Cimetidine may increase ofloxacin concentrations. Monitor blood glucose in patients on antidiabetic medication.
Potentially Fatal: Corticosteroids may increase risk of tendon rupture. Increases effects of oral anticoagulants, ciclosporin, theophylline. Increased risk of seizures with NSAIDs. Avoid in patients taking QT prolonging medication (e.g. class Ia or III antiarrythmics, astemizole, terfenadine, cisapride, erythromycin, pentamidine, phenothiazines and some TCA).

Food Interaction

Absorption delayed in the presence of food.

Lab Interference

May produce false-positive results for opiates in commercially available urine immunoassay kits.

Pregnancy Category (US FDA)
Caution esp in 1st trimester.
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.
Storage

Ophthalmic: Store at 15-25°C. Oral: Store at 20-25°C. Otic/Aural: Store at 15-25°C.

Mechanism of Action

Ofloxacin is a fluoroquinolone which inhibits bacterial topoisomerase IV and DNA gyrase enzymes required for DNA replication, transcription, repair and recombination. It has activity against a wide range of gram-negative and gram-positive microorganisms.

Absorption: Rapidly and well absorbed from the GI tract (oral); peak plasma concentrations after 0.5-2 hr. Rate, but not extent, delayed by the presence of food.

Distribution: Widely distributed into body fluids, CSF, tissues, bile (high concentrations); crosses the placenta and enters breast milk. Protein-binding: 20-32%.

Metabolism: <10% of a single dose is metbolised. Converted to desmethyl and N-oxide metabolites; desmethylofloxacin has moderate antibacterial activity.

Excretion: Via urine within 24-48 hr by tubular secretion and glomerular filtration (75-80% as unchanged, <5% as metabolites); via faeces (4-8%). Elimination is biphasic with half-lives of 4-5 hr and 20-25 hr; prolonged in renal impairment (15-60 hr).

CIMS Class

Quinolones / Eye Anti-infectives & Antiseptics / Ear Anti-infectives & Antiseptics

ATC Classification

J01MA01 - ofloxacin; Belongs to the class of quinolones, fluoroquinolone. Used in the treatment of systemic infections.
S01AX11 - ofloxacin; Belongs to the class of other antiinfectives. Used in the treatment of eye infections.

*ofloxacin information:
Note that there are some more drugs interacting with ofloxacin
ofloxacin further details are available in official CIMS India
ofloxacin
ofloxacin brands available in India
Always prescribe with Generic Name : ofloxacin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : 2D syr 2D tab ABOF tab ABOF-NZ tab ABOF-OZ tab ADEFLOX-O susp ADEFLOX-O tab A-FLOX M susp AFLOX tab A-FLOX tab A-FLOX-OZ tab AFLOX-OZ tab AGIFLO-OZ tab AGROFLOX tab ALOCIN susp ALOCIN TAB tab ALOCIN-KID dispertab ALOCIN-OZ syr ALOCIN-OZ tab ALOF tab ALOX tab ALOX-OD tab ALPROXEN infusion ALPROXEN tab ALTOXIN

tab ALTOXIN-OZ tab ARIFLOX tab ARIFLOX-OZ susp ARIFLOX-OZ tab ARILIF-OZ susp ARMBID OZ TAB tab ARMBID-OZ SYP syr ARVIFLOX tab ARVIFLOX-OZ tab ASIFLOX susp ASIFLOX tab ASIFLOX-OZ tab ATASOL ear drops ATOFLOX tab ATOFLOX-OZ tab AVIFLOX susp AVIFLOX tab AVIFLOX-M susp AVIFLOX-OZ susp AVIFLOX-ST tab BACTER dispertab BACTER susp BACTER tab BACTER-M susp BACTER-NZ tab BACTER-OZ susp BACTER-OZ tab BACTEZOA-LB tab BACTOF film-coated tab BACTOFF 200 ALU-ALU tab BACTOFF-OZ ALU-ALU tab BASEFLOX-OZ tab BEKKER susp BEKKER tab BEKKER-M susp BEKKER-OZ tab BESTOFLOX N susp BESTOFLOX susp BESTOFLOX tab B-FLOX film-coated tab B-FLOX susp BIDOFLOX tab BIO FLO tab BIOFAST tab BIOFAST-OZ tab BIOFF tab BIOF-OZ susp BIOF-OZ tab BIOLOF tab BIOLOF-OZ tab BIOSIN susp BIOZ tab BONFLOX syr BONFLOX tab BRAKKE film-coated tab BROFLOX PLUS SUSP susp BROFLOX susp BROFLOX tab BRU-O tab BRU-OZ tab CADOF tab CANOCIN liqd CANOCIN tab CANOCIN-KID dispertab CANOCIN-OZ LIQD liqd CANOCIN-OZ tab CASFLOX tab CASFLOX-OZ tab C-FLOX 200 tab C-FLOX-OZ tab CG FLOX tab CHEKMET tab CHEKMET-O SYR syr CHEKMET-O tab CINFLOX tab CINFLOX-OZ tab CLOFCIN susp CLOFCIN tab CLOFCIN-M susp COVAX tab COVAX-OZ

tab COZAN tab COZAN-O SUSP susp COZAN-O tab CROF tab CUCIN syr CUCIN tab CUCIN-O syr CUCIN-O tab CURADEX infusion CYFLOX tab DENOF syr DENOF tab DIOF DS susp DIOF susp DIOF TAB tab DOACT-200 tab DUCIDAL-OZ film-coated tab DUCIDAL-OZ susp DUFLOX tab DUOCHEK tab ECOFLOX tab ECOFLOX-OZ tab EDILOX-OZ tab EDILOX-S tab EFLOBID tab E-FLOX tab EMUCIN DPS eye/ear drops EMUCIN tab ENTOF DPS eye/ear drops ESSASIN tab ESSASIN-OZ tab ESTERFLOX eye/ear drops ESTERFLOX-OZ susp ESTERFLOX-OZ tab EUFOX tab EUFOX-O tab EXOCIN eye drops EXOPRED eye drops FALCON tab FESTIVE B eye/ear drops FESTIVE D eye/ear drops FESTIVE eye/ear drops FESTIVE TAB tab FESTIVE-OZ tab FIXIFLOX LIQD liqd FIXIFLOX tab FIXIFLOX-D eye/ear drops FIXIFLOX-H eye/ear drops FIXIFLOX-OZ LIQD liqd FIXIFLOX-OZ tab FLEX film-coated tab FLEX susp FLEX-OZ film-coated tab FLEXRIL-ORD tab FLOBACIN susp FLOBACIN tab FLOBACIN-OZ tab FLORIDA susp FLOW tab FLOW-OZ syr FLOW-OZ tab FLOX-200 susp FLOX-200 tab FLOXAQUIN-O tab FLOXAR tab FLOXAR-OZ susp FLOXAR-OZ tab FLOXICONTIN tab FLOXICONTIN-O tab FLOXIL-O eye drops FLOX-O tab FLOXUR tab FLOXZEN film-coated tab FLOXZEN susp FLOXZEN-OZ susp FLOXZEN-OZ tab FLOXZEN-ST film-

coated tab FOUZ susp FOUZ tab FYDOF-200 tab GBO eye drops GENFLOX tab GERYL-O susp GERYL-O tab GFLOX tab GFLOX-OZ tab GIC-O tab GILFLOX tab GLOFTY EYE DPS eye drops GLOFTY syr GLOFTY tab GLOFTY-D eye drops GLOFTY-OZ syr GLOFTY-OZ tab GYROFLOX tab HARPOON tab HILEFLOX tab HINEOFLOX tab HINEOFLOX-DS tab HOFLO tab HOFLO-O tab HOFLOX-O tab INDOCIN tab INDOCIN-D eye/ear drops INDOCIN-OZ susp INDOCIN-OZ TAB tab INDOF OZ tab INDOF tab INFLOBACT INF infusion INFLOBACT susp INFLOBACT tab INFLOBACT-D eye/ear drops INFLOBACT-OD tab INFLOBACT-OZ tab INFLOBID DPS eye/ear drops INFLOBID susp INFLOBID tab INFLOBID-D eye/ear drops INFLOBID-NXT tab INFLOBID-OZ susp INFLOBID-OZ tab INFLOX tab INFLOX TAB dispertab INFLOX TAB tab INFLOX-OZ tab INFOXIN SUSP susp INFOXIN-200 tab INFOXIN-OZ tab JFLO syr JFLO tab JFLO-OZ tab JFLO-OZ SYR syr JOX susp JOX tab KAIFLOX tab KAREOF-OZ tab KETOFLOX eye drops KUREFLOX tab KUREFLOX-OZ tab LAMIZOL-O film-coated tab LAMIZOL-O susp LEXOF dispertab LEXOF susp LEXOF tab LEXOF-OZ SUSP susp LEXOF-OZ tab LOFT tab LOOBID film-coated tab LOOBID susp LOXIN inj MAGOF tab MAGOF-OZ tab MCFLOX-OZ tab MEGAFLOX tab MEGAFLOX-M susp MEGANOR susp MEGANOR

tab MEUFLOX tab MEUFLOX-OZ tab MINTOF syr MINTOF tab MINTOF-OZ tab MOFCARE DPS eye/ear drops MOFCARE susp MOFCARE tab MOF-OZ susp MOF-OZ tab MONOFLOX tab NBOX tab NBOX-OZ SUSP susp NBOX-OZ tab NEOBID susp NEOBID tab NETFLOX-OZ tab NEVA tab NEVA-OZ tab NIDA susp NIDA tab NIOLOX tab NIOLOX-D eye drops NIOLOX-OZ susp NIOLOX-OZ tab NOFF film-coated tab NOFF syr NOFF-OR film-coated tab NORMET susp NORMET tab NOVOFRAN susp NOVOFRAN tab O & O syr O & O tab O2 SUSP susp O2 tab O2H tab OA dispertab OA film-coated tab OA susp OBACTIN susp OBACTIN tab OBACTIN-OZ susp OBACTIN-OZ tab OBID film-coated tab OBID susp OBID-ER tab OBID-OZ film-coated tab OBID-OZ susp OBIT tab O-CEBRAN DPS eye/ear drops O-CEBRAN film-coated tab O-CEBRAN infusion O-CEBRAN tab O-CEBRAN-O susp O-CEBRAN-OZ film-coated tab OCEPRED eye drops OCIN tab OCIZ tab OCIZ-OR syr OCIZ-OR tab OCUCIN eye drops OCULONE eye/ear drops O-DEX eye/ear drops OF DPS eye drops OF infusion OF susp OF tab OFAC tab OFACIN tab OFACIN-M susp OFACIN-O film-coated tab OFAL DPS eye drops OFAL OZ tab OFAL susp OFAL tab OFAL-M susp OFAX 200 tab OFAX tab OFBID dispertab OFBID susp OFBID tab OFBID-OZ susp OFBID-OZ tab OFDAZ tab OFDEX eye/ear drops OFEL tab OFELDER

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OZ syr OQUEEN-OZ tab O-QUIN film-coated tab ORFLO SUSP susp ORFLO TAB tab ORIN-O tab ORIXA susp ORIXA tab ORNIDOX film-coated tab ORNIDOX SUSP susp ORNIFLOX tab ORNILOX tab ORNOF film-coated tab OROFLOX-OZ tab OSANI eye drops OSANI SYR syr OSANI TAB tab OSANI-D eye/ear drops OSANI-DS tab OSANI-M susp OSANI-M tab OSANI-NT tab OSEFLOX EAR DROPS drops OSFLOX tab OSFLOX-OR tab OSHFLOX tab OSIFLOX tab OSIFLOX-OZ tab OSPOL-OZ tab OT SUSP susp OT tab O-TAB tab OTIC tab OTICHEK ear drops OTIC-O susp OTIC-O tab OTIFLOX ear drops OTOCIN-O EAR DROPS ear drops OXAL tab OXALIC dispertab OXALIC susp OXALIC tab OXALIC-NZ tab OXCIN-ORD tab OXDRIN eye drops OXDRIN TAB tab OXDRIN-D eye drops OXDRIN-ORD susp OXDRIN-ORD tab OXIFLOX tab OXIFLOX-OZ tab OXO DPS eye/ear drops OXO susp OXO tab OXO-D eye/ear drops OXOISM syr OXOISM tab OXOISM-OZ syr OXO-M SUSP susp OXO-ORD SUSP susp OXO-ORD tab OXOP eye/ear drops OXOP-D eye drops OXWAL OZ tab OXWAL tab OXYNA tab OZA tab OZA-O tab PED-O SUSP susp PREDYL-O eye drops PROVO dispertab PROVO tab PROVO-OZ tab PROXO drops PROXO-D drops PUREOF susp PUREOF tab QUBID tab QUBID-OZ SUSP susp QUBID-OZ tab QUGYL-O inj QUGYL-O susp QUGYL-O tab QXL tab QXT tab QXT-LB

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([all drugs])

olanzapine

CIMS Class : (Antipsychotics)

olanzapine

P - Caution when used during pregnancy

L - Contraindicated in lactation

related olanzapine information

Indication & Dosage

Oral

Schizophrenia

Adult: Initially, 5-10 mg daily adjusted in steps of 5 mg, according to response. Usual range: 5-20 mg daily. Doses >10 mg should be given only after clinical reassessment. Max: 20 mg daily.

Renal impairment: Initiate at lower dose (5 mg) and increase cautiously.

Hepatic impairment: Initiate at lower dose (5 mg) and increase cautiously.

Oral

Acute mixed or manic episodes in bipolar disorder

Adult: Initially, 10 or 15 mg daily as monotherapy or 10 mg daily when used as part of combination therapy. Adjust dose in steps of 5

mg; usual range: 5-20 mg daily. For prevention of recurrence: Start with 10 mg daily.

Renal impairment: Initiate at lower dose (5 mg) and increase cautiously

Hepatic impairment: Initiate at lower dose (5 mg) and increase cautiously

Intramuscular

Rapid control of agitation and disturbed behaviour in schizophrenia or mania

Adult: Initially, 5-10 mg followed by 5-10 mg as required 2 hr later. Max: 3 inj per 24-hr period; max (including oral olanzapine): 20 mg/day. May give injections for up to 3 days but should transfer to oral therapy as soon as possible.

Hepatic impairment: Dose adjustments may be needed.

Administration

May be taken with or without food.

Overdosage

Symptoms: Tachycardia, agitation/aggressiveness, dysarthria, extrapyrimidal symptoms, sedation/coma. Induction of emesis is

not recommended, gastric lavage and admin of activated charcoal may be effective. Monitor closely and treat symptomatically.

Contraindications

Angle-closure glaucoma; lactation. IM: History of CVS disease, heart surgery.

Special Precautions

Impaired renal, hepatic, cardiovascular function; prostatic hypertrophy; paralytic ileus; DM; parkinsonism; pregnancy. History of blood dyscrasias, myelosuppression, seizures; dementia; dyslipidaemia. IM: Hypotension, bradyarrhythmia, hypoventilation; monitor BP carefully. Caution when used in adolescents due to increased risk of weight gain and hyperlipidaemia. Efficacy and safety have not been established in paediatric patients <13 yr.

Adverse Drug Reactions

Postural hypotension; constipation; dizziness; wt gain; agitation; insomnia; akathisia; tremor; personality disorders; oedema; somnolence; increased appetite; antimuscarinic effects; speech

difficulty; exacerbation of Parkinson's disease; hallucinations; asthenia; increased body temperature; bradycardia; hyperprolactinaemia; QT prolongation (uncommon); asymptomatic elevations of hepatic transaminases.
Potentially Fatal: Exacerbation of preexisting diabetes sometimes leading to ketoacidosis. Neuroleptic malignant syndrome.

Drug Interactions

Olanzapine may antagonise the effects of levodopa and dopamine agonists. Drugs that induce CYP1A2 or glucuronyl transferase enzymes e.g. omeprazole and rifampicin, may increase olanzapine clearance. Inhibitors of CYP1A2 may potentially inhibit olanzapine elimination. Carbamazepine may increase the clearance of olanzapine. Concomitant admin of activated charcoal reduced the oral bioavailability of olanzapine by 50-60%. Caution should be taken when olanzapine is administered with centrally acting drugs and alcohol.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals

are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intramuscular: Store at 15-30°C. Oral: Store at 15-30°C.

Mechanism of Action

Olanzapine is an atypical antipsychotic with affinity for serotonin 5-HT2A/2C, dopamine, muscarinic M1-M5, histamine H1 and adrenergic a1 receptors.

Absorption: Well absorbed from the GI tract (oral); peak plasma concentrations after 5-8 hr (oral) or 15-45 min (IM).

Distribution: Protein-binding: 93%.

Metabolism: Extensively hepatic by direct glucuronidation and oxidation.

Excretion: Urine (as metabolites), faeces; 30-38 hr (elimination half-life).

CIMS Class

Antipsychotics

ATC Classification

N05AH03 - olanzapine; Belongs to the class of diazepines, oxazepines and thiazepines antipsychotics. Used in the management of psychosis.

*olanzapine information:
Note that there are some more drugs interacting with olanzapine
olanzapine
olanzapine brands available in India
Always prescribe with Generic Name : olanzapine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : CINOL FORTE tab CINOL PLUS tab CINOL tab DOPIN TAB tab JOLYON-MD tab JOYZOL tab LANO tab LANOPIN MD-tab MANZA tab MELTOLAN tab M-OLAN PLUS tab M-OLAN tab OLACE film-coated tab OLACE MDtab OLAN film-coated tab OLANDUS tab OLANEX F tab OLANEX INSTAB tab OLANEX tab OLANZAPIK tab OLAPAX tab OLAPIN FORTE tab OLAPIN PLUS tab OLAPIN tab OLEANZ RAPI-tab OLEANZ tab OLEXAR tab OLIMA film-coated tab OLIMA-7.5 tab OLIZA INJ inj OLIZA tab OLOREST-F tab OLPIN tab OLTAL tab OLZAP tab ONZA

tab OPIN tab OPIRAP tab OZACE tab OZAP tab OZAPIN MD tab PINE tab POLANZ tab PSYCHOZAP tab SCHIZOL FORTE tab SCHIZOL PLUS tab SCHIZOL-MD MD-tab SKYZOL tab TOLAZ tab TOLAZ vial ZYCOPIN tab ZYPINE MD-tab

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([all drugs])

olmesartan medoxomil

CIMS Class : (Angiotensin II Antagonists)

olmesartan medoxomil

P - Contraindicated in pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related olmesartan medoxomil information

Indication & Dosage

Oral

Hypertension

Adult: 20 mg once daily, dose may be increased to 40 mg once daily after 2 weeks if needed. Reduce dose in patients with lower intravascular volume.

Elderly: Initiate at 5-10 mg daily.

Administration

May be taken with or without food.

Overdosage

Symptoms: Hypotension and tachycardia; bradycardia may occur if there is vagal stimulation. Treatment: Symptomatic and supportive therapy.

Contraindications

Pregnancy.

Special Precautions

Renal or hepatic impariment or heart disease. Primary aldosterism,Volume depletion, hyperkalemia. Pediatrics, elderly and lactation.

Adverse Drug Reactions

Dizziness, headache, hyperkalemia, abdominal pain, dyspepsia, diarrhoea, angioedema,chest pain, respiratory tract disorders, arthritis, back pain, fatigue, flu-like symptoms, peripheral edema, hyperglycemia, hypertriglyceridemia, haematuria, UTI and rhabdomyolysis.
Potentially Fatal: Acute renal filure.

Drug Interactions

Concurrent use with ACE inhinbitors, ciclosporin, potassium-sparing diuretics, potassium salts and drospirenone increase the risk of hyperkalemia as these drugs tend to cause hyperkalemia. Use with NSAIDs decrease glomerular filtration and may cause renal impariment. Serum potassium levels may be affected when used with thiazide or loop diuretics. Increased serum concentraion of lithium as aldosterone secretion is inhibited resulting in lithium retention. Ephedra, kola and ginseng may antagonise the antihypertensive effect. The antihypertensive effect may be potentiated by black cohosh, quinine and periwinkle.

Lab Interference

Increased creatine phosphokinase.

Storage

Oral: Store at 20-25°C.

Mechanism of Action

Olmesartan medoxomil is an ester prodrug for olmesartan. It is hydrolysed to olmesartan during absorption from the GI tract. Olmesartan is a selective and competitive angiotensin II recptor antagonist and hence it blocks the vasocontrictor and aldosterone-secreting effects of angiotensin II.
Absorption: Bioavailability: 26%
Distribution: 17 L; protein binding: 99%
Metabolism: Olmesartan medoxomil is hydrolysed in the GI tract to olmesartan.
Excretion: Excreted unchanged via faeces (50-65%) and urine (35-50%); terminal elimination half-life: 13 hr

CIMS Class

Angiotensin II Antagonists

ATC Classification

C09CA08 - olmesartan medoxomil;

*olmesartan medoxomil information:

Note that there are some more drugs interacting with olmesartan medoxomil

olmesartan medoxomil

olmesartan medoxomil brands available in India

Always prescribe with Generic Name : olmesartan medoxomil, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BENITEC tab OLMAT tab OLMAX tab OLMECIP tab OLMEFAST tab OLMETOR tab OLMEZEST tab OLMIGHTY tab OLMY tab OLSAR tab OLVANCE tab OLVANCE-H tab PINOM tab WIN-BP tab ZOLTAB tab

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([all drugs])

olopatadine

CIMS Class : (Ophthalmic Decongestants, Anesthetics, Anti-inflammatories) , (Nasal Decongestants & Other Nasal Preparations)

olopatadine

P - Caution when used during pregnancy

L - Caution when used during lactation

related olopatadine information

Indication & Dosage

Nasal

Allergic rhinitis

Adult: =12 yr: As 0.6% nasal spray: Instill 2 sprays into each nostril twice daily.

Ophthalmic

Allergic conjunctivitis

Adult: As 0.1% solution: 1 or 2 drops in the affected eye(s) bid at an interval of 6-8 hr. Alternatively, as a 0.2% solution: 1 drop in the affected eye(s) once daily.

Child: =3 yr: As 0.1% solution: 1 or 2 drops in the affected eye(s) bid at an interval of 6-8 hr. Alternatively, as a 0.2% solution: 1 drop in the affected eye(s) once daily.

Contraindications

Hypersensitivity. Ophthalmic: Children <3 yr. Nasal: Children <12 yr.

Special Precautions

Pregnancy, lactation. Ophthalmic: Remove contact lenses prior to eye admin. Reinsert soft contact lenses 10 min after admin.

Adverse Drug Reactions

Ophthalmic: Headache; asthenia; cold syndrome; pharyngitis; rhinitis; sinusitis; dysgeusia; ocular burning or stinging; dry eye; foreign body sensation; hyperaemia; keratitis; lid oedema; ocular pruritus; blurred vision. Nasal: Bitter taste, nasal ulceration, epistaxis, drowsiness.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Nasal: Store at 4 to 25 °C. Ophthalmic: Store at 2-25°C.

Mechanism of Action

Olopatadine is a relatively selective histamine H1-receptor antagonist and inhibits the release of histamine from mast cells. It shares many of the pharmacologic effects of mast cell stabilisers.
Absorption: Ophthalmic: Little systemic absorption.
Distribution: Protein-binding: 55%
Metabolism: Not extensively metabolised.
Excretion: Via urine: 60-70 %, via faeces: 17 %

CIMS Class

Ophthalmic Decongestants, Anesthetics, Anti-inflammatories / Nasal Decongestants & Other Nasal Preparations

ATC Classification

R01AC08 - olopatadine;

S01GX09 - olopatadine; Belongs to the class of other agent used as ophthalmologic antiallergics.

*olopatadine information:

olopatadine

olopatadine brands available in India

Always prescribe with Generic Name : olopatadine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ALERCHEK eye drops DYNOLAP tab O-DIN eye drops OLO eye drops OLODIN eye drops OPAT eye drops PATADAY eye drops PATANOL eye drops WINOLAP eye drops WINOLAP N-SPY nasal spray WINOLAP TAB tab

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([all drugs])

omeprazole

CIMS Class : (Antacids, Antireflux Agents & Antiulcerants)

omeprazole

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related omeprazole information

Indication & Dosage

Oral

Peptic ulcer

Adult: 20 mg daily as a single dose or 40 mg daily in severe cases. Treatment duration: Duodenal ulcers: 4 wk; gastric ulcers: 8 wk. Maintenance: 10-20 mg once daily.

Hepatic impairment: Dose reduction may be necessary.

Oral

NSAID-associated ulceration

Adult: 20 mg daily. Same dose may also be used for prophylaxis of ulceration in patients who require continued NSAID therapy.

Hepatic impairment: Dose reduction may be necessary.

Oral

H.pylori infection

Adult: Dose varies with regimen. As triple therapy: 20 mg bid or 40 mg once daily; requires combination therapy with antibiotics. Therapy is given for 1 wk. Omeprazole may be continued for another 4-8 wk on its own.

Hepatic impairment: Dose reduction may be necesary.

Oral

Gastro-oesophageal reflux disease

Adult: 20 mg once daily for 4 wk, may continue for another 4-8 wk if necessary. Maintenance: 10 mg daily.

Child: Neonate, 1 mth-2 yr: 700 mcg/kg/day, may increase up to 3 mg/kg/day, or 20 mg daily. >2 yr: <20 kg: 10 mg once daily; =20 kg: 20 mg daily. Doses may be doubled if necessary.

Hepatic impairment: Dose reduction may be necessary.

Oral

Zollinger-Ellison syndrome

Adult: Initially, 60 mg once daily, adjust according to response. Maintenance: 20-120 mg daily. Doses >80 mg are administered usually in 2 divided doses.

Hepatic impairment: Dose reduction may be necessary.

Oral

Prophylaxis of acid aspiration during general anaesthesia

Adult: Initially, 40 mg given the evening before surgery and another 40 mg 2-6 hr before the procedure.

Hepatic impairment: Dose reduction may be necessary.

Oral

Acid-related dyspepsia

Adult: 10 or 20 mg daily for 2-4 wk.

Hepatic impairment: Dose reduction may be necessary.

Oral

Erosive oesophagitis

Adult: 20 mg/day for 4-8 wk. Maintenance of healing: 20 mg/day for up to 12 mth of total therapy (including treatment period).

Hepatic impairment: Dose reduction may be necessary.

Intravenous

Gastric and duodenal ulcers

Adult: By infusion over 20-30 minutes or slow inj over 5 minutes: 40 mg once daily until oral admin is possible.

Hepatic impairment: Dose adjustment is required; a daily dose of 10-20 mg may be sufficient.

Intravenous

Reflux oesophagitis

Adult: By infusion over 20-30 minutes or slow inj over 5 minutes: 40 mg once daily until oral admin is possible.

Hepatic impairment: Dose adjustment is required; a daily dose of 10-20 mg may be sufficient.

Intravenous

Prophylaxis of acid aspiration during general anaesthesia

Adult: 40 mg, to be given and completed 1 hr before the surgery. May be given via inj over 5 minutes or infusion over 20-30 minutes.

Hepatic impairment: Dose adjustment is required; a daily dose of 10-20 mg may be sufficient.

Reconstitution: The solution for IV inj is obtained by adding to the vial 10 ml of the solvent provided. (No other solvent should be used). The solution should be given over a period of at least 2.5 min at a max rate of 4 ml/minute; use within 4 hr of reconstitution. The solution for IV infusion is obtained by dissolving 1 vial in 100 ml saline for infusion or 100 ml 5% dextrose for infusion. The solution should be used within 12 hr when dissolved in saline and within 6 hr when dissolved in 5% dextrose. After reconstitution, start the infusion immediately. The constituted solution should not be mixed or co-administered in the same infusion set with any other drug. Infusion should be given over a period of = 20-30 minutes.

Administration

MUPS tab: May be taken with or without food.
Powd for oral susp: Should be taken on an empty stomach. (Take on an empty stomach at least 1 hour before a meal.)
Cap: Should be taken with food. (Take immediately before a meal.)

Overdosage

Confusion, drowsiness, blurred vision, tachycardia, nausea, flushing, diaphoresis, headache, and dry mouth. Treatment is supportive; not dialysable.

Special Precautions

Exclude malignancy, prolonged use, hepatic impairment. Pregnancy, lactation, children <1 yr. Elderly and Asians (increased bioavailability).

Adverse Drug Reactions

Diarrhoea, nausea, fatigue, constipation, vomiting, flatulence, acid regurgitation, taste perversion, arthralgia, myalgia, urticaria, dry mouth, dizziness, headache, paraesthesia, abdominal pain, skin rashes, weakness, back pain, upper respiratory infection, cough.
Potentially Fatal: Anaphylaxis.

Drug Interactions

Decreases absorption of itraconazole, ketoconazole, dasatinib, oral iron salts. Decreases levels of nelfinavir. Increases levels of benzodiazepines (e.g. diazepam, midazolam, triazolam), HMG-CoA

reductase inhibitor, CYP2C19 substrates (e.g. citalopram, diazepam, methsuximide, phenytoin, propranolol, and sertraline), and CYP2C9 substrates (e.g. bosentan, dapsone, fluoxetine, glimepiride, glipizide, losartan, montelukast, nateglinide, paclitaxel, phenytoin, warfarin, and zafirlukast). Decreased levels/effects with CYP2C19 inducers (e.g. aminoglutethimide, carbamazepine, phenytoin, and rifampin). Decreases excretion of methotrexate. Enhances the adverse/toxic effect of cilostazol. May alter the concentrations/effects of clozapine. Avoid concurrent use with clopidogrel.

Food Interaction

Absorption may be delayed. St John's wort decreases omeprazole levels. Avoid ethanol (may cause gastric mucosal irritation).

Lab Interference

False negative results in the urea breath test.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are

no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intravenous: Store at 15-30 °C. Protect from light. Oral: Store at 15-30 °C. Protect from light.

Mechanism of Action

Omeprazole suppresses gastric acid secretion by specific inhibition of the enzyme system hydrogen/potassium adenosine triphosphatase (H+/K+ ATPase) present on the secretory surface of the gastric parietal cell.

Onset: Antisecretory: approx 1 hr; peak effect:0.5-3.5 hr.

Duration: 72 hr.

Absorption: Rapid but variable (oral); dose-dependent. Bioavailability: Oral: approx 30-40%.

Distribution: Protein-binding: 95%.

Metabolism: Extensively hepatic; converted to hydroxyomeprazole and omeprazole sulfone.

Excretion: Via urine (77%) and bile. Elimination half-life: 0.5-3 hr.

CIMS Class

Antacids, Antireflux Agents & Antiulcerants

ATC Classification

A02BC01 - omeprazole; Belongs to the class of proton pump inhibitors. Used in the treatment of peptic ulcer and gastro-oesophageal reflux disease (GERD).

*omeprazole information:
Note that there are some more drugs interacting with omeprazole
omeprazole further details are available in official CIMS India
omeprazole
omeprazole brands available in India
Always prescribe with Generic Name : omeprazole, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ABCID cap ACICHEK cap ACIDOF cap ACIGONE cap ACIOM cap ACITEC cap ACIZOLE cap ADPRAZOLE cap ADZOLE cap ALTICER cap ATOZOL cap AVIZOL cap AZOL-20 cap BIOCID cap BIOMAC tab BIO-OMEPRAZOLE cap BROCID

cap CAPCID cap CAPOCID cap CG MEZ cap CGMAG cap CINOM cap COSZOL cap COZ cap COZEP cap COZ-M tab C-PRAZ cap CUCID tab CUZOLE cap DGR cap DIOCID cap DORCAN cap ELOME cap ELPRA cap EZOL cap E-ZOLE cap FORZOLE cap HOCID cap ICER cap JOTAC cap LEXCID cap LOKIT cap LOMAC cap LOMECID cap LOPRA cap LORESS cap LOSEC cap LUPOME cap MENZOL-20 cap NILSEC cap NISZOL cap NITPEP cap NOGACID cap NOVACID cap O-BIT cap OCID cap OCID INJ vial OCID-QRS film-coated tab OCIMAX cap ODIZOL tab OGESTREL cap OKACID cap OLIT cap OLLA-MT tab OMAG tab OMALCER cap OMAPIN-20 cap OMBEL cap OMBEST cap OMCARE cap OMCID tab OMCURE cap OMECID cap OMECIP CAP cap OMECOS cap OMEGA cap OMEGOLD enteric-coated tab OMEGORD cap OMEJEL cap OMEL-20 cap OMELAX cap OMEN cap OMENAT cap OMENAT inj OMEP cap OMEPLUS tab OME-PPI cap OMEPRAL cap OMEPRAZ cap OMEPREN cap OMEPROMP cap OMERIS cap OMESYM cap OMETAB tab OMEVAR cap OMEY cap OMEZ cap OMEZ inj OMEZ INSTA SACHET sachet OMEZ MUPS tab OMEZ-FF film-coated tab OMEZOL cap OMEZOLE enteric-coated tab OMICAP enteric-coated cap OMICAS cap OMICOOL cap OMIG cap OMILEE cap OMIND cap OMITIVE cap OMIZAC cap OMIZOL cap OMKAIR

cap OMLINK cap OMLO cap OMMAC 20 cap OMNILUP cap OMORE tab OMPEP cap OMPIROL cap OMPLI cap OMPRAZ cap OMRIZ cap OMSY tab OMTEC cap OMVEN cap OMZEE cap ONAZOLE-FORTE cap OPAZ cap OPEL cap OPEP cap OPERA cap OP-ZOLE cap ORAZ cap OROLE cap OSEC tab OSKAR cap OSPICID cap OTG cap OZED cap OZL cap OZO cap OZO DR-tab OZOL cap PEPZER-O cap PIKLOZ cap PILOC cap PPI-20 cap PREVINCID cap PRILOSID cap PRILOSID inj PRIOM cap PROBITOR cap PROCID tab PROHIBIN cap PROMISEC cap PROTOLOC cap PROTOSEC-20 enteric-coated tab PROZOL cap PUROMI cap REGPERI cap RESEC cap ROMECID cap ROMESEC EC-tab R-ZOLE cap SERVOCID cap SIAOMEZ cap SILOMEP cap SIOZOLE cap SOMEPRA cap TACKO-M tab TOM tab TRAZ cap ULCELAK cap ULCEZ cap ULCICAP cap ULCIGARD cap ULCURE cap ULZOL cap VEMRON EC-cap VENOMEZ cap WINCID cap WINOCID cap WYCID cap ZAPROCID tab ZECID 20 cap ZEPCID cap ZOLCER cap ZOMCARE cap ZOMEP cap ZOOM cap ZOPEP CAP cap ZOSEC cap ZOSEC-M tab

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([all drugs])

omeprazole + domperidone

CIMS Class : (Antacids, Antireflux Agents & Antiulcerants)

omeprazole + domperidone

P - Contraindicated in pregnancy

related omeprazole + domperidone information

Indication & Dosage

Oral

Gastro-oesophageal reflux disease, Dyspepsia

Adult: 1 cap bid or as directed by the physician.

Contraindications

Pregnancy. Domperidone is contraindicated in conditions associated with rise in prolactin level. Omeprazole is contraindicated in hypersensitive patients.

Special Precautions

Domperidone can cause a rise in serum prolactin level resulting in galactorrhoea in females and less frequently gynaecomastia in males. Hypertensive crisis may occur in patients with phaeochromocytoma. Renal impairment or those at risk of fluid retention. Hepatic impairment; elderly. Exclude the possibility of

malignancy if gastric ulcer is suspected, before initiating treatment with omeprazole, it may mask symptoms and delay diagnosis. Monitor patients on warfarin or phenytoin therapy, reduce dose if necessary.

Adverse Drug Reactions

Domperidone: Dry mouth, transient skin rash, itching, headache, diarrhoea and rarely nervousness. Omeprazole: Anaemia, eosinopaenia, urinary tract infection, skin rash, urticaria and pruritus, diarrhoea, headache, constipation, nausea, vomiting, flatulence and abdominal pain, dizziness and lightheadedness, somnolence, insomnia and vertigo, reversible confusion, agitation, depression and hallucinations, arthritic and myalgic symptoms.

Drug Interactions

Anticholinergics may antagonize beneficial effects of domperidone in reflux oesophagitis and dyspepsia. Decreased bioavailability of domperidone after prior admin of cimetidine or Na bicarbonate. Delayed elimination of diazepam, phenytoin and warfarin with omeprazole.

Mechanism of Action

Domperidone is a peripheral dopamine D2-receptor antagonist, which regulates the motility of gastric and small intestinal smooth muscle. It increases the duration of antral and duodenal contractions and also LES resting pressure, thus stimulating gastric emptying and is also effective in relief of symptoms of reflux esophagitis. Antiemetic activity is due to the blockade of dopamine receptors in the chemoreceptor trigger zone. Omeprazole inhibits the secretion of gastric acid by irreversibly blocking the enzyme system of H+/K+ATPase of the gastric parietal cell. It is activated at an acidic pH to a sulphenamide derivative that binds irreversibly to H+/K+ ATPase, an enzyme system found at the secretory surface of parietal cells. It thereby inhibits the final transport of hydrogen ions (via exchange with K ions) into the gastric lumen.

CIMS Class

Antacids, Antireflux Agents & Antiulcerants

ATC Classification

A02BC01 - omeprazole; Belongs to the class of proton pump inhibitors. Used in the treatment of peptic ulcer and gastro-oesophageal reflux disease (GERD).
A03FA03 - domperidone; Belongs to the class of propulsives. Used in the treatment of functional gastrointestinal disorders.

*omeprazole + domperidone information:
Note that there are some more drugs interacting with omeprazole + domperidone
omeprazole + domperidone
omeprazole + domperidone brands available in India
Always prescribe with Generic Name : omeprazole + domperidone, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ABCID-D cap ABCOOL-D cap ACIO cap ACITEC-D cap ACIZOLE-D cap ADPRAZOLE-D cap ADZOLE-DM cap ALTICER-D cap ATOZOL-D cap AVIZOL-D cap AZINORM-O cap BEMEZ-D cap BIOMAC-D tab BROZOL-D tab CAPCID-D cap CAPOCID-DM cap COOL ZONE D cap COSZOL-D cap COZ-D cap C-PRAZ-D cap CUCID-DM tab CUZOLE-D cap DEMO D cap DGR-PLUS cap DIOCID-D SR-cap DOMCI cap DOMEPRAZ cap DOMEWAY cap DOMEZOL cap DOMIZOL-DS cap DOMOCID

cap DOMPED-OZ cap DOMPERON-O cap DOMPRA cap DOMSIN-O cap DOMSTAL-O cap DOMSTAL-RD cap DOMZ cap DORCAN-D cap DRAG-D cap ELPRA-D cap EMIDON-OM cap EMOPAZ-D cap E-ZOLE-D cap FORZOLE-D cap GR8 cap ICER-D tab JOTAC-D cap LEXCID-DM cap LOMECID-D cap LOPRA-D cap LUPOME-D cap MILIOM-D cap MINISEC-AR cap NETOM-D cap NEUTRAL-O SR SR-cap NITPEP-D cap NOGACID-D cap NOVACID-D cap O & D HG-cap O-BIT-DM cap OCID-D cap OCID-D suscap OCID-DSR enteric-coated tab OD-20 cap OGESTREL-D cap OKACID-D cap OLLA-D cap OMBEL-D cap OMBEST-D cap OMCARE-D cap OMCARE-DSR cap OMCURE-D cap OMDOM cap OMECID-D cap OMECID-RD cap OMECIP-D cap OMECOS-D cap OMEJEL-DM cap OMELAX-D cap OMEN-D cap OMERIS-D cap OMESYM-D cap OMEVAR-D cap OMEZ-D SR-cap OMIBASE D cap OMICAS-D cap OMIC-D cap OMICOOL-DXR cap OMIDEC cap OMIDIP tab OMIDOM cap OMIFLUX cap OMIG-DM cap OMILEE-D cap OMITIVE-D cap OMITOP tab OMITOP-DM tab OMIZOL-D cap OMKAIR-D cap OMLINK-D cap OMLO-D cap OMMAC PLUS cap OMORE-D tab OMPLI-D cap OMPRAZ-D cap OMPREST-D cap OMRIZ-D cap OMVEN-D cap OMZEE-D cap ONAZOLE RD cap ONAZOLE-DP cap ONTO-D cap OPAZ-DM cap OPEL-D cap OPERA-D cap OP-ZOLE D cap ORAZ-D cap OROLE-D cap OSPICID-D cap OTG-D cap OZED-D cap OZO-D

cap OZODOM cap OZOL-D cap PACIDOM-O tab PARTOCON cap PERIZOLE cap PIKLOZ-D cap PIKLOZ-DSR cap PILOC-D cap PILOC-DSR cap POMED cap PRIOM-D cap PRODON-D cap PROSTAL cap PROTOSEC-DM enteric-coated tab PROTOSEC-DSR cap RAIM-30 cap RD-ZOLE cap REGPERI-O cap SERVOCID DM accuhaler SIAOMEZ-D cap SILOMEP-D cap SOFRAZ-D cap SOMEPRA-D cap TAB ODOM tab TACKODOM cap ULCEZ-D cap ULCICAP-D tab ULCIGARD D cap ULCI-STOP cap VEMRON-D EC-cap WINOCID-D cap WYCID PLUS cap ZECID DM cap ZEPCID-D cap ZIDON-O cap ZIDON-RD cap ZOMCARE-D cap ZOMEP-D cap ZOOM-D cap ZOSEC PRO cap ZOSEC PRO tab ZOSEC-PRO KIT kit

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([all drugs])

ondansetron

CIMS Class : (Supportive Care Therapy) , (Antiemetics)

ondansetron

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related ondansetron information

Indication & Dosage

Oral

Prophylaxis of postoperative nausea and vomiting

Adult: 16 mg taken 1 hr before anaesthesia; or 8 mg taken 1 hr before anaesthesia followed by 2 more doses of 8 mg at 8-hr intervals.

Hepatic impairment: Moderate or severe hepatic impairment: Max: 8 mg daily.

Oral

Nausea and vomiting associated with cancer chemotherapy

Adult: 24 mg, as a single dose, 30 minutes before the start of single-day chemotherapy.

Child: 4-11 yr: 4 mg 30 minutes before chemotherapy; repeat dose at 4 and 8 hr after initial dose, then 4 mg every 8 hr for 1-2 days after completion of chemotherapy.

Hepatic impairment: Moderate or severe hepatic impairment: Max: 8 mg daily.

Oral

Nausea and vomiting associated with cancer chemotherapy or radiotherapy

Adult: For less emetogenic chemotherapy and/or radiotherapy: 8 mg 2 hr before treatment followed by 8 mg 8-12 hr later.

Hepatic impairment: Moderate or severe hepatic impairment: Max: 8 mg daily.

Oral

Prevent delayed emesis following chemotherapy

Adult: 8 mg bid, for up to 5 days after the end of a course of chemotherapy.

Hepatic impairment: Moderate or severe hepatic impairment: Max: 8 mg daily.

Parenteral

Nausea and vomiting associated with cancer chemotherapy

Adult: For highly emetogenic chemotherapy: 8 mg as a single dose, given via IM or slow IV inj immediately before treatment; or 8 mg IM or slow IV inj given immediately before treatment followed by either continuous IV infusion of 1 mg/hr for up to 24 hr or by a further 2 doses of 8 mg 2-4 hr apart; or 32 mg as a single dose via IV infusion over =15 minutes immediately before treatment; or 150 mcg/kg via IV infusion over 15 minutes (beginning 30 minutes before chemotherapy) and repeated 4 and 8 hr after the 1st dose. Anti-emetic efficacy can be enhanced by giving 20 mg dexamethasone sodium phosphate via IV admin before chemotherapy.

Child: =6 mth: 150 mcg/kg via IV infusion 30 minutes before the start of chemotherapy, repeat dose at 4 and 8 hr after the first dose; or 0.45 mg/kg/day as a single dose.

Hepatic impairment: Moderate or severe hepatic impairment: Max: 8 mg daily.

Parenteral

Prophylaxis of postoperative nausea and vomiting

Adult: 4 mg as a single dose via IM or slow IV inj at induction of anaesthesia.

Child: =1 mth: =40 kg: 100 mcg/kg as a single dose; >40 kg: 4 mg as a single dose.

Max Dosage: Child: 4 mg.

Hepatic impairment: Moderate or severe hepatic impairment: Max: 8 mg daily.

Parenteral

Postoperative nausea and vomiting

Adult: 4 mg IM or slow IV inj as a single dose.

Child: =1 mth: 100 mcg/kg slow IV injection, up to a maximum of 4 mg.

Hepatic impairment: Moderate or severe hepatic impairment: Max: 8 mg daily.

Rectal

Nausea and vomiting associated with cancer chemotherapy

Adult: As suppository: 16 mg given 1-2 hr before treatment.
Hepatic impairment: Moderate or severe hepatic impairment: Max: 8 mg daily.
Rectal
Prevent delayed emesis following chemotherapy
Adult: As suppository: 16 mg once daily, for up to 5 days after the end of a course of chemotherapy.
Hepatic impairment: Moderate or severe hepatic impairment: Max: 8 mg daily.

Reconstitution: Prior to IV infusion, dilute in 50 ml D5W or normal saline.
Incompatibility: Y-site incompatibility: Acyclovir, allopurinol, aminophylline, furosemide, ganciclovir, lorazepam, amphotericin B, amphotericin B cholesteryl sulfate complex, ampicillin, ampicillin/sulbactam, piperacillin, sargramostim, sodium bicarbonate, amsacrine, cefepime, cefoperazone, methylprednisolone sodium succinate.

Administration

May be taken with or without food.

Overdosage

Sudden transient blindness, severe constipation, hypotension, and vasovagal episode with transient secondary heart block. Treatment is supportive.

Contraindications

Use with apomorphine (profound hypotension).

Special Precautions

May cause QT prolongation; caution when used in cardiac diseases, patients who are on medications that can prolong QT or patients with electrolyte abnormalities. Severe hepatic impairment. May mask progressive ileus and/or gastric distension. Pregnancy, lactation.

Adverse Drug Reactions

Headache, malaise/fatigue, constipation; drowsiness, fever, dizziness, anxiety, cold sensation; pruritus, rash; diarrhoea; gynaecological disorder, urinary retention; elevated transaminase;

local inj site reaction (pain, redness, burning); paresthesia; hypoxia. Rarely: Anaphylaxis, angina, bronchospasm, ECG changes, extrapyramidal symptoms, grand mal seizure, hypokalaemia, tachycardia, vascular occlusive events.

Drug Interactions

Rifampicin and other CYP3A4 inducers reduce levels/effects of ondansetron.
Potentially Fatal: Concurrent use may increase the hypotensive effect of apomorphine; avoid concurrent use.

Food Interaction

Extent of absorption increased with food. St John's wort may reduce serum levels of ondansetron.

Pregnancy Category (US FDA)
Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not

confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Oral solution: Store at 15-30 °C. Protect from light. Tablet: Store at 2-30°C . Parenteral: Vial: Store at 2-30°C. Protect from light. Stable with D5W or normal saline for 48 hr at room temperature.

Mechanism of Action

Ondansetron antagonises 5-HT3 receptor, blocking serotonin, both peripherally on vagal nerve terminals and centrally in the chemoreceptor trigger zone.

Onset: Approx 30 minutes.

Absorption: Peak plasma concentrations: Oral: 1.5 hr; rectal: 6 hr.

Distribution: Extensively distributed. Protein-binding: 70-75%.

Metabolism: Hepatic via multiple enzymatic pathways.

Excretion: Via urine (44-60% as metabolites, 5-10% as unchanged), faeces (approx 25%). Terminal elimination half-life: Oral/parenteral: 3 hr; rectal: 6 hr; elderly/renal impairment: prolonged, approx 5 hr; severe hepatic impairment: 15-32 hr.

CIMS Class

Supportive Care Therapy / Antiemetics

ATC Classification

A04AA01 - ondansetron; Belongs to the class of serotonin (5HT3) antagonists. Used for the prevention of nausea and vomiting.

*ondansetron information:
Note that there are some more drugs interacting with ondansetron
ondansetron further details are available in official CIMS India
ondansetron
ondansetron brands available in India
Always prescribe with Generic Name : ondansetron, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ADOM-O INJ amp AFON MD-tab ANSECARE inj ANSECARE MD-tab ANSET inj ANSET syr ANSET tab BACK2NORM amp BLUDAN amp BLUDAN drops BLUDAN MD-tab CHEW-IT dispertab C-TRON film-coated tab C-TRON syr DANSET tab DASIN inj DENTRON inj DOIN vial DOMI-UP

inj DOMI-UP syr DOMI-UP tab DONSET inj DONSETRON film-coated tab DORAN-O INJ inj DORAN-O tab DOTSON inj DOTSON MD-tab DUTRON syr ELDON inj EMERAN inj EMERAN tab EMESET amp EMESET film-coated tab EMESET syr EMESET-MD tab EMESTAL-O syr EMESTAL-O tab EMESTOP tab EMIGO inj EMIGO syr EMIGO tab EMITINO MD-tab EMITINO syr EMITINO vial EMITUS inj EMITUS MD-tab EMITUS syr EMNIL inj EMNIL MD-tab EMNIL syr EMSETRON inj EMSETRON tab EMSTAL susp EMSTAL tab EMTRON syr EMTRON-MD tab E-ON amp FLATRON drops FLATRON inj FLATRON tab FLEXI inj FLEXI syr FLEXI tab FODINO amp GENDEM-MD MD-tab GLENDAN syr GLENDAN tab GLOTRON amp KANSET amp KANSET syr KANSET-4 tab KERON tab K-TRON INJ amp K-TRON syr K-TRON tab LUPISETRON inj LUPISETRON PLUS tab LUPISETRON tab MONDA amp MONDA syr MYSET inj MYTIC inj MYTIC syr MYTIC-MD tab NAUCET INJ inj NAUCID inj NAUCID syr NAUCID tab NAUCID vial NEOMIT inj NEOMIT tab NITRON amp NITRON MD-tab NOSIRID drops NOSIRID MDtab NOVATRON amp NOVATRON syr NUSET inj ODANSE tab OLEX TAB tab OMINIL amp OMIT inj OMIT tab ONBIT amp ONBIT tab ONCODEN inj ONCODEN tab ONCON tab OND syr OND tab ONDACE inj ONDACE syr ONDACE-MD

tab ONDANSETRAN amp ONDANZ amp ONDANZ dispertab ONDANZ syr ONDAR amp ONDAR tab ONDAROM inj ONDAS inj ONDAVOM amp ONDAVOM tab ONDEM inj ONDEM SYR syr ONDEM tab ONDET inj ONDET syr ONDIGO drops ONDIGO tab ONDITRON amp ONDITRON tab ONDOCIL syr ONDOCOS tab ONDOSIA inj ONDOSYM tab ONDOT inj OND-R cap ONDREA amp ONDRON inj ONDROVIT tab ONEST FORTE tab ONEST inj ONEST syr ONIZ INJ inj ONKAM inj ONKAM tab ONLEX amp ONLEX tab ONO inj ONO tab ONRIZ amp ONSAT syr ONSET inj ONSETT inj ONSETT tab ONSTAL amp ONSTAL tab ONTIC amp ONTIC syr ONTIC vial ONTIC-MD MD-tab ONTIL amp ONTIZ drops ONTIZ tab ONV inj ONV MD-tab ONVIN INJ inj ONVIN SYRUP syr ONZY drops ONZY inj ONZY MD-tab ORALIS amp ORIO-DT MD-tab O-SET amp OSET syr OSET tab O-SET tab OSETRON inj OSETRON tab OTRON syr OTRON tab PEPTISET INJ inj PEPTISET tab PERISET FC-tab PERISET inj PHYTIC 2ML inj PROSPECT inj PROSPECT MD-tab PROSPECT syr PROSPECT tab P-SET vial RALETRON drops REFVON inj REFVON MD-tab REFVON syr RONOND tab SANTRON amp SANTRON tab SATRON syr SATRON tab SETIN amp SETIN drops SETON amp SETON MD-tab SETON syr SETRADON MD tab SETRON inj SETRON

tab SETRONA amp SETRONA syr SETRONA tab SI-ON syr SOSET amp SPERONDEN MD-tab SPERONDEN syr STOP-EM susp STOP-EM tab SUPRACETRON inj SUPRACETRON MD-tab SYMSET tab TOROSET syr VOMDAR vial VOMENA PD syr VOMICARE amp VOMICARE-P tab VOMIDOT syr VOMIDOT tab VOMIGO inj VOMIGO tab VOMIGON drops VOMIGON inj VOMIGON tab VOMIKIND inj VOMIKIND MD-tab VOMIKIND syr VOMIKIND vial VOMIMED amp VOMINO amp VOMIOF film-coated tab VOMIOF syr VOMIOF vial VOMIPRA inj VOMIPRA-MD MD-tab VOMIRID amp VOMIRID drops VOMIRID tab VOMIS amp VOMIS tab VOMISET FC-tab VOMISET inj VOMISET syr VOMISOZ tab VOMIVEN amp VOMIVEN tab VOMIVEN-P tab VOMIZ inj VOMIZ tab VOMIZEN amp VOMIZEN syr VOMIZEN tab VOMIZEN-P tab VONA inj VORAST amp VORAST syr VORAST tab VOTROX syr V-SET inj V-SET syr XENATER inj XENATER-MD tab XONDMET tab XONDMET vial ZOFER inj ZOFER MD tab ZOFER tab ZONDA amp ZONDA tab ZONDAN inj ZONDAN tab ZONDE susp ZORDIL susp ZORDIL tab ZYSET amp

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([all drugs])

orlistat

CIMS Class : (Anti-obesity Agents)

orlistat

P - Caution when used during pregnancy

L - Contraindicated in lactation

related orlistat information

Indication & Dosage

Oral

Obesity

Adult: 120 mg tid with each main meal containing fat; omit dose if meal is occasionally missed or has no fat.

Child: =12 yr: 120 mg tid with each main meal containing fat; omit dose if meal is occasionally missed or has no fat.

Administration

Should be taken with food. (Take immediately before or during or up to 1 hr after each main meal. If a meal is missed or contains no fat, the dose may be omitted.)

Contraindications

Chronic malabsorption syndrome. Cholestasis. Lactation.

Special Precautions

Distribute daily intake of fat over 3 main meals. Fat-soluble vitamins supplements may be required during long-term therapy. Discontinue use if 5% body wt loss is not achieved during the first 12 wk. History of hyperoxaluria or calcium oxalate nephrolithiasis. DM. Pregnancy.

Adverse Drug Reactions

Faecal urgency and incontinence, flatulence, fatty stools or discharge, increased defecation; headache, anxiety, fatigue, menstrual irregularities; abdominal pain/discomfort.
Potentially Fatal: Anaphylaxis; angioedema.

Drug Interactions

May decrease absorption of oral fat-soluble vitamins, amiodarone, propafenone. May decrease plasma levels of ciclosporin. May alter the effects of warfarin (monitor INR). May elevate plasma levels of pravastatin.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store at 15-30°C (59-86°F).

Mechanism of Action

Orlistat is a reversible gastric and pancreatic lipase inhibitor. It exerts antiobesity effects by limiting the absorption of dietary fats through inhibition of triglyceride hydrolysis. It does not exert appetite suppressant effects.

Onset: 24-48 hr.

Duration: 48-72 hr.

Absorption: Minimally absorbed (oral).

Metabolism: Metabolised to inactive metabolites within the GI wall.

Excretion: Mainly via faeces (83% as unchanged drug).

CIMS Class

Anti-obesity Agents

ATC Classification

A08AB01 - orlistat; Belongs to the class of peripherally acting antiobesity products. Used in the treatment of obesity.

*orlistat information:
Note that there are some more drugs interacting with orlistat
orlistat further details are available in official CIMS India
orlistat
orlistat brands available in India
Always prescribe with Generic Name : orlistat, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : COBESE cap LIPOCUT cap OBELIT tab OLISAT cap ORLICA cap ORLIMAC tab ORLITROY cap REESHAPE cap TROYSLIM cap VYFAT cap ZEROFAT cap
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([all drugs])

ormeloxifene

CIMS Class : (Drugs Acting on the Uterus) , (Oral Contraceptives)

ormeloxifene

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related ormeloxifene information

Indication & Dosage

Oral

Dysfunctional uterine bleeding

Adult: 60 mg twice a wk for the 1st 12 wk and then 60 mg once a wk for up to next 12 wk.

Oral

Contraception

Adult: Take 1 tablet (30 mg) twice a wk for the 1st 12 wk then 1 tablet (30 mg) once a wk from 13th wk onwards. Take 1st tablet on the 1st day of menstrual cycle. Follow dose irrespective of menstrual periods.

Contraindications

Polycystic ovarian disease, cervical hyperplasia, recent history of jaundice or hepatic impairment, severe allergic states, TB, renal impairment. Pregnancy and lactation.

Special Precautions

Women who desire to be pregnant should discontinue taking the drug.

Adverse Drug Reactions

Delayed menses.

Mechanism of Action

Ormeloxifene acts on oestrogen receptors. It has a weak estrogenic and potent antiestrogenic actions. It is expected to exert a contraceptive effect and normalise the bleeding from uterine cavity by regularising the expression of oestrogen receptors on the endometrium. As a contraceptive, it prevents proliferation and decidualisation of the endometrium, enhances blastocyst formation and slightly increases embryo transport through the oviducts.

Absorption: Well absorbed from the GI tract. Peak serum levels achieved in 4 hr.
Distribution: Widely distributed in tissues. Little affinity to plasma proteins.
Excretion: Terminal half-life: Approx 170 hr.

CIMS Class

Note that there are some more drugs Acting on the Uterus / Oral Contraceptives

*ormeloxifene information:
ormeloxifene
ormeloxifene brands available in India
Always prescribe with Generic Name : ormeloxifene, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : CENTRON tab SEVISTA tab
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([all drugs])
ornidazole

CIMS Class : (Antiamoebics) , (Other Antibiotics)

ornidazole

P - Caution when used during pregnancy

L - Caution when used during lactation

related ornidazole information

Indication & Dosage

Oral

Amoebiasis

Adult: 0.5 g bid for 5-10 days.

Child: 25 mg/kg as a single daily dose for 5-10 days.

Renal impairment: Haemodialysis patients: Give a supplemental dose (50% of the usual dose) before dialysis.

Hepatic impairment: Severe: Double the interval between doses.

Oral

Amoebic dysentery

Adult: 1.5 g as a single daily dose for 3 days. Alternatively for patients >60 kg: 1 g bid for 3 days.

Child: 40 mg/kg daily.

Renal impairment: Haemodialysis patients: Give a supplemental dose (50% of the usual dose) before dialysis.

Hepatic impairment: Severe: Double the interval between doses.

Oral

Giardiasis

Adult: 1-1.5 g as a single daily dose for 1-2 days.

Child: 30-40 mg/kg daily.

Renal impairment: Haemodialysis patients: Give a supplemental dose (50% of the usual dose) before dialysis.

Hepatic impairment: Severe: Double the interval between doses.

Oral

Trichomoniasis

Adult: 1.5 g as a single daily dose or 0.5 g bid for 5 days. Treat sexual partners concomitantly.

Child: 25 mg/kg as a single dose.

Renal impairment: Haemodialysis patients: Give a supplemental dose (50% of the usual dose) before dialysis.

Hepatic impairment: Severe: Double the interval between doses.

Intravenous

Severe amoebic dysentery

Adult: Initially, 0.5-1 g infusion followed by 0.5 g every 12 hrs for 3-6 days.

Child: 20-30 mg/kg body wt daily.

Renal impairment: Haemodialysis patients: Give a supplemental dose (50% of the usual dose) before dialysis.

Hepatic impairment: Severe: Double the interval between doses.

Intravenous

Amoebic liver abscess

Adult: Initially, 0.5-1 g infusion followed by 0.5 g every 12 hrs for 3-6 days.

Child: 20-30 mg/kg body wt daily.

Renal impairment: Haemodialysis patients: Give a supplemental dose (50% of the usual dose) before dialysis.

Hepatic impairment: Severe: Double the interval between doses.

Intravenous

Anaerobic bacterial infections

Adult: Initially, 0.5-1 g followed by 1 g daily as a single dose or in 2 divided doses for 5-10 days. Doses to be given via infusion. Substitute with 500 mg every 12 hr orally as soon as possible.

Child: 10 mg/kg every 12 hr for 5-10 days.

Renal impairment: Haemodialysis patients: Give a supplemental dose (50% of the usual dose) before dialysis.

Hepatic impairment: Severe: Double the interval between doses.

Intravenous

Prophylaxis of postoperative anaerobic bacterial infections

Adult: 1 g by IV about 30 minutes before surgery.

Renal impairment: Haemodialysis patients: Give a supplemental dose (50% of the usual dose) before dialysis.

Hepatic impairment: Severe: Double the interval between doses.

Reconstitution: Dilute to a concentration of = 5 mg/ml.

Contraindications

Hypersensitivity to ornidazole or to other nitroimidazole derivatives.

Special Precautions

Renal and hepatic impairment. CNS diseases e.g. epilepsy or multiple sclerosis. May impair ability to drive or operate machinery. Pregnancy and lactation.

Adverse Drug Reactions

Somnolence, headache, nausea, vomiting, dizziness, tremor, rigidity, poor coordination, seizures, tiredness, vertigo, temporary loss of consciousness and signs of sensory or mixed peripheral neuropathy, taste disturbances, abnormal LFTs, skin reactions.

Drug Interactions

Potentiates effect of coumarin-type oral anticoagulants. Prolongs the muscle-relaxant effect of vecuronium bromide.

Mechanism of Action

Ornidazole is a 5-nitroimidazole derivative active against protozoa and anaerobic bacteria. It is converted to reduction products that interact with DNA to cause destruction of helical DNA structure and strand leading to a protein synthesis inhibition and cell death in susceptible organisms.

Absorption: Readily absorbed (oral and intravaginal); peak plasma concentrations after 2 hr (oral), 12 hr (intravaginal).

Distribution: Body tissues and fluids (wide), CSF. Protein-binding: <15%.

Metabolism: Hepatic.

Excretion: Via urine (as conjugates and metabolites), via faeces (small amounts); 12-14 hr (elimination half-life).

CIMS Class

Antiamoebics / Other Antibiotics

ATC Classification

G01AF06 - ornidazole; Belongs to the class of imidazole derivative antiinfectives. Used in the treatment of gynecological infections.
J01XD03 - ornidazole; Belongs to the class of imidazole derivative antibacterials. Used in the treatment of systemic infections.
P01AB03 - ornidazole; Belongs to the class of nitroimidazole derivatives antiprotozoals. Used in the treatment amoebiasis and other protozoal diseases.

*ornidazole information:
Note that there are some more drugs interacting with ornidazole
ornidazole
ornidazole brands available in India
Always prescribe with Generic Name : ornidazole, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : AURNIDA tab CGDOLE tab DAZOLIC tab DAZOLIC vial ENTAMIZOLE PLUS cap FERN film-coated tab GAZAL-O film-coated tab GIRO film-coated tab HORN tab KOOZ tab LUMIGARD film-coated tab NIDAZOLE infusion NIDAZOLE tab NIDOBA tab OBIT-OZ susp OBIT-OZ tab OFNIDA-LB tab OLIFE-OZ film-coated tab OLIFE-OZ susp ONIDAZ tab ONIZ

tab ORBEST tab ORD tab ORIZOLE tab ORNI tab ORNIDA film-coated tab ORNIDEN infusion ORNIMAX film-coated tab ORNI-O tab ORNIVIR tab ORNIZEN tab OSANI-O liqd OSANI-O tab SAYOFLOX-OZ tab SIGMADYS-OZ susp ZIL tab

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([all drugs])

orphenadrine

CIMS Class : (Antiparkinsonian Drugs) , (Muscle Relaxants)

orphenadrine

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related orphenadrine information

Indication & Dosage

Oral

Muscle spasms

Adult: As citrate: 100 mg bid orally.

Oral

Parkinsonism and drug-induced extrapyramidal syndrome

Adult: As hydrochloride: Initially, 150 mg daily in divided doses; increase gradually by 50 mg every 2-3 days depending on response.

Maintenance: 150-300 mg/day. Some patients may require up to 400 mg daily.
Max Dosage: 400 mg/day.
Parenteral
Muscle spasms
Adult: As citrate: 60 mg every 12 hr by IM or slow IV (over 5 min) inj.

Administration

May be taken with or without food. (May be taken w/ meals if GI upset occurs.)

Overdosage

Symptoms: Blurred vision, tachycardia, confusion, seizures, respiratory arrest, dysrhythmias. 2-3 g may be lethal in adults. Management: Physostigmine 1-2 mg IV slowly may be given to reverse anticholinergic effects. Otherwise, treatment is symptomatic and supportive.

Contraindications

Glaucoma, prostatic hypertrophy, GI obstruction, stenosing peptic ulcer, bladder neck obstruction, cardiospasm, myasthenia gravis.

Special Precautions

Elderly; pregnancy and lactation. May impair ability to drive or operate machinery. CHF, cardiac decompensation, coronary insufficiency , tachycardia, or cardiac arrhythmias. History of drug abuse or acute alcoholism.

Adverse Drug Reactions

Palpitation, tachycardia; agitation, drowsiness, dizziness, euphoria, hallucination, headache, mental confusion; pruritus, urticaria; constipation, gastric irritation, nausea, vomiting, xerostomia; urination hesitancy, urinary retention; aplastic anaemia (rare); tremor, weakness; blurred vision, increased intraocular pressure, nystagmus, pupil dilatation; nasal congestion; hypersensitivity.
Potentially Fatal: Anaphylactic reactions (rare).

Drug Interactions

Reduced effect with acetylcholinesterase inhibitors e.g. donepezil, galantamine, rivastigmine, tacrine; may reduce effect of centrally-acting acetylcholinesterase inhibitors. Additive sedative effects with CNS depressants, alcohol. Pramlintide may increase anticholinergic effect on the GI tract. Increased risk of anticholinergic adverse effects with diphenhydramine, TCAs, phenothiazines.

Food Interaction

Additive CNS depression may occur with valerian, St John's wort, kava kava, gotu kola.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 15-30°C (59-86°F). Parenteral: Store at 15-30°C (59-86°F). Protect from light.

Mechanism of Action

Orphenadrine is a tertiary amine antimuscarinic which exerts antiparkinsonian action by inhibiting excess central cholinergic effects that occur due to dopamine deficiency. It reduces muscle spasms possibly by its atropine-like effect on the medulla or on cerebral motor centers.

Absorption: Readily absorbed from the GI tract and after IM inj.

Metabolism: Almost completely metabolised to at least 8 metabolites.

Excretion: Mainly via urine (as metabolites and traces of unchanged drug). Half-life: 14 hr.

CIMS Class

Antiparkinsonian Drugs / Muscle Relaxants

*orphenadrine information:

Note that there are some more drugs interacting with orphenadrine

orphenadrine

orphenadrine brands available in India

Always prescribe with Generic Name : orphenadrine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ORPHIPAL tab

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([all drugs])

oxaliplatin

CIMS Class : (Cytotoxic Chemotherapy)

oxaliplatin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related oxaliplatin information

Indication & Dosage

Intravenous

Advanced colorectal cancer

Adult: In combination with fluorouracil/leucovorin: 85 mg/m2 every 2 wk until disease progression or unacceptable toxicity. Dose to be given by IV infusion over 2-6 hr, dissolved in 250-500 ml of glucose 5%, . After recovery from toxicity, reduce dose to 65 mg/m2. Administer before fluoropyrimidines.

Renal impairment: Dose adjustment may be needed.

Intravenous

Adjuvant therapy in stage III colon cancer

Adult: In combination with fluorouracil/leucovorin: 85 mg/m2 every 2 wk for 12 cycles. Dose to be given by IV infusion over 2-6 hr, dissolved in 250-500 ml of glucose 5%, every 2 wk; given for 12 cycles. After recovery from toxicity, reduce dose to 75 mg/m2. Administer before fluoropyrimidines.

Renal impairment: Dose adjustment may be needed.

Reconstitution: Reconstitute with 10 ml (for 50 mg vial) or 20 ml (for 100 mg vial) water for inj or 5% dextrose inj. Reconstituted solution must be further diluted with 250-500 ml of 5% dextrose inj before admin.

Incompatibility: Admixture incompatibility: Alkaline medications or media.

Overdosage

Extensions of known adverse reaction (e.g. thrombocytopenia, myelosuppression, nausea, vomiting, neurotoxicity, respiratory symptoms). Treatment is supportive.

Contraindications

Pregnancy. Peripheral neuropathy with functional impairment. Severe renal impairment.

Special Precautions

Should be administered under the supervision of an experienced cancer chemotherapy physician. Use appropriate precautions for handling and disposal. Monitor neurological status and dose should be reduced if symptoms are prolonged or severe. Monitor blood counts during treatment and courses should not be repeated until blood counts have recovered. Caution in elderly, moderate degrees of renal impairment. Avoid using aluminum-containing needles or IV admin sets that may come into contact with oxaliplatin as aluminum has been reported to cause degradation of platinum compounds. Lactation.

Adverse Drug Reactions

Fatigue, fever, pain, headache, insomnia, nausea, diarrheoa, vomiting, abdominal pain, constipation, anorexia, stomatitis, anemia, thrombocytopenia, leukopenia, aspartate and alanine

transaminases increased, total bilirubin increased, peripheral neuropathy, back pain, dyspnoea, cough, oedema, chest pain, peripheral oedema, flushing , thromboembolism, dizziness, rash, alopecia , hand-foot syndrome dehydration, hypokalaemia, dyspepsia, taste perversion, flatulence, mucositis, gastroesophageal reflux, dysphagia, dysuria, neutropenia, inj site reaction, rigors, arthralgia, abnormal lacrimation, serum creatinine increased, rhinitis, epistaxis, pharyngitis, pharyngolaryngeal dysesthesia, allergic reactions, hiccup.
Potentially Fatal: Anaphylaxis, pulmonary fibrosis.

Drug Interactions

May decrease plasma levels of digoxin. May increase risk of toxicity with nephrotoxic drugs. When administered as sequential infusions, taxane derivatives (docetaxel, paclitaxel) should be administered before oxaliplatin to limit myelosuppression and enhance efficacy.

Pregnancy Category (US FDA)
Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or

for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Store intact vials at 15-30°C; do not freeze. Reconstituted solution: May store at 2-8°C for up to 24 hr. Diluted solutions: Stable up to 6 hr at 20-25°C or up to 24 hr under refrigeration at 2-8°C.

Mechanism of Action

Oxaliplatin, a platinum-containing complex similar to cisplatin, is an alkylating agent. After intracellular hydrolysis, the platinum compound binds to DNA forming cross-links which inhibit DNA replication and transcription, resulting in cell death.

Distribution: Vd: 440 L; protein binding: >90% primarily albumin and gamma globulin (irreversible binding to platinum). Also binds irreversibly to red blood cells.

Metabolism: Rapidly and extensively metabolised to active and inactive compounds.

Excretion: Via urine (approx 54%); faeces (approx 2%).

CIMS Class

Cytotoxic Chemotherapy

ATC Classification

L01XA03 - oxaliplatin; Belongs to the class of platinum-containing antineoplastic agents. Used in the treatment of cancer.

*oxaliplatin information:
Note that there are some more drugs interacting with oxaliplatin
oxaliplatin
oxaliplatin brands available in India
Always prescribe with Generic Name : oxaliplatin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : CELDACH vial DACOTIN vial FEXOPLAT vial GLENOXAL vial KINAPLAT inj OPLATIN vial OXAMIL vial OXIPLAT vial OXITAN vial OXOPLAN vial PLATOXIN inj XALIPAT vial XPLATIN vial ZILDOX vial
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([all drugs])

oxazepam

CIMS Class : (Anxiolytics)

oxazepam

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related oxazepam information

Indication & Dosage

Oral

Alcohol withdrawal syndrome

Adult: 15-30 mg 3 or 4 times daily.

Elderly: or debilitated patients: Initially, 10 mg tid; increase up to 10-20 mg 3 or 4 times daily as necessary.

Oral

Anxiety

Adult: 15-30 mg 3 or 4 times daily.

Elderly: or debilitated patients: Initially, 10 mg tid; increase up to 10-20 mg 3 or 4 times daily as necessary.

Oral

Insomnia associated with anxiety

Adult: 15-25 mg given 1 hr before bedtime. Up to 50 mg may be occasionally required.

Administration

May be taken with or without food.

Overdosage

Symptoms: Somnolence, confusion, coma, hypoactive reflexes, dyspnoea, hypotension, slurred speech, impaired coordination. Treatment: Supportive.

Contraindications

Not for the treatment of psychoses. Pregnancy and lactation.

Special Precautions

Cross-sensitivity with other benzodiazepines may occur. Hepatic and renal impairment. Respiratory disease. Debilitated patients, elderly, patients at risk of falls. Withdraw gradually. Porphyria; impaired gag reflex. History of drug abuse or acute alcoholism. May impair ability to drive or operate machinery. CV or cerebrovascular

disease, intolerance to transient decreases in BP. Depression or if suicidal risk is present.

Adverse Drug Reactions

Syncope (rare), oedema; drowsiness, ataxia, dizziness, vertigo, memory impairment, headache, paradoxical reactions (excitement, stimulation of effect), lethargy, amnesia, euphoria; rash; decreased libido, menstrual irregularities; incontinence; leukopenia, blood dyscrasias; jaundice; dysarthria, tremor, reflex slowing; blurred vision, diplopia; drug dependence.

Drug Interactions

Reduced sedative effects with theophylline and other CNS stimulants. Increased incidence of headache with zidovudine. May reduce effects of levodopa.
Potentially Fatal: Additive CNS depression with alcohol and other CNS depressants.

Food Interaction

Additive CNS depression may occur with valerian, St John's wort, kava kava, gotu kola.

Storage

Oral: Store at 15-30°C (59-86°F).

Mechanism of Action

Oxazepam is a short-acting benzodiazepine. It enhances the activity of GABA, a major inhibitory neurotransmitter in the brain, by binding to specific sites in the GABA receptors.

Absorption: Well absorbed from the GI tract; peak plasma levels in about 2 hr (oral).

Distribution: Crosses the placenta and detected in breast milk. Protein-binding: 85-97%.

Metabolism: Hepatic; extensively metabolised to inactive glucuronide.

Excretion: Via urine as unchanged drug and inactive metabolites. Elimination half-life: 3-21 hr.

CIMS Class

Anxiolytics

ATC Classification

N05BA04 - oxazepam; Belongs to the class of benzodiazepine derivatives anxiolytics. Used in the management of anxiety, agitation or tension.

*oxazepam information:
Note that there are some more drugs interacting with oxazepam
oxazepam further details are available in official CIMS India
oxazepam
oxazepam brands available in India
Always prescribe with Generic Name : oxazepam, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : SEREPAX tab
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([all drugs])
oxcarbazepine
CIMS Class : (Anticonvulsants)

oxcarbazepine

P - Caution when used during pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related oxcarbazepine information

Indication & Dosage

Oral

Monotherapy or adjunctive therapy in the treatment of partial seizures with or without secondary generalised tonic-clonic seizures

Adult: Initially, 600 mg daily in 2 divided doses; increase at a max increments of 600 mg daily at wkly intervals depending on response. Maintenance: 600-1,200 mg daily. Adjunctive therapy/refractory patients switched from other anticonvulsants: Up to 2,400 mg daily.

Child: >6 yr: 8-10 mg/kg daily in 2 divided doses; increase as necessary to max increments of 10 mg/kg daily at about wkly intervals to a max of 46 mg/kg daily. Maintenance in adjunctive therapy: 30 mg/kg daily.

CrCl (ml/min)

Dosage Recommendation

<30

Initially, 300 mg daily or 50% of usual dose. Increase at wkly intervals or longer.

Administration

May be taken with or without food.

Overdosage

Symptoms: CNS depression (somnolence, ataxia). Treatment: Symptomatic and supportive.

Contraindications

Hypersensitivity. Lactation.

Special Precautions

Cross-sensitivity to carbamazepine may occur. Do not discontinue abruptly. Renal and hepatic impairment. Patients at risk of hyponatraemia. May impair ability to drive or operate machinery. Pregnancy.

Adverse Drug Reactions

Dizziness, somnolence, headache, ataxia, fatigue, vertigo, nervousness, amnesia, abnormal thinking, insomnia, speech disorder, agitation, confusion; vomiting, nausea, abdominal pain, diarrhoea, dyspepsia, constipation, gastritis, wt gain; abnormal gait, tremor, weakness, back pain, abnormal coordination, dysmetria, sprains/strains, muscle weakness; diplopia, nystagmus, abnormal vision and accommodation; hypotension, leg oedema; rash, acne; hyponatraemia; rhinitis, chest infection, epistaxis, sinusitis.
Potentially Fatal: Stevens-Johnson syndrome, toxic epidermal necrolysis. Anaphylaxis and angioedema.

Drug Interactions

Reduced serum levels with carbamazepine, phenobarbitone, phenytoin, valproic acid. May reduce levels/effects of CYP3A4 substrates (e.g. benzodiazepines, calcium channel blockers, clarithromycin,ciclosporin, erythromycin, oestrogens, mirtazapine, nateglinide, nefazodone, nevirapine, protease inhibitors, tacrolimus, venlafaxine). May reduce efficacy of oral contraceptives.

May reduce levels/effects of maraviroc. May increase levels of phenobarbitone, phenytoin.

Food Interaction

Levels may be reduced with St John's wort. Evening primrose may reduce seizure threshold and reduce the effects of oxcarbazepine.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 25°C (77°F).

Mechanism of Action

Oxcarbazepine blocks voltage-sensitive sodium channels, which inhibits repetitive firing, stabilises hyperexcited neuronal

membranes and decreases release of synaptic impulses. These effects may prevent the spread of epileptic seizures.

Absorption: Well absorbed from the GI tract.

Distribution: Monohydroxy metabolite: Widely distributed; protein-binding: About 40%, mainly to albumin. Oxcarbazepine and metabolite: Cross the placental barrier and enter breast milk.

Metabolism: Metabolised in the liver to 10,11-dihydro-10-hydroxy-carbamazepine (principal metabolite; possesses antiepileptic activity).

Excretion: Via urine (mainly as metabolites). Half-life: 2 hr (oxcarbazepine); 9 hr (monohydroxy metabolite).

CIMS Class

Anticonvulsants

ATC Classification

N03AF02 - oxcarbazepine; Belongs to the class of carboxamide derivatives antiepileptic. Used in the management of epilepsy.

*oxcarbazepine information:

Note that there are some more drugs interacting with oxcarbazepine

oxcarbazepine

oxcarbazepine brands available in India

Always prescribe with Generic Name : oxcarbazepine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CARBOX film-coated tab MEZALOG film-coated tab OLEPTAL OD tab OLEPTAL-DT dispertab OXANA film-coated tab OXANA-SR tab OXCARB film-coated tab OXCAZO tab OXEP tab OXEPTAL film-coated tab OXETOL film-coated tab OXETOL-XR extentab OXMAZETOL-SR SR-tab OX-MEZETOL tab OXRATE tab SELZIC susp SELZIC tab TRIOPTAL tab ZENOXA tab

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([all drugs])

oxprenolol

CIMS Class : (Beta-Blockers)

oxprenolol

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related oxprenolol information

Indication & Dosage

Oral

Hypertension

Adult: As hydrochloride: 80-160 mg daily in 2-3 divided doses. May increase dose every 1-2 wk until adequate response is obtained. Max: 320 mg daily although up to 480 mg daily has been used. Modified-release tablet: Up to 320 mg once daily.

Oral

Angina pectoris

Adult: As hydrochloride: 80-160 mg daily in 2-3 divided doses. Max: 320 mg daily.

Oral

Cardiac arrhythmias

Adult: As hydrochloride: 40-240 mg daily in 2-3 divided doses.

Oral

Anxiety

Adult: As hydrochloride: 40-80 mg daily as a single dose or in 2 divided doses.

Administration

May be taken with or without food.

Overdosage

Symptoms: Hypotension, bradycardia, CHF, bronchospasm, hypoglycaemia. Cardiogenic shock, cardiac arrest, impairment of consciousness, and generalised convulsions may occur. Treatment: Symptomatic and supportive. Atropine 1-2 mg IV may be used for bradycardia/hypotension. Pressors, e.g. norepinephrine may be given if outcome is unsatisfactory. Glucagon (1-10 mg) may also be used.

Contraindications

2nd and 3rd degree AV block; sinus bradycardia; uncontrolled heart failure; allergic rhinitis, bronchospasm or asthma; sick sinus syndrome; right ventricular failure secondary to pulmonary hypertension; cardiogenic shock.

Special Precautions

History of severe anaphylaxis to allergens; treatment of anaphylaxis (e.g. epinephrine) may be ineffective in patients on ß-

blockers. Compensated heart failure, DM, severe hepatic impairment or inflammatory diseases, myasthenia gravis, peripheral vascular disease (including Raynaud's), untreated phaeochromocytoma, history of psychiatric illness. Do not withdraw abruptly (particularly in patients with coronary artery disease). May impair ability to drive or operate machinery. Pregnancy and lactation.

Adverse Drug Reactions

Pulmonary oedema, postural hypotension, prolonged PR interval, sinus arrest, palpitation, chest pain, peripheral vascular disorders, hot flashes, syncope; vertigo, lightheadedness, headache, dizziness, anxiety, depression, nervousness, irritability, hallucinations, sleep disturbances, sedation, slurred speech; dry skin, rash, pruritus; decreased libido, impotence, wt gain, hypoglycaemia; GI disturbances; thrombocytopenia, leukopenia; elevated LFTs; paraesthesia, weakness; keratoconjunctivitis, dry and itching eyes, blurred vision; tinnitus; increased BUN; dyspnoea, wheezing; diaphoresis.
Potentially Fatal: CHF, heart block, severe bradycardia, bronchospasm.

Drug Interactions

Bradycardic and hypotensive effects may be enhanced by fentanyl. Excessive reduction of sympathetic activity may occur with MAOIs, reserpine, guanethidine. Effect may be enhanced by cimetidine. Additive CNS depression may occur with opiate analgesics, antihistamines, ethanol, psychoactive drugs. May enhance the vasoconstrictive effects of ergot alkaloids. Effect may be reduced with indometacin (and possibly other NSAIDs). May enhance effects of insulin and oral antidiabetics. Hypertensive reactions may occur with sympathomimetics e.g. epinephrine.
Potentially Fatal: Hypotension, cardiac arrhythmias and cardiac arrest may occur with IV diltiazem andverapamil. Myocardial depression may be additive with inhalant anaesthetics. May enhance negative inotropic and negative dromotropic effect of quinidine, amiodarone, disopyramide.

Food Interaction

Ephedra, yohimbe and ginseng may exacerbate hypertension.

Storage

Oral: Store at 30°C (86°F). Protect from heat.

Mechanism of Action

Oxprenolol is a non-cardioselective ß-blocker. It competitively antagonises catecholamine-induced tachycardia at cardiac ß-receptor sites, resulting in reduced cardiac output. It also inhibits renin release by the kidneys, and inhibits the vasomotor centres.
Absorption: Well absorbed from the GI tract. Peak plasma levels within 1 or 2 hr (oral).
Distribution: Protein-binding: About 80%. Crosses the placenta and present in breast milk; crosses the blood-brain barrier.
Metabolism: Hepatic; undergoes first-pass metabolism.
Excretion: Almost entirely via urine. Elimination half-life: 1-2 hr.

CIMS Class

Beta-Blockers

ATC Classification

C07AA02 - oxprenolol; Belongs to the class of non-selective beta-blocking agents. Used in the treatment of cardiovascular diseases.

*oxprenolol information:

Note that there are some more drugs interacting with oxprenolol

oxprenolol

oxprenolol brands available in India

Always prescribe with Generic Name : oxprenolol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : TRASICOR tab

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([all drugs])

oxybutynin

CIMS Class : (Drugs for Bladder & Prostate Disorders)

oxybutynin

P - Caution when used during pregnancy

L - Caution when used during lactation

related oxybutynin information

Indication & Dosage

Oral

Overactive bladder

Adult: 2.5-5 mg bid-tid. May be increased to max 5 mg 4 times daily if necessary. As extended-release preparation: Initially, 5 mg once daily increased by 5 mg every wk if necessary to max 30 mg daily.
Child: >7 yr for nocturnal enuresis: 2.5-3 mg bid increased if necessary to 5 mg bid-tid. Last dose should be given before bedtime. As extended-release preparation: 5 mg once daily, increased by 5 mg wkly if necessary to max 20 mg daily.
Elderly: Initially, 2.5-3 mg bid increased to 5 mg bid if necessary.
Oral
Neurogenic bladder disorders
Child: >5 yr: 2.5 or 3 mg bid increased to 5 mg bid according to response. Max 5 mg tid.
Transdermal
Overactive bladder
Adult: 1 transdermal system (delivering 3.9 mg per day) applied to dry, intact skin on the abdomen, hip, or buttock twice wkly.

Administration

May be taken with or without food.

Overdosage

Anticholinergic effects including CNS excitation (e.g. restlessness, tremor, irritability, convulsions, delirium, hallucinations), flushing, fever, dehydration, cardiac arrhythmia, vomiting, and urinary retention may occur after overdose. Treatment should be symptomatic and supportive. Activated charcoal may be administered.

Contraindications

GI obstruction or atrophy, severe toxic megacolon, significant bladder outflow obstruction, glaucoma, urinary retention.

Special Precautions

Elderly; hepatic or renal impairment; neuropathy; hyperthyroidism; prostatic hyperplasia; hiatus hernia; cardiac disease, reflux oesophagitis, ulcerative colitis, myasthenia gravis; pregnancy and lactation. High environmental temperature might cause heat prostration (fever with heat stroke due to decreased sweating).

Adverse Drug Reactions

Dry mouth, constipation, nausea, abdominal pain; blurred vision; headache, dizziness, drowsiness; dry skin, rash; photosensitivity, diarrhoea, insomnia, palpitation, weakness, dry eyes, confusion, hypertension, UTI, dyspepsia.

Drug Interactions

Co-administration with other anticholinergic drugs may cause undesirable increased anticholinergic effects. Additive sedation with CNS depressants and alcohol. Concentration may be increased by CYP3A4 inhibitirs (e.g. imidazole antifungals, macrolide antibiotics).

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store at 15-30°C (59-86°F). Transdermal: Store at 15-30°C (59-86°F).

Mechanism of Action

Oxybutynin exerts direct antispasmodic effect on the smooth muscle by inhibiting the muscarinic action of acetylcholine. It exhibits moderate anticholinergic effect, but has potent antispasmodic effects on urinary smooth muscle.
Absorption: Peak plasma concentrations after 1 hr.
Distribution: Crosses the blood-brain barrier; enters breast milk.
Metabolism: Hepatic: Undergoes first-pass metabolism.
Excretion: Excreted in urine and faeces as metabolites. Elimination half life 2-3 hr.

CIMS Class

Drugs for Bladder & Prostate Disorders

ATC Classification

G04BD04 - oxybutynin; Belongs to the class of urinary antispasmodics. Used in the treatment of urological problems.

*oxybutynin information:

Note that there are some more drugs interacting with oxybutynin

oxybutynin

oxybutynin brands available in India

Always prescribe with Generic Name : oxybutynin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CYSTRAN tab NOCTURIN tab OXYBUTIN tab OXYSPAS tab TROPAN tab

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([all drugs])

oxyfedrine

CIMS Class : (Anti-Anginal Drugs)

oxyfedrine

related oxyfedrine information

Indication & Dosage

Oral

Myocardial infarction, Angina pectoris

Adult: 8-24 mg tid.

Contraindications

Aortic insufficiency with marked haemodynamic changes; subvalvular aortic stenosis.

Adverse Drug Reactions

Transient taste impairment

Mechanism of Action

Oxyfedrine is a partial agonist at ß-adrenergic receptors and acts as a coronary vasodilator.

CIMS Class

Anti-Anginal Drugs

ATC Classification

C01DX03 - oxyfedrine; Belongs to the class of other vasodilators. Used in the treatment of cardiac disease.

*oxyfedrine information:

oxyfedrine

oxyfedrine brands available in India

Always prescribe with Generic Name : oxyfedrine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ILDAMEN inj ILDAMEN tab

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([all drugs])

oxymetazoline

CIMS Class : (Nasal Decongestants & Other Nasal Preparations) , (Ophthalmic Decongestants, Anesthetics, Anti-inflammatories)

oxymetazoline

P - Caution when used during pregnancy

L - Caution when used during lactation

related oxymetazoline information

Indication & Dosage

Nasal

Nasal congestion

Adult: As 0.05% solution: Spray 1-3 times into each nostril bid.

Child: =6 yr: Instill or spray 0.05% solution 1-3 times into each nostril bid.

Ophthalmic

Conjunctival decongestant

Adult: Instil 1-2 drops of 0.025% solution into the eye(s) 6 hrly when necessary.

Child: =6 yr: Instill 1-2 drops of 0.025% solution into the eye(s) 6 hrly when necessary.

Contraindications

Glaucoma; hyperthyroidism, heart disease (including angina), hypertension, advanced arteriosclerotic conditions. Children <6 yr.

Special Precautions

Pregnancy, lactation. Difficulty in urination secondary to prostate enlargement; DM.

Adverse Drug Reactions

Nasal drops or spray: Local stinging or burning, sneezing, dryness of mouth and throat. Prolonged or frequent use may cause rebound congestion. Headache, insomnia, tachycardia, hypertension, nervousness, nausea, dizziness, palpitation, arrhythmia. Eye drops: Dryness of eye.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Oxymetazoline is a direct-acting sympathomimetic which has vasoconstrictor effect on mucosal blood vessels when applied topically and in turn reduces oedema of the nasal mucosa.

Duration: Up to 12 hr.

CIMS Class

Nasal Decongestants & Other Nasal Preparations / Ophthalmic Decongestants, Anesthetics, Anti-inflammatories

ATC Classification

R01AA05 - oxymetazoline; Belongs to the class of topical sympathomimetic agents used as nasal decongestants.
R01AB07 - oxymetazoline; Belongs to the class of topical sympathomimetic combination preparations, excluding corticosteroids. Used as nasal decongestants.
S01GA04 - oxymetazoline; Belongs to the class of sympathomimetics used as ophthalmologic decongestants.

*oxymetazoline information:
Note that there are some more drugs interacting with oxymetazoline
oxymetazoline
oxymetazoline brands available in India
Always prescribe with Generic Name : oxymetazoline, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : NASELIN nasal drops NASIVION MINI-drops NASIVION nasal drops NASIVION P-nasal drops NAZODEN nasal drops OTRIVIN-O soln OXYLIN eye drops RHINOJET nasal

spray SINAREST NASAL DPS nasal drops SINAREST-PD P-nasal drops SUDIN NASAL DPS drops SUDIN NASAL DPS P-drops XYNOSE liqd YMETLO nasal drops ZOAMET EYE DPS. eye drops ZOAMET nasal drops

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([all drugs])

oxymetholone

CIMS Class : (Anabolic Agents)

oxymetholone

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related oxymetholone information

Indication & Dosage

Oral

Anaemia

Adult: 1-5 mg/kg/day for 3-6 mth.

Contraindications

Carcinoma of the prostate or breast in males. Carcinoma of the breast in females with hypercalcaemia. Pregnancy, lactation. Nephrosis or the nephrotic phase of nephritis. Severe hepatic impairment.

Special Precautions

CV disorders, renal or hepatic impairment, epilepsy, migraine, DM; elderly. Sleep apnoea in male patients. Monitor signs of virilisation (females) and development of priapism (males). Periodic Hb and haematocrit determinations. Radiographic exam every 6 mth (prepubertal child). Children (extreme care). Report too frequent/persistent penile erections; hoarseness, acne, menstrual changes, growth of facial hair (females); nausea, vomiting, changes in skin color, ankle swelling.

Adverse Drug Reactions

Fluid and electrolyte retention; increased vascularity of the skin; hypercalcaemia, impaired glucose tolerance; increase bone and skeletal wt; increase LDL cholesterol; increase haematocrit and fibrinolytic activity; headache, depression and GI bleeding. Spermatogenesis suppression, priapism, gynaecomastia, prostatic

hyperplasia and accelerated growth of malignant prostate neoplasms (males). Suppression of lactation, ovarian activity and menstruation; virilisation; clitoris hypertrophy; decreased libido; oily skin, acne (females). IM: urticaria, inflammation at Inj site, postinjection induration, furunculosis. Transdermal: local irritation.
Potentially Fatal: Peliosis hepatitis; cholestatic jaundice with hepatic necrosis.

Drug Interactions

May enhance activity of ciclosporin, antidiabetics, levothyroxine, anticoagulants. May cause resistance to effects of neuromuscular blockers; increased levels of oxyphenbutazone. Enhanced fluid retention when used with corticosteroids.
Potentially Fatal: Possible large increase in INR and prothrombin time with warfarin, dose may need to be reduced.

Lab Interference

May interfere with glucose tolerance and thyroid function tests.

Pregnancy Category (US FDA)

Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.

Storage

Oral: Store at 20-25°C (68-77°F).

Mechanism of Action

Oxymetholone has anabolic and androgenic properties. It is used in the treatment of aplastic anaemias to enhance the production and urinary excretion of erythropoietin and can stimulate erythropoiesis in anaemias due to deficient red cell production.

CIMS Class

Anabolic Agents

ATC Classification

A14AA05 - oxymetholone; Belongs to the class of androstan derivative anabolic steroids used as systemic anabolic agents.

*oxymetholone information:

Note that there are some more drugs interacting with oxymetholone

oxymetholone

oxymetholone brands available in India

Always prescribe with Generic Name : oxymetholone, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ADROYD tab

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([all drugs])

oxytetracycline

CIMS Class : (Tetracyclines) , (Eye Anti-infectives & Antiseptics) , (Topical Antibiotics)

oxytetracycline

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related oxytetracycline information

Indication & Dosage

Oral

Susceptible infections

Adult: 250-500 mg 4 times daily. Max 4 g daily.

Child: >8 yr: 25-50 mg/kg daily in 4 divided doses.

Renal impairment: Dosage may need to be reduced.

Oral

Acne

Adult: 250-500 mg bid.

Renal impairment: Dosage may need to be reduced.

Oral

Uncomplicated gonorrhoea

Adult: 1.5 g initially, followed by 0.5 g four times daily up to a total of 9 g per treatment course.

Renal impairment: Dosage may need to be reduced.

Intramuscular

Susceptible infections

Adult: 250 mg once daily or 300 mg daily in 2-3 divided doses.

Child: >8 yr: 15-25 mg/kg (max 250 mg) daily in 2-3 divided doses.

Renal impairment: Dosage may need to be reduced.

Ophthalmic

Superficial ophthalmic infections

Adult: Used in combination with other agents: As ointment: Apply a small amount in the lower conjunctival sac of the infected eye 2-4 times daily. As suspension: Instill 1-2 drops into the affected eye tid.

Topical/Cutaneous

Infected dermatitis

Adult: In combination with a topical steroid: Apply up to 4 times daily.

Administration

Should be taken on an empty stomach. (Take on an empty stomach 1 hr before or 2 hr after meals.)

Contraindications

Hypersensitivity to tetracyclines, children <8 yr, renal damage. Pregnancy, lactation.

Special Precautions

Elderly, renal or hepatic impairment; myasthenia gravis; lupus erythematosus, children <12 yr.

Adverse Drug Reactions

Anorexia, nausea, vomiting,diarrhoea, glossitis, dysphagia, photosensitivity, oesphageal irritation and ulceration, nephrotoxicity, enterocolitis, rash (rare), blood dyscrasias. Headache, visual disturbances; intracranial hypertension; bulging fontanelles (infants).
Potentially Fatal: Rare. Fulminant diarrhoea in post operative patients.

Drug Interactions

Antacids, iron, aluminum, calcium, magnesium, zinc salts reduce absorption. Concurrent use may cause increased levels of lithium, digoxin, halofantrine and theophylline; decreased concentrations of atovaquone. Increased risk of ergotism with ergot alkaloids. May cause failure of oral contraception.
Potentially Fatal: Interferes with anticoagulant control. Nephrotoxic effects exacerbated by diuretics,methoxyflurane or other nephrotoxic drugs; avoid concurrent use with potentially

hepatotoxic drugs. Increased incidence of benign intracranial hypertension with retinoids.

Food Interaction

Absorption reduced by food, milk and milk products. Give 1 hr before or 2 hr after meals.

Lab Interference

Interferes with urinary glucose and catecholamine estimations.

Mechanism of Action

Oxytetracycline binds reversibly to the 30S and possibly 50S ribosomal subunits, thus inhibiting bacterial protein synthesis and arresting cell growth. It is active against a wide range of gram-positive and gram-negative organisms.
Distribution: Protein-binding: 20-40%
Metabolism: Hepatic (small amounts).
Excretion: Urine, faeces; 9 hr (elimination half-life).

CIMS Class

Tetracyclines / Eye Anti-infectives & Antiseptics / Topical Antibiotics

ATC Classification

D06AA03 - oxytetracycline; Belongs to the class of topical tetracycline and derivatives agents used in the treatment of dermatological diseases.
G01AA07 - oxytetracycline; Belongs to the class of antibiotics. Used in the treatment of gynecological infections.
J01AA06 - oxytetracycline; Belongs to the class of tetracyclines. Used in the treatment of systemic infections.
S01AA04 - oxytetracycline; Belongs to the class of antibiotics. Used in the treatment of eye infections.

*oxytetracycline information:
Note that there are some more drugs interacting with oxytetracycline
oxytetracycline further details are available in official CIMS India
oxytetracycline
oxytetracycline brands available in India

Always prescribe with Generic Name : oxytetracycline, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : OXTER cap OXTER vial OXYTERACIN vial OXYTETRA inj OXYTETRACYCLINE cap OXYTETRACYCLINE inj OXYTETRACYCLINE OINT oint TERRAMYCIN cap TERRAMYCIN OINT oint TERRAMYCIN SF CAPS cap TERRAMYCIN-E OINT eye oint

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([all drugs])

oxytocin

CIMS Class : (Drugs Acting on the Uterus) , (Other Drugs Affecting Hormonal Regulation)

oxytocin

P - Contraindicated in pregnancy

L - Caution when used during lactation

related oxytocin information

Indication & Dosage

Nasal

Facilitate lactation

Adult: 1 spray (4 units) into 1 nostril 5 minutes before suckling.

Intravenous

Adjunct in abortion

Adult: 10-20 milliunits/minute. Max total dose: 30 units in a 12-hr period.

Intravenous

Postpartum haemorrhage

Adult: 10-40 units by infusion in 1000 mL of IV fluid at a rate sufficient to control uterine atony.

Intravenous

Labour induction

Adult: 1-2 milliunits/minute, may increase at intervals of at least 30 minutes until a max of 3-4 contractions occur every 10 minutes. Not to exceed 32 milliunits/minute and no more than a total of 5 units should be given in 1 day. Not to be given within 6 hr after admin of vaginal prostaglandins. Monitor uterine contractions and foetal heart rate continuously. Withdraw gradually once labour is progressing.

Intravenous

Oxytocin challenge test for evaluating of foetal distress

Adult: Dilute 5?10 units in 1 L of 5% dextrose inj. Initially, administer the drug in the mother via IV infusion at a rate of 0.5 milliunits/minute. May gradually increase infusion rate at intervals

of 15-30 minutes. Max: 20 milliunits/minute. Monitor foetal heart rate and uterine contractions immediately before and during infusion. Discontinue infusion when 3 moderate uterine contractions occur within one 10-minute interval. Compare baseline and oxytocin-induced foetal heart rates. If no change occurs, repeat the test in 1 wk. Termination of pregnancy may be required if a late deceleration in foetal heart rate occurs.

Reconstitution: Postpartum uterine bleeding: oxytocin 10-40 units to running IV infusion, max 40 units/1000 ml.
Incompatibility: When admixed: fibrinolysin (human), norepinephrine, prochlorperazine edisylate, warfarin; variable compatibility with phytonadione.

Overdosage

Tetanic uterine contractions, impaired uterine blood flow, amniotic fluid embolism, uterine rupture, syndrome of inappropriate antidiuretic hormone secretion and seizures. Treatment: Supportive and symptom specific.

Contraindications

Cephalopelvic disproportion; abnormal presentation of the foetus; hydraminios; multiparae; previous caesarian section or other uterine surgery; hyperactive or hypertonic uterus, uterine rupture; contraindicated vaginal delivery (invasive cervical cancer, active genital herpes, prolapse of the cord, cord presentation, total placenta previa or vasa previa); foetal distress where delivery is not imminent; severe pre-eclamptic toxaemia.

Special Precautions

CV disorders; >35 yr; lactation. Monitor foetal and maternal heart rate, maternal BP and uterine motility. Monitor fluid intake and output during treatment. Discontinute immediately if the uterus is hypertonic or hyperactive or if there is foetal distress. Use of nasal spray may produce maternal dependence on its effects. IM admin not regularly used due to unpredictable effects of oxytocin. Not to be used for prolonged periods in resistant uterine inertia, severe pre-eclampsia, or severe CV disorders. Risk of water intoxication when used at high doses for prolonged periods.

Adverse Drug Reactions

Foetus or neonate: Jaundice; arrhythmias, bradycardia; brain, CNS damage; seizure; retinal haemorrhage; low Apgar score. Mother: transient hypotension, reflex tachycardia; nasal irritation, rhinorrhoea, lachrymation (following nasal admin); uterine bleeding, violent contractions, hypertonicity; spasm; nausea, vomiting.

Potentially Fatal: Maternal water intoxication (especially with slow infusion over 24 hr); prolonged uterine contractions causing foetal hypoxia and death; rupture of gravid uterus; afibrinogenaemia; subarachnoid haemorrhage

Drug Interactions

Possible severe hypertension if given within 3-4 hr of vasoconstrictor in association with a caudal block anaesthesia. Cyclopropane anaesthesia may increase risk of hypotension and maternal sinus bradycardia with abnormal AV rhythms. Dinoprostone and misoprostol may increase uterotonic effect of oxytocin, thus oxytocin should not be used within 6 hr after admin of vaginal prostaglandins. Concurrent use may increase the vasopressor effect of sympathomimetics.

Potentially Fatal: Concomitant use with prostaglandins increases risk of uterine rupture and cervical lacerations.

Pregnancy Category (US FDA)

Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.

Storage

Intravenous: Store at 2-8 °C. Nasal: Store at 2-8 °C.

Mechanism of Action

Oxytocin induces rhythmic uterine contraction which increases throughout the pregnancy, reaching the max at term by proliferating oxytocin receptors. It increases the tone and amplitude of the uterine contractions at small doses.

Onset: Uterine contractions: IM: 3-5 minutes; IV: approx 1 minute.

Duration: IM: 2-3 hr; IV: 1 hr.

Absorption: Steady state is reached normally 40 minutes after parenteral admin.

Distribution: Distribution throughout extracellular fluid, small amounts reach foetus.
Metabolism: Rapidly via the liver and plasma (by oxytocinase); some metabolism via mammary gland.
Excretion: Elimination half-life: 1-5 minutes; excreted via urine.

CIMS Class

Drugs Acting on the Uterus / Other Drugs Affecting Hormonal Regulation

ATC Classification

H01BB02 - oxytocin; Belongs to the class of oxytocin and analogues. Used in posterior pituitary lobe hormone preparations.

*oxytocin information:
Note that there are some more drugs interacting with oxytocin
oxytocin
oxytocin brands available in India
Always prescribe with Generic Name : oxytocin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : EVATOCIN inj FOETOCIN inj GENOX inj GYNOTOCIN inj INDOX amp LABTOCIN amp NITOCIN amp OXYBRO INJ inj OXYSTAR inj OXYTOCIN INJ vial OXYTON-5 inj PITOCIN amp SAYTOCIN amp SYNTOCINON inj

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([all drugs])

paclitaxel

CIMS Class : (Cytotoxic Chemotherapy)

paclitaxel

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related paclitaxel information

Indication & Dosage

Intravenous

Ovarian carcinoma

Adult: Primary treatment (in combination with cisplatin or carboplatin): 135 mg/m2 infused over 24 hr followed by cisplatin and repeated at 3 wk intervals. Secondary treatment (as single agent): 135 or 175 mg/m2 infused over 3 hr once every 3 wk.

Hepatic impairment: Do not use in severe impairment, increased risk of hepatotoxicity. For detailed dosing recommendations, consult local protocol.

Intravenous

Breast cancer

Adult: Adjuvant therapy; 2nd line monotherapy or 1st line treatment with trastuzumab: 175 mg/m2 infused over 3 hr once every 3 wk for 4 courses; when used with trastuzumab, dose should be given the day after the 1st dose of trastuzumab or immediately after subsequent doses if well-tolerated. 1st line with doxorubicin: 220 mg/m2 over 3 hr every 3 wk, dose to be administered 24 hr after doxorubicin.

Hepatic impairment: Do not use in severe impairment, increased risk of hepatotoxicity. For detailed dosing recommendation, consult local protocol.

Intravenous

Advanced non-small cell lung cancer

Adult: 135 mg/m2 over 24 hr or 175 mg/m2 over 3 hr, followed by cisplatin and repeated at 3 wk intervals.

Hepatic impairment: Do not use in severe impairment, increased risk of hepatotoxicity. For detailed dosing recommendation, consult local protocol.

Intravenous

AIDS-related Kaposi's sarcoma

Adult: 135 mg/m2 over 3 hr every 3 wk. Alternatively, 100 mg/m2 over 3 hr every 2 wk especially in patients with poor performance status.

Hepatic impairment: Do not use in severe impairment, increased risk of hepatotoxicity. For detailed dosing recommendation, consult local protocol.

Reconstitution: Paclitaxel must be diluted before infusion. It can be diluted in 0.9% sodium chloride inj, 5% dextrose inj, 5% dextrose and 0.9% sodium chloride inj or 5% dextrose in lactated Ringer's inj to a concentration of 0.3-1.2 mg/ml.

Incompatibility: Do not prepare, store or administer in PVC containing equipment; macrogol glycerol ricinolate (an excipient) can cause [di-(2-ethylhexyl)phthalate] (DEHP) leaching. Y-site incompatibility: Amphotericin B, amphotericin B cholesteryl sulfate complex, chlorpromazine, doxorubicin liposome, hydroxyzine, methylprednisolone sodium succinate, mitoxantrone. Variable compatibility when admixed with cisplatin.

Overdosage

Complications: bone marrow suppression, peripheral neurotoxicity and mucositis. There is no known antidote. Treatment is symptom specific and supportive.

Contraindications

History of hypersensitivity (especially macrogol glycerol ricinolate). Patients with baseline neutropenia of <1500 cells/mm3 (<1000 cells/mm3 for kaposi's sarcoma). Pregnancy and lactation. In kaposi's sarcoma, contraindicated in patients with concurrent, serious, uncontrolled infections.

Special Precautions

Bone marrow suppression during therapy. Monitor cardiac function if conduction abnormalities result. Premedicaton (with corticosteroid, antihistamine and histamine H2-receptor antagonist) may be required to reduce risk of hypersensitivity reaction. Discontinue, if severe reactions e.g. hypotension, dyspnoea, angioedema or urticaria occur. Caution in patients with moderate hepatic impairment. Monitor for reactions of admin. Safety and efficacy in paediatric patients have not been established. Administer before platinum derivatives (cisplatin, carboplatin) if

used in combination. Hazardous agent; use appropriate precautions for handling and disposal.

Adverse Drug Reactions

Neutropenia, leukopenia, thrombocytopenia, anaemia, bleeding; hypersensitivity reactions (dyspnoea, flushing, chest pain, tachycardia, rash, hypotension, hypertension); bradycardia, abnormal ECG; neurotoxicity (mainly peripheral neuropathy), myalgia, arthralgia; nausea, vomiting, diarrhoea; severe mucositis, alopecia; rarely hepatic necrosis and encephalopathy, inj site reactions e.g. erythema, tenderness, skin discolouration, swelling; interstitial pneumonitis; infections (mainly UTIs and upper respiratory tract); mucosal inflammation, severe elevation in LFTs (aspartate aminotransferase and alkaline phosphatase).
Potentially Fatal: Infections and infestations leading to death e.g. pneumonia and peritonitis.

Drug Interactions

Myelosuppression was more profound when given after cisplatin than with the alternate sequence (e.g., paclitaxel before cisplatin). CYP2C8 inducers

e.g. carbamazepine, phenobarbital, phenytoin, rifampicin, rifapentine, and secobarbital may reduce levels or effects. CYP2C8 inhibitors e.g. gemfibrozil, ketoconazole, montelukast, and ritonavir may increase levels or effects. CYP3A4 inducers e.g. aminoglutethimide, carbamazepine, nafcillin, nevirapine, phenobarbital, phenytoin, and rifamycins may decrease the levels or effects. CYP3A4 inhibitors e.g. azole antifungals, clarithromycin, diclofenac, doxycycline, erythromycin, imatinib, isoniazid, nefazodone, nicardipine, propofol, protease inhibitors, quinidine, telithromycin, and verapamil may increase levels or effects. May increase anthracycline (eg doxorubicin, epirubicin) levels or toxicity; admin of anthracycline at least 24 hr prior to paclitaxel may reduce interaction. May decrease the absorption of cardiac glycosides (may only affect digoxin tablets); levels should be monitored.

Food Interaction

Avoid black cohosh, dong quai in estrogen-dependent tumours. Valerian and St John's wort may decrease paclitaxel levels. Kava kava and gotu kola may increase CNS depression.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Store at <25°C and protect from light. Once diluted, chemically and physically stable for 24 hr at 25°C (solutions in glucose 5% in water and normal saline are stable for 3 days at 25°C). Do not refrigerate or freeze diluted solution. Once opened, should be used as soon as possible due to risk of microbial contamination, however can be stored for a max of 28 days at 25°C.

Mechanism of Action

Paclitaxel promotes microtubule formation by enhancing the action of tubulin dimers, stabilising existing microtubules and preventing their disassembly, thereby disrupting normal cell division in the late G2 mitotic phase of the cell cycle. This results in the inhibition of cell replication.

Distribution: Extensive extravascular distribution and/or tissue binding. Volume of distribution affected by dose and duration of infusion. Protein binding: 89-98%.
Metabolism: Hepatic via CYP2C8 and 3A4; 6a-hydroxypaclitaxel is the main metabolite.
Excretion: For 1-6 hr infusion; mean ß half-life: 6.4 hr. For 3 hr infusion: mean terminal half-life: 13.1-20.2 hr. For 24 hr infusion: mean terminal half life:15.7-52.7 hr. 70% excreted via faeces, 14% excreted via urine. Mean total body clearance after 1 hr and 6 hr infusions: 5.8-16.3 l/hr/m2; after 24 hr infusions: 14.2-17.2 l/hr/m2.

CIMS Class

Cytotoxic Chemotherapy

ATC Classification

L01CD01 - paclitaxel; Belongs to the class of plant alkaloids and other natural products, taxanes. Used in the treatment of cancer.

*paclitaxel information:
Note that there are some more drugs interacting with paclitaxel

paclitaxel

paclitaxel brands available in India

Always prescribe with Generic Name : paclitaxel, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ABRAXANE vial ALTAXEL vial BETAXEL vial CANSURE vial CANTAXEL vial CELTAX vial CYTAX vial DUTAXEL vial INTAXEL infusion MITOTAX vial NANOXEL vial NAPRO-TAX 100 vial NAPRO-TAX 260 vial NAPRO-TAX 30 vial NAPRO-TAX 300 vial NEOTAXL vial ONCOTAXEL vial PACLICAD inj PACLIRON vial PACLITAX inj PACLITEC vial PACLITRUST vial PAXTAL inj PAXYTOL vial PETAXEL inj TAXOL vial

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([all drugs])

palonosetron

CIMS Class : (Antiemetics) , (Supportive Care Therapy)

palonosetron

P - Caution when used during pregnancy

L - Caution when used during lactation

related palonosetron information

Indication & Dosage

Intravenous

Nausea and vomiting associated with cancer chemotherapy

Adult: 250 mcg as a single dose. To be given over 30 sec and 30 minutes before chemotherapy. Do not repeat within 7 days.

Intravenous

Prophylaxis of postoperative nausea and vomiting

Adult: 75 mcg as a single dose immediately before induction of anaesthesia.

Reconstitution: Physically and chemically stable at concentrations of 5 and 30 mcg/ml in glucose 5%, sodium chloride 0.9%, glucose 5% in lactated Ringer's for at least 48 hr at room temperature, exposed to light and for 14 days under refridgeration.

Incompatibility: Y-site incompatibility: Methylprednisolone.

Special Precautions

Patients with intestinal obstruction or ileus. Rapid inj may lead to temporary visual changes e.g. blurred vision. Patients who have or may develop prolonged QT intervals. Safety and efficacy not established in children <18 yr. Counsel patients who handle skilled tasks e.g. driving may be impaired.

Adverse Drug Reactions

Headache; flushing; fatigue, dizziness, drowsiness; hiccups; chest pain, tachycardia and bradycardia; diarrhoea, constipation, flatulence; dry mouth; urinary retention; dyspepsia, abdominal pain; changes in BP; asthenia; anxiety, euphoria, paraesthesia, peripheral neuropathy; anorexia; motion sickness; influenza-like symptoms; glycosuria, hyperglycaemia; electrolyte disturbance; arthralgia, eye irritation; amblyopia; tinnitus; rash, pruritus.

Drug Interactions

May have additive effect on prolonging QT with drugs e.g. moxifloxacin, erythromycin, antipsychotics and TCAs.

Mechanism of Action

Palonosetron is a selective 5-HT3 antagonist that is used in the prevention of acute and delayed emesis in emetogenic cancer chemotherapy regimens.
Absorption: Cmax is dose proportional.

Distribution: Volume of distribution: 6.9-7.9 l/kg. Protein binding: Approx 62%.

Metabolism: 40% metabolised via kidney, 50% metabolised by liver CYP2D6 (mainly), CYP3A4 and CYP1A2 isoenzymes. 50% of drug metabolised, <1 % of metabolites have agonist activity on the 5-HT3receptors.

Excretion: Average terminal half-life: 40 hr.

CIMS Class

Antiemetics / Supportive Care Therapy

ATC Classification

A04AA05 - palonosetron;

*palonosetron information:

palonosetron

palonosetron brands available in India

Always prescribe with Generic Name : palonosetron, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : PALNOX vial PALONEW inj PALZEN inj

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([all drugs])

pamidronate

CIMS Class : (Agents Affecting Bone Metabolism)

pamidronate

P - Contraindicated in pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related pamidronate information

Indication & Dosage

Intravenous

Paget's disease of bone

Adult: 30 mg daily (over 4 hr) for 3 consecutive days (total dose: 90 mg), may repeat course when clinically indicated. Alternatively, 30 mg wkly for 6 wk (total dose: 180 mg) or 30 mg in the 1st wk, then 60 mg every other wk for 6 wk (total dose: 210 mg); may repeat course 6 mthly until remission of the disease is achieved, or relapse occurs. Max infusion rate: 60 mg/hr. Max total dose: 360 mg/course.

Elderly: Initiate with lower doses.

Renal impairment: Max infusion rate: 20 mg/hr.

CrCl (ml/min)

Dosage Recommendation

<30

Avoid.

Intravenous

Hypercalcaemia of malignancy

Adult: 15-90 mg (based on initial plasma calcium caoncentration) by slow infusion as a single dose over 2-24 hr or in divided doses over 2-4 days. Generally, plasma-calcium levels should start declining 24-48 hr after a dose with normalisation within 3-7 days. May repeat treatment if normocalcaemia is not achieved within this time or if hypercalcaemia recurs.

Elderly: Initiate with lower doses.

Renal impairment: Max infusion rate: 20 mg/hr.

CrCl (ml/min)

Dosage Recommendation

<30

Avoid.

Intravenous

Bone metastases

Adult: 90 mg every 3-4 wk. To be given as a 4-hr infusion.

Elderly: Initiate with lower doses.

Renal impairment: If renal function deteriorates: stop treatment until renal function is within 10% of baseline level. If reinstated, infuse over at least 4 hr.

CrCl (ml/min)

Dosage Recommendation

<30

Avoid, unless case is life threatening tumour induced hypercalcaemia.

30-60

Max rate: 20 mg/hr

Reconstitution: Add 5 ml of sterile water for inj to a 15 mg of vial of lyophilised drug or 10 ml to vials containing 30 or 90 mg of lyophilised drug. Resulting solutions will contain 3 or 9 mg/ml of pamidronate disodium. Allow contents to completely dissolve before withdrawing a dose. Further dilution: 250-1000 ml of 0.45% or 0.9% sodium chloride or 5% glucose.

Incompatibility: Incompatible with calcium containing solutions such as lactated Ringer's.

Overdosage

Hypocalcemia, hypotension, ECG changes, seizures, bleeding, paresthesia, carpopedal spasm, and fever. Treatment: IV calcium gluconate and supportive care; fever and hypotension treated with corticosteroids.

Contraindications

History of allergy to biphosphonates. Pregnancy.

Special Precautions

May increase the risk of heart failure in patients with cardiac disease. Lactation. Infuse slowly to reduce risk of adverse effects (e.g. infusion site reactions, renal impairment). Do not give as a bolus inj. Risk of neurotoxicity: Each dose should not >90mg (max concentration: 60 mg/250ml). CBC should be performed (patients with preexisting anemia, leukopenia or thrombocytopenia should be closely monitored within the 1st 2 wk of therapy). Bone, myalgia and/or arthralgia (possibly incapacitating) may develop days, mth, or yr after starting bisphosphonate; pain is distinctly different to the acute bone pain, myalgia or arthralgia which may follow administration and normally improves within several days;

symptoms normally stop once therapy is discontinued; do not administer to patients with a history of these reactions associated with bisphosphonate therapy. Monitor creatinine before each dose, especially in those predisposed to renal impairment (withhold dose in patients with bone metastases whose renal function declines).

Adverse Drug Reactions

Ocurrence and severity of reactions depend on dose and duration of infusion. Anorexia, dyspepsia, nausea, abdominal pain, vomiting; metastases; fatigue; arthralgia, myalgia; anxiety, headache, insomnia, fever; flu-like symptoms; transient bone pain, hypocalcaemia; leucopenia; local reactions at infusion site; somnolence, dizziness, hypotension, rash; hypophosphataemia, hypokalaemia, hypomagnesaemia; osteonecrosis of the jaw (especially in cancer patients); vein irritation and thrombophlebitis; candidiasis; UTI; dyspnoea, cough, upper respiratory tract infections, sinusitis, pleural effusion; atrial fibrillation, hypertension, syncope, tachycardia; psychosis; constipation, GI bleed; uremia; rales, rhinitis.
Potentially Fatal: Acute renal and heart failure.

Drug Interactions

Additive hypocalcaemic effect with aminoglycosides; decreased absorption with antacids (containing aluminium, calcium or magnesium), administer at a different time of day; decreased absorption with calcium salts; increases risk of GI adverse/toxic effects (especially GI ulcers) with NSAIDs; may increase hypocalcaemic effect of phosphate supplements.

Lab Interference

May interfere with diagnostic imaging agents in bone scans such as technetium-99m-diphosphonate.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intravenous: Powder for reconstitution: Store <30°C. Solution for inj: Store <25°C. After reconstitution: Stable for up to 24 hr when refrigerated at 2-8°C.

Mechanism of Action

Pamidronate is an aminobisphosphonate that inhibits bone resorption by acting on osteoclasts and osteoclast precursors. It also inhibits tumour induced osteolysis and delays or prevents skeletal related events (e.g. fractures, spinal cord depression) and decreases bone pain in patients with lytic metastases.
Onset: 24-48 hr.
Duration: Peak effect: max 5-7 days.
Absorption: Poor absorption.
Excretion: Elimination half-life: 21-35 hr. Excretion: Biphasic; urine (approx 50% as unchanged drug) within 120 hr.

CIMS Class

Agents Affecting Bone Metabolism

ATC Classification

M05BA03 - pamidronic acid; Belongs to the class of bisphosphonates. Used in the treatment of bone diseases.

*pamidronate information:

pamidronate

pamidronate brands available in India

Always prescribe with Generic Name : pamidronate, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AREDIA inj AREDRONET vial BONAPAM inj PAMIDRIA inj PAMIFOS vial

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([all drugs])

pancreatin

CIMS Class : (Digestives)

pancreatin

P - Caution when used during pregnancy

L - Caution when used during lactation

related pancreatin information

Indication & Dosage

Oral

Pancreatic insufficiency

Adult: Dose is adjusted according to dosage form and patient's needs. Usual dose with each meal: 5,000-56,000 units of lipase activity (with varying proportions of protease and amylase activity, depending on the preparation).

Child: Dose dependant upon dosage form and patient's needs. Children with cystic fibrosis max dose: 10,000 units lipase/kg/day.

Max Dosage:

Overdosage

May lead to laxative effect; treatment: supportive.

Contraindications

Acute pancreatitis or acute exacerbation of chronic pancreatic disease.

Special Precautions

Avoid high doses in patients with cystic fibrosis. Maintain adequate hydration. Some products contain pork protein. Inactivated by

heat; do not mix with hot food or liquids. May irritate oral mucosa; should not be held in mouth. Pregnancy and lactation.

Adverse Drug Reactions

GI effects e.g. abdominal discomfort, nausea and vomiting. Buccal and perianal irritation, particularly in infants. Colonic strictures may occur, mainly in children with cystic fibrosis receiving high doses of pancreatin preparations. Hyperuricaemia and hyperuricosuria may occur.

Drug Interactions

May impair the oral absorption of folic acid when taken together; antagonises hypoglycaemic effect ofacarbose.

Storage

Oral: Store at 15-30°C. Protect from humidity.

Mechanism of Action

Pancreatin are pancreatic enzymes which hydrolyse fats to glycerol and fatty acids, break down protein into peptides, proteoses and derived substances, and convert starch into dextrins and sugars.

CIMS Class

Digestives

*pancreatin information:
Note that there are some more drugs interacting with pancreatin
pancreatin
pancreatin brands available in India
Always prescribe with Generic Name : pancreatin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : BIOPANK tab B-ZYME tab DIGEPLEX TAB tab FESTAL-N tab MEDIZYME tab MORET tab PANSTAL-N tab PANZYNORM-N enteric-coated tab
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([all drugs])
pancuronium

CIMS Class : (Muscle Relaxants)

pancuronium

P - Caution when used during pregnancy

L - Contraindicated in lactation

related pancuronium information

Indication & Dosage

Intravenous

Facilitate endotracheal intubation

Adult: Initially, 50-100 mcg/kg. Maintenance: 10-20 mcg/kg. Can be administered undiluted by rapid IV inj.

Child: Neonate:30-40 mcg/kg. Maintenance: 10-20 mcg/kg 4-6 hrly as necessary. 1 mth-18 yr: initially 60-100 mcg/kg, then 10-20 mcg/kg repeated as recquired.

CrCl (ml/min)

Dosage Recommendation

10-50

50% normal dose

<10

avoid

Hepatic impairment: Hepatic impairment may results in a slower onset of action, higher initial dosage and longer neuromuscular blockade.

Intravenous

Muscle relaxant in general anaesthesia

Adult: Initially, 50-100 mcg/kg. Maintenance: 10-20 mcg/kg. Can be administered undiluted by rapid IV inj.

Child: Neonate:30-40 mcg/kg. Maintenance: 10-20 mcg/kg 4-6 hrly as necessary. 1 mth-18 yr: initially 60-100 mcg/kg, then 10-20 mcg/kg repeated as recquired.

CrCl (ml/min)

Dosage Recommendation

10-50

50% normal dose

<10

avoid

Hepatic impairment: Hepatic impairment may results in a slower onset of action, higher initial dosage and longer neuromuscular blockade.

Intravenous

Facilitate mechanical ventilation in intensive care

Adult: 60 mcg/kg every 60-90 min. May be administered undiliuted by rapid IV inj.

CrCl (ml/min)
Dosage Recommendation
10-50
50% dose
<10
avoid

Hepatic impairment: Hepatic impairment may result in a slower onset of action, higher initial dosage and longer neuromuscular blockade.

Reconstitution: Can be diluted in 5% glucose or 0.9% sodium chloride.
Incompatibility: At the Y-site: diazepam and thiopental; variable compatibility with propofol. Do not mix other solutions in the same syringe as a change in pH can cause precipitation (normally pH 4).

Overdosage

Symptoms: apnoea, respiratory depression and CV collapse. Treatment: pyridostigmine, neostigmine or edrophonium with atropine.

Contraindications

Anuria. Relatively contraindicated in conditions of reduced airway control. Lactation.

Special Precautions

Myasthenia gravis; severe electrolyte disorders; severe CV disease; pregnancy. Hepatic and renal function impairment. Hypothermia; jaundice; hypermagnesaemia, hypocalcaemia, hypokalaemia, hypoproteinaemia, acidosis, alkalosis, hypercalcemia. In obese patients, dose should be based on ideal body wt. Elderly; previous anaphylactic reactions to other neuromuscular-blocking agents. Burn patients (>30% of body) may be resistant to action for 5-70 days after injury. Demyelinating lesions, peripheral neuropathies, denervation, infection, muscle trauma, and DM may antagonise the neuromuscular blockade effects of drug. Neuromuscular diseases, acute intermittent porphyria, Eaton-Lambert syndrome. Maintain adequate airway and respiratory support during use.

Adverse Drug Reactions

Tachycardia may occur due to vagal blockade and especially during light anaesthesia. May decrease intra-ocular pressure and induce miosis; excessive salivation; transient rashes and itching; wheezing; elevation in pulse rate, BP, cardiac output; erythema; burning sensation along vein; profound muscle weakness; bronchospasm; hypersensitivity reaction; acute quadriplegic myopathy syndrome, myositis ossificans.

Potentially Fatal: Rare anaphylactoid reactions; bradycardia, bronchospasm, hypotension and CV collapse; respiratory depression.

Drug Interactions

Neuroleptanalgaesia may decrease neuromuscular activity. Action may be prolonged and/or potentiated by aminoglycoside antibiotics, lithium, diazepam, lidocaine (high dose), quinidine, tetracyclines, propranolol, thiamine (high dose), parenteral magnesium sulphate, MAOIs, quinine, protamine, carbamazepine, donepezil and phenytoin (if pancuronium is given concurrently for <1 wk). Action may be decreased by neostigmine, edrophonium,

high-dose or long term corticosteroids, adrenaline (may also potentiate effect), azathioprine, theophylline (high doses), clindamycin, nifedipine, piperacillin, polymixins, verapamil, procainamide. Furosemide may increase or decrease effects. TCAs may increase risk of arrhythmias and hypotension during anaesthesia.

Potentially Fatal: Potentiated by volatile anaesthetics (isoflurane and enflurane) and local anaesthetics. Prior admin of suxamethonium can increase the intensity of neuromuscular block. Concomitant use with digoxin may increase risk of serious cardiac arrhythmias.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intravenous: Normally refrigerated, however stable at room temperature for 6 mth.

Mechanism of Action

Pancuronium bromide is a non-depolarising neuromuscular blocking agent with curarimimetic action through competitive blockade at the myoneural junction by binding with cholinergic receptor sites.

Onset: Peak effect after IV administration: 2-3 min.

Duration: (dose dependant) 60-100 min. Recovery time is often much slower in renal and hepatic impairment.

Distribution: Volume of distribution is increased 50% in hepatic impairment. Protein-binding: 80%.

Metabolism: Hepatic (30-45%); active metabolite 3-hydroxypancuronium (30-50% activity of drug).

Excretion: Half life elimination: 10 min (doubled in hepatic and renal impairment). Excreted via urine (55-70% as unchanged drug). Plasma clearance reduced in hepatic and renal impairment.

CIMS Class

Muscle Relaxants

*pancuronium information:

pancuronium

pancuronium brands available in India

Always prescribe with Generic Name : pancuronium, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : NEOCURON inj PANCONIUM inj PANCURONIUM BROMIDE inj PANURON inj PAVULON amp

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([all drugs])

pantoprazole

CIMS Class : (Antacids, Antireflux Agents & Antiulcerants)

pantoprazole

P - Caution when used during pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related pantoprazole information

Indication & Dosage

Oral

Gastro-oesophageal reflux disease

Adult: 20-40 mg once daily in the morning for 4 wk, increased to 8 wk if necessary. Maintenance: 20-40 mg daily, increased to 40 mg each morning if symptoms return.

Hepatic impairment: Doses >40 mg daily have not been studied in hepatically-impaired patients.

Oral

Peptic ulcer

Adult: 40 mg once daily in the morning for 2-4 wk for duodenal ulceration or 4-8 wk for benign gastric ulceration.

Hepatic impairment: Doses >40 mg daily have not been studied in hepatically-impaired patients.

Oral

H.pylori infection

Adult: Triple therapy: 40 mg bid combined with clarithromycin 500 mg bid and either amoxicillin 1 g bid or metronidazole 400 mg bid.

Hepatic impairment: Doses >40 mg daily have not been studied in hepatically-impaired patients.

Oral

Prophylaxis of NSAID-induced ulcers

Adult: 20 mg daily.

Hepatic impairment: Doses >40 mg daily have not been studied in hepatically-impaired patients.

Oral

Zollinger-Ellison syndrome

Adult: Initially 80 mg daily, adjusted to individual requirements. Up to 240 mg daily may be used if needed. Daily doses >80 mg should be given in 2 divided doses.

Hepatic impairment: Doses >40 mg daily have not been studied in hepatically-impaired patients.

Intravenous

Zollinger-Ellison syndrome

Adult: As Na salt: 80 mg once or twice daily. Up to 240 mg daily may be given in divided doses. Convert to oral therapy as soon as possible. Dose to be given as slow inj or short-term infusion over 2-15 minutes.

Hepatic impairment: May need to reduce dose.

Intravenous

Gastro-oesophageal reflux disease

Adult: As Na salt: 40 mg daily. Convert to oral therapy as soon as possible. Dose to be given as slow inj or short-term infusion over 2-15 minutes.

Hepatic impairment: May need to reduce doses.

Intravenous

Peptic ulcer

Adult: As Na salt: 40 mg daily. Convert to oral therapy as soon as possible. Dose to be given as slow inj or short-term infusion over 2-15 minutes.
Hepatic impairment: May need to reduce doses.

Reconstitution: Reconstitute with 10 ml 0.9% sodium chloride (final concentration 4 mg/ml). Reconstituted solution may be given IV (over 2 minutes) or diluted to 100 ml in glucose 5%, 0.9% sodium chloride, or lactated Ringer's and infused over 15 min.
Incompatibility: Y site incompatibility: midazolam and zinc.

Administration

Normal release: May be taken with or without food.
Controlled-release: Should be taken on an empty stomach. (Take 1 hr before meals. Swallow whole, do not chew/crush.)

Overdosage

Treatment: supportive. Not removed by haemodialysis.

Contraindications

Lactation.

Special Precautions

Long-term therapy may lead to bacterial overgrowth in the GI tract. Hepatic impairment; monitor liver function regularly (if enzymes increase, discontinue); pregnancy; not recommended in children <18 yr; long term use may lead to atrophic gastritis.

Adverse Drug Reactions

Diarrhoea, dizziness, pruritus, skin rashes, GI tract infections, chest pain, headache, nausea, pain, anxiety, hyperglycaemia; malaise or lassitude; myalgia; oedema; insomnia; hyperlipidaemia; flatulence, abdominal pain, constipation, eructation, dyspepsia, rectal disorder; urinary frequency, UTI; abnormalities in liver function; local site reaction; hypertonia, neck pain, weakness; bronchitis, cough, dyspnoea, pharyngitis, rhinitis, sinusitis, upper respiratory tract infection, flu syndrome.

Drug Interactions

Decreased absorption of ketoconazole and itraconazole; may slightly increase digoxin plasma concentration; may reduce plasma concentration of atazanavir, avoid concomitant use; may enhance anticoagulant effect of coumarins; may cause gastric mucosal irritation with alcohol; may increase levels or effects of: bosentan, dapsone, fluoxetine, glimepiride, glipizide, losartan, montelukast, nateglinide, paclitaxel, phenytoin, warfarin, and zafirlukast; may decrease levels or effects of: aminoglutethimide, carbamazepine, phenytoin, and rifampicin.

Food Interaction

Long term use (>3 yr) may lead to vitamin B12 malabsorption. May decrease oral absorption of iron salts.

Lab Interference

May produce false positive urine screening tests for tetrahydrocannabinol.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in

pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Intravenous: IV (before reconstitution): <25 °C. Once reconstituted, store <25 °C and use within 12 hr. Oral:Store tablet at 15-30 °C.

Mechanism of Action

Pantoprazole inhibits H+/K+ ATPase pump function thereby reducing gastric acid secretion. It also has a role in the eradication of H. pylori.

Absorption: Well absorbed; peak plasma concentrations: Approx 2-2.5 hr after oral dose. Oral bioavailability: Approx 77% with enteric-coated formulation (does not vary after single or multiple doses).

Distribution: Protein-binding: 98%; volume of distribution: 11-24 L.

Metabolism: Hepatic; mainly by cytochrome CYP2C19 and slightly by CYP2D6 and CYP2C0.

Excretion: Via urine (approx 80%) and bile (approx 20%). Elimination half life: approx 1 hr (prolonged in hepatic impairment; in patients with cirrhosis the elimination half life may be 3-10 hr).

CIMS Class

Antacids, Antireflux Agents & Antiulcerants

ATC Classification

A02BC02 - pantoprazole; Belongs to the class of proton pump inhibitors. Used in the treatment of peptic ulcer and gastro-oesophageal reflux disease (GERD).

*pantoprazole information:
Note that there are some more drugs interacting with pantoprazole
pantoprazole further details are available in official CIMS India
pantoprazole
pantoprazole brands available in India
Always prescribe with Generic Name : pantoprazole, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : 3a-PAN tab 3a-PAN vial ACHPILORI inj ACHPILORI tab ACIBAN inj ACIBAN tab ACIDOPENT vial ACIHALT inj ACIHALT tab ACIZAP tab ALTOLE tab AMPEN tab AMPEN TAB tab ANZOP tab APANTA tab APENTRAL tab APENTRAL vial ARIPAN tab ARIPAN vial ARLOC tab ASIPAN tab ASOPRAZOLE tab AVOPAN tab AVOPAN vial BELPAN tab BELPAN vial BIGPAN inj BIGPAN tab BUS tab BUS vial CANOZOL tab CASPAN tab CGPAN tab CONCID tab CONTROSEC tab COOL PAN tab CULEX vial CUPAN tab CUPAN vial CYPAN tab DIGENE TOTAL tab DUPENT tab E-PENTO tab ERACID tab ERACID vial FOZOLE tab FOZOLE vial FULPAN inj FULPAN tab GANATON TOTAL SR-cap GASOPEP inj GENPEN tab GERDOPAN-40 enteric-coated tab GLOPAN tab GLOPAN vial HYPA tab HYPA vial HYZOLE-P enteric-coated tab INPAN tab INPAN vial INTAPAN KIT vial INTAPAN tab IPANT vial ISOPAN vial ITOPAN cap KAPYL inj KAPYL tab KENTA-40 tab KLENZ tab KLENZ-IV inj KONTROL tab KUREPANE inj KUREPANE tab LEETOP tab LUPIPAN tab MANEZ tab NEWPAN tab NEWPAN vial NEXPAN tab NITZOLE enteric-coated tab NORMOCID IV vial NUPAN tab NUPAN vial OMENTUM tab OMENTUM vial ORAPAN tab ORITOP tab ORITOP vial PACID tab PAGERO tab PALGIC tab PALGIC vial PALIN amp PALIN tab PALIO

tab PAN enteric-coated tab PAN vial PANBLOC tab PANBLOC vial PANCAS cap PANDON vial PANDRY inj PANDRY tab PANFAST INJ vial PANFAST tab PANGY 40 tab PANLOC tab PANMINT inj PANMINT tab PANO tab PANOCID vial PAN-OD enteric-coated tab PANOPAZ tab PANOPAZ vial PANOR tab PANPAC inj PANPAC tab PANPARI inj PANPARI tab PANPOT tab PANPOT vial PANPRA vial PANPRA-40 tab PANPRO tab PANPROZOLE vial PANPURE tab PANSA enteric-coated tab PANSA vial PANSAFE tab PANSAUL tab PANSOFT inj PANSOFT tab PANSTRIKE enteric-coated tab PANSTRIKE-40mg IV vial PANSURE enteric-coated cap PANTAB tab PANTABIT tab PANTABIT vial PANTACIN vial PANTACT inj PANTACT tab PANTADAL tab PANTAGON tab PANTAKIND EC-tab PANTAMAX tab PANTAZ tab PANTAZOL tab PANTAZOL vial PANTEC enteric-coated tab PANTEC PLUS SR-cap PANTEC vial PANTEST vial PANTIF tab PANTIN enteric-coated tab PANTIN vial PANTIN-FR film-coated tab PANTIUM tab PANTIUM vial PANTO inj PANTO tab PANTOCAF vial PANTOCAR enteric-coated tab PANTOCAR vial PANTOCID enteric-coated tab PANTOCID FAST film-coated tab PANTOCID-IT cap PANTOCIP tab PANTOCOS tab PANTODAC enteric-coated tab PANTODAC INJ vial PANTOFER tab PANTOFIN enteric-coated tab PANTOFIN

vial PANTOL enteric-coated tab PANTOL vial PANTOLEX tab PANTOLOC tab PANTOLOC-40 tab PANTOLUP tab PANTOM tab PANTOMAX inj PANTONID tab PANTONIS tab PANTONIS vial PANTOP tab PANTOP vial PANTOPAN tab PANTOPAN vial PANTOPEP tab PANTOPIK tab PANTOPRIL tab PANTOSEC tab PANTOSH tab PANTOSOL-IV inj PANTOTAB inj PANTOTAB tab PANTOTIVE vial PANTOVAR tab PANTOX tab PANTOX vial PANTOZ tab PANTOZOL tab PANTOZOL vial PANTOZOLE tab PANTRA inj PANTRA tab PANTRIC tab PANTRY tab PANTRY vial PANTZ tab PANTZ vial PANUM inj PANUM tab PANWELL inj PANZ tab PANZ vial PANZAC enteric-coated tab PARIZOL inj PARIZOL tab PARVUM vial PAT-40 vial PAVE tab PAZES-20 tab PAZOLE INJ vial PAZOLE tab P-BIT tab PENCID tab PENKOOL tab PENKOOL vial PEN-M tab PEN-M vial PENSTAL inj PENSTAL tab PENTA amp PENTA tab PENTAGON tab PENTALINK inj PENTALOC enteric-coated tab PENTARIV tab PENTARIV vial PENTARIV-IT SRcap PENTASTAR tab PENTASTAR vial PENT-AV tab PENTAZOLE tab PENTAZOLE vial PENTIUM tab PENTIUM vial PENTOAT tab PENTOCOS inj PENTONA tab PENTOPEN tab PENTOWOK IVvial PENTOZED tab PENTS vial PEPCARE 40 tab PEPCINOVA enteric-coated tab PEPGERD tab PEPGERD vial PEPMARK tab PEPNIL tab PEPNIL vial PEPTA tab PEPTAC

tab PEPTAZOLE tab PEPTICOOL cap PEPTICOOL tab PEPTICOOL vial PEPTILCER vial PERFAME tab PETIOL tab PILPAN tab PINTEL vial PIP tab PIP vial PNX enteric-coated tab PNX vial PNZ enteric-coated tab PNZ vial P-OD tab POL tab POLE tab POLTOP tab PONY tab PONY vial POP tab POPEEZ film-coated tab P-PPI enteric-coated tab PRAIZE tab PRAL tab PRAZOCID tab PRAZOSAN vial PRAZOTEL vial PREDOM INJ vial PREZOLE INJ vial PROLOC tab PROLUS vial PROPANZ enteric-coated tab PROPANZ vial PROTAP inj PROTOCENT tab PROTOPAN tab PROTOPAN vial PROTOPAN-I tab PROVERA 40 vial PTCID INJ inj PTCID tab PT-ZOLE tab PUNCH inj PUSHER tab PZ-4 inj PZ-4 tab PZOL tab P-ZOLE inj P-ZOLE tab PZOSTAR tab PZOSTAR vial RAIN tab RAIN vial REFNOK film-coated tab RIPANE inj RIPANE tab ROPAN vial SANTOLE tab SIAPAN tab SILPAN vial SOLOPAN inj SOLOPAN tab SOZIPAN tab SOZIPAN vial STEDPAN tab SYMTOP tab TANSA inj TANSA tab TAPRA tab TAZOL vial TAZOLE tab TAZOLE vial TOLIN tab TOLIN-D tab TOLIN-DSR tab TOPAN tab TOPAN vial TOPDOM cap TOP-PAN tab TOP-PAN vial TOPPEN tab TOPPEN vial TOPRAZ tab TOPRAZOL tab TRIP tab TROYPANTO vial ULKUS inj ULKUS tab ULRID enteric-coated tab ULRID vial ULTOP inj ULTOP tab ULZAR-40 tab ULZERO tab WOPPI vial WYPAN

tab WYPAN vial XEPENTA FAST tab XEPENTA tab XEPENTA vial ZANPAN tab ZEPOXIN vial ZIPANT tab ZOLEKAIR cap ZOLEKAIR vial ZOLEKAIR-I cap ZOLPANZ enteric-coated tab ZOLPANZ IV inj ZOVANTA enteric-coated tab ZYTO tab ZYTO vial

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([all drugs])

pantoprazole + domperidone

CIMS Class : (Antacids, Antireflux Agents & Antiulcerants) , (GIT Regulators, Antiflatulents & Anti-inflammatories)

pantoprazole + domperidone

P - Contraindicated in pregnancy

L - Caution when used during lactation

related pantoprazole + domperidone information

Indication & Dosage

Oral

Gastro-oesophageal reflux disease, Dyspepsia

Adult: Per tablet/capsule contains pantoprazole 40 mg and domperidone 10 mg: 1 tablet/capsule once daily.

Contraindications

Pantoprazole: Hepatic impairment; hypersensitivity. Domperidone: History of hypersensitivity to dimenhydrinate or related compounds; GI haemorrhage, obstruction and perforation, or after surgery, pregnancy.

Special Precautions

Lactation. Pantoprazole: Not recommended in child <12 yrs. Long-term therapy may lead to bacterial overgrowth in the GIT. Domperidone: Increases serum prolactin levels resulting to galactorrhoea in females and gynaecomastia in males. Hypertensive crisis in patients with phaeochromocytoma.

Adverse Drug Reactions

Pantoprazole: Diarrhoea, dizziness, pruritus, skin rashes, GIT infections; anaphylaxis, angioedema, chest pain, dyspnoea, erythema multiforme, gastroenteritis, hyperglycaemia, infection, Inj site reaction, jaundice, optic neuropathy, anterior ischaemia, pancreatitis, speech disorder. Domperidone: Headache, insomnia, nervousness, dizziness, thirst, lethargy, irritability, GI disturbances, hot flushes, mastalgia, galactorrhoea, gynaecomastia, menstrual

irregularities, rash, pruritus, urticaria, stomatitis, conjunctivitis, urinary frequency, dysuria, oedema, palpitations, leg cramps, asthaenia, drug intolerance.

Drug Interactions

Care should be exercised when domperidone is administered in combination with MAO inhibitors.

Mechanism of Action

Pantoprazole acts by selectively inhibiting the H+/K+-ATPase enzyme in the secretory canaliculus of the stimulated parietal cell. Domperidone stimulates GI activity by acting as a competitive antagonist at dopamine D2-receptors.

CIMS Class

Antacids, Antireflux Agents & Antiulcerants / GIT Regulators, Antiflatulents & Anti-inflammatories

ATC Classification

A02BC02 - pantoprazole; Belongs to the class of proton pump inhibitors. Used in the treatment of peptic ulcer and gastro-oesophageal reflux disease (GERD).
A03FA03 - domperidone; Belongs to the class of propulsives. Used in the treatment of functional gastrointestinal disorders.

*pantoprazole + domperidone information:
Note that there are some more drugs interacting with pantoprazole + domperidone
pantoprazole + domperidone
pantoprazole + domperidone brands available in India
Always prescribe with Generic Name : pantoprazole + domperidone, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : 3a-PAN D tab ACHPILORI-D tab ACIBAN-DSR cap ACIDOPENT-DSR cap ACIZAP-D tab ACIZAP-DSR tab ALDEPRAZ-D enteric-coated tab ALIZOLE-DSR cap ALTOLE-D tab ALTOLE-DSR cap ANZOP-D tab ANZOP-DSR tab APENTRAL-D tab ARIPAN-D tab ARLOC-D tab ARMCID DSR dispersible cap ASIPAN-D tab ASOPRAZOLE-D tab AVOPAN-D tab BELPAN-D tab BELPAN-DSR cap BIGPAN-D cap BUS-D

tab CANOZOL-D tab CAZOLE-D tab CONCID-DM tab CONCID-DSR cap CUPAN-DSR tab CYPAN-D tab DAZOLE-D tab DEEPEN-DSR cap DEPAM tab DOMOCID-PX cap DOMOCID-PX vial DOMPAN FORTE tab DOMPAN tab DOMPAN-OD tab DOMPED TAB tab DOMTAC enteric-coated tab DOMTEC-P tab DUPENT-D tab DUPENT-DSR cap DYOFLUX tab E-PENTO-D tab ERACID-D cap EUPANTA D tab FB cap FOZOLE-D tab FULPAN-D tab FULPAN-DSR cap GENPEN-D tab GENPEN-D-XR cap GERDOM cap GLOPAN-D tab GR8-OD cap HYPA-D tab HYPA-DSR cap HYZOLE-DP cap INPAN-D tab INPAN-DSR cap INPAN-DSR tab INTAPAN-DSR cap IPD tab KAPYL-D tab KAPYL-DSR cap KENTA-D tab KLENZ-D tab KUREPANE-D tab KUREPANE-DSR cap LATOP-D enteric-coated tab LEETOP-D tab MULTIPAN-D tab NITZOLE-D enteric-film coated tab NUPAN-D tab NUPAN-DSR tab ODIPAN-DSR cap ODIPEP cap OMENTUM-D tab OMENTUM-DSR cap ORAPAN-D tab ORITOP-D tab ORITOP-DSR cap PALGIC-D tab PALIN-D tab PALIN-DSR cap PALIO-D cap PALZIC-DSR cap PANCAS-D cap PAN-D cap PANDIFF cap PANDOM tab PANDOSTAL cap PANDOSTAL-OD cap PANDRY D dry syr PANFAST DSR cap PANGY DM cap PANLEE-D tab PANMINT-D tab PANO-D tab PANOPAZ-D cap PANOR-D tab PANPAC-DSR tab PANPARI-D tab PANPARI-DSR cap PANPOT-DSR tab PANPRA-D

tab PANPRO-D tab PANROLE-D tab PANSA-D tab PANSAFE-D tab PANSAUL-D tab PANSAUL-DSR cap PANSI-SD cap PANSOFT-DSR cap PANSTRIKE-D enteric-coated cap PANTABIT-DSR SR-tab PANTABOL D tab PANTACT-D cap PANTACT-D tab PANTACT-DSR cap PANTADAL-D tab PANTADOM cap PANTAGON-DM cap PANTAPIL-D tab PANTEC-D SR-cap PANTEC-DSR SR-cap PANTEST-D tab PANTIN-D cap PANTIUM-DSR tab PANTOCAR-D cap PANTOCID-D cap PANTOCID-DSR cap PANTOCOS-D tab PANTOCOS-DSR cap PANTO-D cap PANTO-D tab PANTODAC-DSR cap PANTOFER-D tab PANTOFER-DSR tab PANTOFLUX cap PANTOFLUX-40 tab PANTOL-D enteric-coated tab PANTOLEX-D tab PANTOLEX-DS tab PANTOM-DSR cap PANTOMED-D tab PANTONID-D tab PANTOP-D cap PANTOP-D tab PANTOPIK-D SR-cap PANTOPIK-D tab PANTOSEC-D tab PANTOSH D tab PANTOSYM-DSR cap PANTOTIVE-D tab PANTOVAR-D tab PANTOX-D tab PANTOZ-D enteric-coated tab PANTOZOL-D tab PANTOZOL-DSR cap PANTOZOLE-DSR tab PANTRA-D tab PANTRY-D tab PANTRY-DSR cap PANTZ-DM tab PANTZ-DSR cap PANUM-D tab PANZAC-D cap PANZ-D tab PANZO-D tab PANZ-SR tab PARIZOL-D tab PAVE-D tab PAVE-DSR cap PAZOLE-D tab P-BIT-D tab P-BIT-DSR cap PD CRAT SR tab PD TAB

tab PEN DSR HG-cap PENCID-D tab PEN-D tab PENKOOL-DSR cap PENTA-D-XR cap PENTAGON-D cap PENTALINK-D cap PENTASTAR-D cap PENT-AV D tab PENTAZOL-D tab PENTOAT-D tab PENTONA-DP tab PENTOSYM-D tab PENTOTAS-D tab PENTOZED-D tab PENTS-D tab PEPCARE-D tab PEPCINOVA-D cap PEPGERD-D tab PEPMARK-D tab PEPMARK-SRD cap PEPNIL-D tab PEPRADOM tab PEPTAC D tab PEPTAC DSR suscap PEPTAZOLE-D tab PEPTICOOL-DXR cap PEPTIME tab PERD-SR cap PERFAME-D tab PETIOL-D cap PILPAN-D tab PINTEL-DS tab PIP-D tab PIP-DSR cap PNX-D enteric-coated tab POL-D tab POLE-D tab POLTOP-D tab POMED EX cap PONY-D SR tab POP-D tab POP-DSR cap POPED film-coated tab PRAIZE-D cap PRAIZE-D FORTE cap PRAL-DM SR-tab PREDOM cap PREDOM-OD cap PROLOC-D cap PROLUS-DM tab PROLUS-DSR cap PROTOPAN-D tab PROTOPAN-H tab PROVERA-D tab PTCID PLUS tab PT-ZOLE-D cap PUNSER-D tab PZ-4D tab PZOL-D tab P-ZOLE DSR cap P-ZOLE-D tab PZOSTAR-D tab PZOY-D tab RAIN-DSR cap RAIZINT-DSR cap RAMIN tab REFNOK-D film-coated tab RIPANE-D tab RIPANE-DSR cap SANT-D tab SIAPAN-D tab SILPAN-D tab SOLOPAN-D tab SOLOPAN-DSR cap SOZIPAN-D tab STEADPAN DSR cap SYMTOP-D tab TANSA-D tab TANSA-DSR cap TAPRA-D tab TAZOL-DSR tab TAZOLE-D

tab TEEMVORK tab TOPAN-DSR cap TOPDOM-OD cap TOPPEN-D tab TRAZOL-DSR suscap TRIP-D tab ULCIPAN-D tab ULKUS-DM tab ULKUS-DSR cap ULPANTO inj ULPANTO tab ULRID-D enteric-coated tab ULTOP DSR cap ULTRASEC-D tab ULZERO-DSR cap XEPENTA-DSR suscap XINOPAN-D tab ZIDON-P tab ZIDON-PZ tab ZIPANT-DSR cap ZOLEKAIR-D cap ZOLIDOM tab ZYTO-D tab ZYTO-DSR cap

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([all drugs])

paracetamol

CIMS Class : (Analgesics (Non-Opioid) & Antipyretics)

paracetamol

Lab ¤ - Lab interference

Food ¤ - Food interaction

related paracetamol information

Indication & Dosage

Oral

Mild to moderate pain and fever

Adult: 0.5-1 g 4-6 hrly as necessary. Max: 4 g daily.

Child: Neonate 28-32 wk post menstrual age: 20 mg/kg as a single dose then 10-15 mg/kg 8-12 hrly (max 30 mg/kg daily in divided

doses); neonate >32 wk post menstrual age: 20 mg/kg as a single dose then 10-15 mg/kg 6-8 hrly (max 60 mg/kg daily in divided doses); child 1-3 mth: 30 mg 8 hrly (max 60 mg/kg daily in divided doses); 3 mth-1 yr: 60-120 mg 4-6 hrly (max 4 doses in 24 hr); 1-5 yr: 120-250 mg 4-6 hrly (max 4 doses in 24 hr); 6-12 yr: 250-500 mg 4-6 hrly (max 4 doses in 24 hr).

CrCl (ml/min)
Dosage Recommendation
10-50
6 hrly.
<10
8 hrly.
Oral
Post-immunisation pyrexia
Child: 2-3 mth: Initially, 60 mg repeated 4-6 hrly if necessary.

CrCl (ml/min)
Dosage Recommendation
<10
8 hrly.
10-50
6 hrly.

Intravenous

Mild to moderate pain and fever

Adult: Admin over 15 minutes. Wt >50 kg: 1 g 4-6 hrly (max 4 g daily); <50 kg: 15 mg/kg 4-6 hrly (max 60 mg/kg daily).

Child: Admin over 15 min. Wt <10 kg: 7.5 mg/kg 4-6 hrly (max 30 mg/kg daily); 10-50 kg: 15 mg/kg 4-6 hrly (max 60 mg/kg daily); >50 kg: 1 g 4-6 hrly (max 4 g daily).

CrCl (ml/min)

Dosage Recommendation

10-50

6 hrly.

<10

8 hrly.

Rectal

Mild to moderate pain and fever

Adult: 0.5-1 g 4-6 hrly as necessary. Max: 4 g daily.

Child: Neonate 28-32 wk postmenstrual age: 20 mg/kg as a single doses then 15 mg/kg 12 hrly as necessary (max 30 mg/kg daily in divided doses); neonate >32 wk postmenstrual age: 30 mg/kg as a single dose then 20 mg/kg 8 hrly as necessary (max 60 mg/kg daily in divided doses); 1-3 mth: 30-60 mg 8 hrly (max 60 mg/kg daily in divided doses); 3-12 mth: 60-125 mg 4-6 hrly (max 4 doses in 24

hr); 1-5 yr: 125-250 mg 4-6 hrly (max 4 doses in 24 hr); 6-12 yr: 250-500 mg 4-6 hrly (max 4 doses in 24 hr; >12 yr: 500 mg 4-6 hrly (max 4g daily).

CrCl (ml/min)
Dosage Recommendation
10-50
6 hrly.
<10
8 hrly.
Reconstitution: Can be diluted in 0.9% sodium chloride or 5% glucose solution up to one 1/10.
Incompatibility: Do not mix with other drugs.

Administration

May be taken with or without food.

Overdosage

Overdosage: Consult local protocols. Early symptoms: nausea and vomiting (normally settle within 24 hr of ingestion). After 24 hr symptoms may include right subcostal pain and tenderness, usually

indicates development of hepatic necrosis. Liver damage is greatest 3-4 days after ingestion and may lead to encephalopathy, haemorrhage, hypoglycaemia, cerebral oedema and death. Treatment: based on plasma concentration. Acetylcysteine protects the liver if administered within 24 hr after ingestion (most effective if given within 8 hr). Dose: 140 mg/kg orally (loading) followed by 70 mg/kg every 4 hr for 17 doses. Parenteral acetylcysteine is given to those unable to take oral dosing. Activated charcoal may be given if paracetamol is 150 mg/kg or 12 g (whichever is smaller) if it is thought that the paracetamol has been ingested within the previous hr.

Special Precautions

Renal or hepatic impairment; alcohol-dependent patients; G6PD deficiency.

Adverse Drug Reactions

Nausea, allergic reactions, skin rashes, acute renal tubular necrosis. Potentially Fatal: Very rare, blood dyscrasias (e.g. thrombocytopenia, leucopenia, neutropenia, agranulocytosis); liver damage.

Drug Interactions

Reduced absorption of cholestyramine within 1 hr of admin. Accelerated absorption with metoclopramide. Decreased effect with barbiturates, carbamazepine, hydantoins, rifampicin and sulfinpyrazone. Paracetamol may increase effect of warfarin.
Potentially Fatal: Paracetamol increases the risk of liver damage in chronic alcoholics. Increased risk of toxicity with other hepatotoxic drugs or drugs which induce microsomal enzymes e.g. barbiturates,carbamazepine, hydantoins, rifampicin and sulfinpyrazone.

Food Interaction

St John's Wort may decrease effect.

Lab Interference

May produce false-positive test results for 5-hydroxyindoleacetic acid.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Intravenous: Do not store above 30°C; do not freeze or refrigerate; if parenteral solution is diluted: use within an hr (infusion time included). Oral: Do not store above 30°C; do not freeze or refrigerate; if parenteral solution is diluted: use within an hr (infusion time included). Rectal: Do not store above 30°C; do not freeze or refrigerate; if parenteral solution is diluted: use within an hr (infusion time included).

Mechanism of Action

Paracetamol exhibits analgesic action by peripheral blockage of pain impulse generation. It produces antipyresis by inhibiting the hypothalamic heat-regulating centre. Its weak anti-inflammatory activity is related to inhibition of prostaglandin synthesis in the CNS.

Onset: <1 hr.

Duration: 4-6 hr.

Absorption: Incomplete; depends upon dosage form. Time to peak, serum: oral: 10-60 min; may be delayed in acute overdoses. Decreased rate of absorption with food.

Distribution: Present in most body tissues; crosses the placenta and enters the breast milk. Protein binding: 8-43% (at toxic doses).

Metabolism: Hepatic via glucuronic and sulphuric acid conjugation. At normal therapeutic levels, glucuronide metabolites are metabolised to reactive intermediate (acetylimidoquinone) which is conjugated with glutathione and inactivated; at toxic doses, glutathione conjugation is insufficient leading to increased acetylimidoquinone which may cause hepatic cell necrosis.

Excretion: Plasma half-life: 2.7 hr (adults); 1.5-2 hr (infants and children); 3.5 hr (neonates). Neonates, infants and children up =10 yr excrete less glucuronide than adults. Half-life may be longer after toxic doses. Excreted mainly via urine (2- 5% unchanged; 55% as glucuronide metabolites). Total body clearance: 18 L/hr.

CIMS Class

Analgesics (Non-Opioid) & Antipyretics

ATC Classification

N02BE01 - paracetamol; Belongs to the class of anilide preparations. Used to relieve pain and fever.

*paracetamol information:
Note that there are some more drugs interacting with paracetamol
paracetamol further details are available in official CIMS India
paracetamol
paracetamol brands available in India
Always prescribe with Generic Name : paracetamol, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : A-125 susp ACUDRIN cap ALCOCIN SUSP susp ALCOCIN-500 TAB tab ALGINA syr ALGINA tab ALICE syr ALICE tab ALICOLD TAB tab ALNACER tab ANAMOL supp ANTHOL dispertab ARISTOPYRIN tab ASIMOL syr ASIMOL tab ASIMOL-DC tab BABYGESIC drops BACTPAR susp BACTPAR tab BAMBITI KID-tab BEPAMOL syr BEPAMOL tab CAFEPAR tab CALPOL DPS drops CALPOL susp CALPOL tab CEMOL syr CEMOL tab CETANIL susp CETANIL tab CETOFEB syr CIPLADON tab COFAMOL KID-tab COFAMOL

susp COFAMOL tab COPANAT tab CROCIN 1000 tab CROCIN drops CROCIN DS-susp CROCIN PAIN RELIEF tab CROCIN QUIK tab CROCIN susp CROCIN tab CROPARA susp DART tab DECIL tab DEXIA DPS drops DEXIA susp DOLIPRANE syr DOLIPRANE tab DOLKO vag supp DOLO drops DOLO susp DOLO tab DOLODART susp DOLOPAR drops DOLOPAR susp DOLOPAR tab E-COLD tab ESSMOL dispertab ESSMOL drops ESSMOL susp ESSMOL tab EUPYRIC KID-tab EUPYRIC syr EUPYRIC tab EZEEPARA tab FASTPARA dispertab FASTPARA tab FEBREX susp FEBREX syr FEBREX tab FEBREX-ER tab FEBRINIL amp FEBRINIL drops FEBRINIL susp FEBRINIL tab FEBRINIL-P syr FEBRINIL-P-DS susp FENACE susp FENACE tab FEP tab FEPAMOL dispertab FEPANIL liqd FEPANIL tab FEVASTIN inj FEVASTIN PLUS susp FEVASTIN PLUS tab FEVRIL DS susp FEVRIL syr FEVRIL tab FICLO-P susp FLUPARA dispertab FLUPARA tab F-NIL tab GENMOLE syr GENMOLE tab GHOOM tab GREDOL tab HIDOL susp HISTACOLD susp HITEM-MD tab HITZ drops HITZ syr HITZ-DS syr IBUMAX drops IFIMOL tab INFADIL susp INFADIL tab JIFFY tab JUNIMOL-RDS supp KELVIN PLUS susp KELVIN susp KELVIN tab LANOL DPS drops LANOL film-coated tab LANOL JR extentab LANOL-DS susp LANOL-ER caplet LIT-KING susp LOTEMP susp LOTEMP

tab LUPIPARA inj LUPIPARA susp MALIDENS dry syr MALIDENS susp MALIDENS tab MEDOMOL drops MEDOMOL DS-susp MEDOMOL DT-tab MEDOMOL inj MEDOMOL susp MEDOMOL tab METACIN drops METACIN syr METACIN tab METALGIN syr METALGIN tab METOGIN drops METOGIN tab MINO syr MINO tab MOL inj MORTRIN-650 tab NARMO tab NEOMOL inj NEUROMOL tab ORIMOL syr ORIMOL tab OYUP syr P.F.DROPS drops P-125 dispertab P-125 drops P-125 susp PACIDOM-P tab PACIMOL drops PACIMOL syr PACIMOL tab PAMELA susp PAMELA tab PAMOL tab PANACT inj PANACT susp PANACT syr PANACT tab PANACT vial PARABIG tab PARACETANAL RECTAL SUPP supp PARACIN drops PARACIN KID-tab PARACIN syr PARACIN tab PARACIP caplet PARACIP inj PARACIP RND-tab PARACIP syr PARACIP tab PARACIP-CPM tab PARAFIZZ tab PARAFORT tab PARAGLOW drops PARAGLOW susp PARAGLOW tab PARAL drops PARAL syr PARALDIM tab PARALIFE syr PARAL-P syr PARASAFE susp PARASAFE tab PARASAFE TENDER dispertab PARASAFE-650 tab PARASYM syr PARASYM tab PARATEL tab PARAZINE tab PARIX susp PARIX tab PATMIN syr PATMIN tab PCM drops PCM inj PCM susp PCM tab PERFALGAN soln PETROX-P syr PHENA-P syr PHENOMET susp PLUSMOL amp PLUSMOL

tab PR tab PRODOL syr PRODOL tab PRODOL-DS susp PYREXON dispertab PYREXON drops PYREXON FORTE syr PYREXON susp PYRIGESIC drops PYRIGESIC syr PYRIGESIC tab PYRITEC SUSP susp PYRITEC-DS SUSP DS-susp PYTHENE tab REGAMOL tab RETHERMA P-drops RETHERMA susp SATRON PLUS susp SATRON PLUS tab SIAMOL syr SIAMOL tab SIAMOL-DC tab SOPARIN-650 dispertab SOPARIN-KID dispertab STARMOL susp STARMOL tab STASTIL tab SUDICIN tab SYNAMOL Kid-tab SYNAMOL susp SYNAMOL tab T-98 drops T-98 DS SUSP susp T-98 JR-dispertab T-98 susp T-98 tab TAURPOL susp TAURPOL tab TEMLO drops TEMLO susp TEMPCON tab THERMOL syr THERMOL tab TYFY dispertab TYFY drops TYFY tab ULTRAGIN syr ULTRAGIN tab UNMOL susp URACE tab VARCOLD tab VENMOL dispertab VENMOL SUS susp VERTEX-PLUS tab VESTIL-A tab VOMIKIND PLUS syr VOMIKIND PLUS tab WINMOL dispertab WINMOL tab WINOPAR susp WINOPAR tab ZOP-KID tab

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([all drugs])

paracetamol + codeine

CIMS Class : (Analgesics (Non-Opioid) & Antipyretics)

paracetamol + codeine

P - Caution when used during pregnancy

L - Caution when used during lactation

related paracetamol + codeine information

Indication & Dosage

Oral

Mild to moderate pain

Adult: Each tablet containing paracetamol 500 mg and codeine phosphate 8 mg: 1-2 tablets every 4-6 hr. Max: 4 doses in 24 hr.

Child: 6-12 yr: Each tablet containing paracetamol 500 mg and codeine phosphate 8 mg: ½-1 tablet every 4-6 hr. Max: 4 doses in 24 hr.

Overdosage

Paracetamol: Symptoms: Paleness, nausea, vomiting, anorexia, abdominal pain, metabolic acidosis and glucose metabolism disturbances. Liver damage may surface 12-48 hr after overdose. In severe cases, encephalopathy, haemorrhage, hypoglycaemia, cerebral oedema, acute renal failure and death. Management: Immediate medical treatment even if there are no symptoms. If presented within 1 hr of poisoning, admin activated charcoal. If

needed, admin IV N-acetylcysteine or oral methionine. Codeine: Symptoms: Nausea, vomiting, CNS depression. Management: Treatment is symptomatic and supportive with monitoring of vital signs. Admin naloxone if coma or respiratory depression is present. Repeated doses may be needed and observe for at least 4 hr after ingestion.

Special Precautions

Liver or kidney impairment. Pregnancy and lactation. Alcohol dependence. Prolonged use may lead to addiction resulting in restlessness and irritability when treatment is stopped.

Adverse Drug Reactions

Nausea, vomiting, constipation, dry mouth, sweating, skin rashes. Potentially Fatal: Blood dyscrasias (rare).

Drug Interactions

Increased paracetamol absorption with metoclopramide and domperidone. Decreased paracetamol absorption with cholestyramine. May increase risk of bleeding

with warfarin and coumarins. Codeine may antagonise the GI effects of metoclopramide and domperidone. Increased CNS depression with CNS depressants (e.g. alcohol, anaesthetics, anxiolytics, hypnotics, TCA, and antipsychotics).
Potentially Fatal: Increased risk of liver damage with alcohol. Avoid use within 14 days of discontinuing MAOI.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.
Mechanism of Action

Paracetamol, a para-aminophenol derivative, is a peripherally acting analgesic with antipyretic and weak anti-inflammatory activity. Codeine, a phenanthrene derivative, is an opioid analgesic which acts via the CNS.
Absorption: Paracetamol: Readily absorbed from GI tract; time to peak plasma concentrations: 10-60 minutes. Codeine: Absorbed from GI tract; time to peak plasma concentrations: 1 hr; plasma half-life: 3-4 hr (Oral/IM).

Distribution: Paracetamol: Distributed into most body tissues including breast milk, crosses the placenta; plasma-protein binding: negligible (but dose dependent); elimination half-life: 1-3 hr.

Metabolism: Paracetamol: Undergoes hepatic metabolism. A minor metabolite, produced in minute amounts by cytochrome P450 isoenzymes in the liver and kidney, is usually removed by conjugation with glutathione, but may accumulate and cause tissue damage in paracetamol overdosage. Codeine: Undergoes hepatic metabolism to morphine, norcodeine, normorphine, hydrocodone and other metabolites.

Excretion: Paracetamol: Excreted in the urine mainly as the glucuronide and sulfate conjugates with <5% excreted unchanged. Codeine: Excreted by kidney, mainly as glucuronate conjugates.

CIMS Class

Analgesics (Non-Opioid) & Antipyretics

ATC Classification

N02BE01 - paracetamol; Belongs to the class of anilide preparations. Used to relieve pain and fever.

R05DA04 - codeine; Belongs to the class of cough suppressants, opium alkaloids and derivatives. Used in the treatment of dry cough.

*paracetamol + codeine information:

Note that there are some more drugs interacting with paracetamol + codeine

paracetamol + codeine

paracetamol + codeine brands available in India

Always prescribe with Generic Name : paracetamol + codeine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CODOMOLINDON tab NEOFEBRIN tab TWC 30 tab ZIMALGIN tab

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([all drugs])

paracetamol + dextropropoxyphene

CIMS Class : (Analgesics (Non-Opioid) & Antipyretics) , (Analgesics (Opioid))

paracetamol + dextropropoxyphene

P - Caution when used during pregnancy

L - Caution when used during lactation

related paracetamol + dextropropoxyphene information

Indication & Dosage

Oral

Chronic pain

Adult: Each tablet/capsule containing dextropropoxyphene 32.5 mg and paracetamol 325 mg: 2 capsules 3-4 times daily. Max: 8 capsules/day.

Elderly: Dose reduction is required.

Renal impairment: Dose reduction is required.

Hepatic impairment: Dose reduction is required.

Overdosage

Overdosage with dextropropoxyphene may cause the patient to be stuperose or comatose and convulsing. Respiratory depression , decreased ventilatory rate and/or tidal volume leading to cyanosis and hypoxia may occur. Subsequently, BP may fall and cardiac performance worsens resulting in pulmonary oedema and circulatory collapse. Paracetamol overdose may result in anorexia, nausea, vomiting, diaphoresis, general malaise and abdominal pain. Evidence of hepatic toxicity may become obvious up to 72 hr after

ingestion. Treatment includes establishing a patent airway and restoring ventilation. Naloxone may be used to reduce the degree of respiratory depression; 0.4-2 mg can be administered promptly, preferably via IV route. May repeat naloxone dose at 2-3 min intervals if needed. If no response is observed after 10 mg of naloxone has been administered, the diagnosis of dextropropoxyphene toxicity should be questioned. Obtain a serum paracetamol assay as early as possible, but no earlier than 4 hr after ingestion. N-acetylcysteine, should be administered as early as possible, and within 16 hr of the overdose ingestion for maximal results.

Contraindications

Concurrent admin with alcohol or paracetamol-containing products.

Special Precautions

Hepatic or renal impairment, pregnancy, lactation, children, elderly. Dextropropoxyphene may impair mental alertness and co-ordination. Not recommended for use in patients who are suicidal or prone to drug dependence.

Adverse Drug Reactions

Dizziness, sedation, nausea, vomiting, weakness, constipation, abdominal pain, rash, euphoria, dysphoria, visual disturbances, liver dysfunction, abuse potential.
Potentially Fatal: Hepatic necrosis (especially in chronic alcoholics).

Drug Interactions

Dextropropoxyphene may inhibit the hepatic metabolism of antidepressants, anticonvulsants and warfarin-like drugs; paracetamol may enhance anticoagulant activity. Concurrent admin may increase serum levels ofcarbamazepine and result in neurotoxicity. Ritonavir may increase serum levels of dextropropoxyphene when used together.
Potentially Fatal: CNS depressant effect of dextropropoxyphene is additive with other CNS depressants, including alcohol. Concurrent admin with alcohol or paracetamol-containing products.

Mechanism of Action

Dextropropoxyphene is a centrally-acting opioid analgesic. It binds to opioid receptors at several sites within the CNS. Paracetamol is a non-opioid analgesic and antipyretic. In combination, they exert greater analgesic effect than that produced by either drug administered alone.

Absorption: Dextropropoxyphene: Readily absorbed from the GI tract; undergoes considerable first pass effect. Paracetmol: Readily and completely absorbed after oral admin.

Distribution: Paracetamol: Evenly distributed throughout most body fluids with an apparent volume of distribution of 1-1.2 L/kg.

Metabolism: Dextropropoxyphene: Metabolised hepatically. Paracetamol: About 90-95% of a dose is metabolised by the hepatic microsomal system.

Excretion: Dextropropoxyphene: Half-life: About 6-12 hr. Paracetamol: Excreted mainly in the urine as the glucuronide and sulfate conjugates. Elimination half-life: 1-4 hr.

CIMS Class

Analgesics (Non-Opioid) & Antipyretics / Analgesics (Opioid)

ATC Classification

N02AC04 - dextropropoxyphene; Belongs to the class of diphenylpropylamine derivative opioids. Used to relieve pain.
N02BE01 - paracetamol; Belongs to the class of anilide preparations. Used to relieve pain and fever.

*paracetamol + dextropropoxyphene information:
Note that there are some more drugs interacting with paracetamol + dextropropoxyphene
paracetamol + dextropropoxyphene
paracetamol + dextropropoxyphene brands available in India
Always prescribe with Generic Name : paracetamol + dextropropoxyphene, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : CENTRIVON cap CORBUTYL tab DARVOCET tab DEXOVON cap LUPIVON tab OXYMARK tab PARVON cap PARVON-N cap PROXYVON cap PROXYVON film-coated tab SPASMOCIP cap SUDHINOL tab WALAGESIC cap WYGESIC tab
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([all drugs])

paracetamol + metoclopramide

CIMS Class : (Antimigraine Preparations)

paracetamol + metoclopramide

P - Caution when used during pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related paracetamol + metoclopramide information

Indication & Dosage

Oral

Migraine

Adult: Each tablet containing paracetamol 500 mg and metoclopramide 5 mg: >20 yr: Initially, 2 tablets at first warning of an attack. May repeat doses at 4 hrly intervals. Max: 6 tablets/24 hr. 15-20 yr and =60 kg: Initially, 2 tablets at first warning of an attack. May repeat doses at 4 hrly intervals. Max: 5 tablets/24 hr. 15-20 yr and 30-59 kg or 12-14 yr and =30 kg: Initially, 1 tablet at first warning of an attack. May repeat doses at 4 hrly intervals. Max: 3 tablets/24 hr.

Overdosage

Overdose may cause damage to the liver. May be treated by gastric lavage with supportive measures. IV admin of N-acetylcysteine or oral methionine given within 10 hr of paracetamol overdosage may exert a protective effect on the liver.

Contraindications

Lactation. Children <12 yr.

Special Precautions

Porphyria, epilepsy, parkinsonism, history of depression, pregnancy. Renal or hepatic impairment. May impair ability to drive or operate machinery. Risk of acute hypersensitivity reactions in patients with phaeochromocytoma. Exclude the possibility of an underlying disorder if patient has persistent vomiting.

Adverse Drug Reactions

Nausea, allergic reactions, skin rashes, acute renal tubular necrosis. Constipation or diarrhoea; drowsiness, headache, depression, lassitude, extrapyramidal reactions (especially if combined with

phenothiazines); galactorrhoea; parkinsonism; neuroleptic malignant syndrome; tardive dyskinesia.
Potentially Fatal: Paracetamol: Very rare, blood dyscrasias (e.g. thrombocytopenia, leucopenia, neutropenia, agranulocytosis); liver damage. Metoclopramide: Very rarely, hypertensive crisis in patients with pheochromocytoma. Cardiac conduction disorders (IV admin).

Drug Interactions

Action of metoclopramide may be antagonised by anticholinergics and opioid analgesics. Metoclopramide may affect the absorption of orally administered drugs when given together.

Food Interaction

Decreased rate of absorption with food.

Mechanism of Action

Metoclopramide is a dopamine antagonist, which binds to D2 receptors in the central and peripheral nervous system. It has

anticholinesterase and antiemetic effects. Paracetamol is a centrally and peripherally acting non-opioid analgesic and antipyretic.

CIMS Class

Antimigraine Preparations

ATC Classification

A03FA01 - metoclopramide; Belongs to the class of propulsives. Used in the treatment of functional gastrointestinal disorders.
N02BE01 - paracetamol; Belongs to the class of anilide preparations. Used to relieve pain and fever.

*paracetamol + metoclopramide information:
Note that there are some more drugs interacting with paracetamol + metoclopramide
paracetamol + metoclopramide
paracetamol + metoclopramide brands available in India
Always prescribe with Generic Name : paracetamol + metoclopramide, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : COPAR tab METOCLOP-P tab METOPAR susp METOPAR tab METPAR tab PACIMOL-M tab PARAMET tab PARANORM tab

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([all drugs])

paracetamol + pentazocine

CIMS Class : (Analgesics (Opioid)) , (Analgesics (Non-Opioid) & Antipyretics)

paracetamol + pentazocine

P - Caution when used during pregnancy

L - Caution when used during lactation

related paracetamol + pentazocine information

Indication & Dosage

Oral

Mild to moderate pain

Adult: Each tablet containing paracetamol 650 mg and pentazocine 25 mg: 1 tablet every 4 hr. Max: 6 tablets/day.

Overdosage

Symptoms of overdose would be a combination of those observed with pentazocine overdose and paracetamol overdose. Pentazocine overdose may lead to anxiety, nightmares, strange thoughts and hallucinations. Marked respiratory depression associated with increased BP and tachycardia may also occur. Acute paracetamol overdose may cause nausea, vomiting, anorexia and abdominal pain. Severe overdosage may lead to potentially fatal hepatic necrosis. Treatment involves oxygen, IV fluids, vasopressors and other supportive measures.

Contraindications

Hypersensitivity to either component; raised intercranial pressure or head injury.

Special Precautions

Head injury, other intracranial lesions or preexisting increase in intracranial pressure (impedes pupillary response required for neurological assessment); patients on opiate analgesics; opioid dependence; acute alcoholism; compromised respiratory, cardiac, renal or hepatic functions; epileptic patients; pregnancy & lactation, children. Caution when used in patients with MI who

have accompanying nausea or vomiting. May experience withdrawal symptoms after receiving pentazocine.

Adverse Drug Reactions

Nausea, vomiting, constipation, anorexia, diarrhea, dizziness, sedation, disorientation, euphoria, headache, visual blurring, rarely dysphoria, sweating, flushing, rashes & urticaria; urinary retention, anaphylactoid reaction & drug abuse & dependence.
Potentially Fatal: Hepatic necrosis (especially in chronic alcoholics).

Drug Interactions

Paracetamol may also enhance anticoagulant activity. Naloxone reverses effects of pentazocine.
Potentially Fatal: Alcohol & other CNS depressants potentiate depressant action of pentazocine.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals

are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Pentazocine is an opioid analgesic with agonist/antagonist action. Paracetamol is a centrally and peripherally acting analgesic and antipyretic. The combination gives additive analgesic effects.

Absorption: Pentazocine: Well absorbed from the GI tract. Paracetamol: Rapidly and almost completely absorbed from the GI tract.

Distribution: Pentazocine: Passes the placental barrier.

Metabolism: Pentazocine: Metabolised mainly by hepatic biotransformation. Paracetamol: Conjugated in the liver with glucuronic acid and to a smaller extent with sulfuric acid.

Excretion: Pentazocine: Elimination half-life ranges from 1.5-10 hr. Paracetamol: Elimination half-life ranges from 2-4 hr.

CIMS Class

Analgesics (Opioid) / Analgesics (Non-Opioid) & Antipyretics

ATC Classification

N02AD01 - pentazocine; Belongs to the class of benzomorphan derivative opioids. Used to relieve pain.

N02BE01 - paracetamol; Belongs to the class of anilide preparations. Used to relieve pain and fever.

*paracetamol + pentazocine information:

Note that there are some more drugs interacting with paracetamol + pentazocine

paracetamol + pentazocine

paracetamol + pentazocine brands available in India

Always prescribe with Generic Name : paracetamol + pentazocine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : EXPERGESIC tab FORACET tab FORTAGESIC tab

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([all drugs])

paraffin

CIMS Class : (Laxatives, Purgatives) , (Ophthalmic Lubricants) , (Emollients & Skin Protectives)

paraffin

related paraffin information

Indication & Dosage

Oral

Constipation

Adult: Up to 45 ml/day, usually in the evening but should not be taken immediately before going to bed. Max duration of treatment: 1 wk.

Child: 3-12 yr: 0.5-1 ml/kg (max 30 ml) once daily; 12-18 yr: 10-30 ml once daily, normally after evening meal but not immediately before going to bed. May be mixed with ice cream or yoghurt to increase palatability. Max duration of treatment: 1 wk.

Ophthalmic

Dry eye

Adult: Apply as required, usually at night.

Child: Apply as required, usually at night.

Rectal

Constipation

Adult: 120 ml (range 60-150 ml) daily as an enema.

Child: 2-11 yr: 30-60 ml daily as an enema.

Topical/Cutaneous

Hydrate and soften skin

Adult: Apply as required, especially after bath or shower.

Child: Apply as required, especially after bath or shower.

Contraindications

Abdominal pain, nausea and vomiting is present; children <3 yr.

Special Precautions

Oral: not recommended for use in patients with difficulty swallowing or impaired neurodevelopment. Avoid prolonged use as a laxative or faecal softener. Contact lens should not be worn at the same time (interval of at least 30 min). Ocular preparations should be applied at least 5 min after any other ocular medication.

Adverse Drug Reactions

Anal irritation (excessive dose) and seepage. Foreign-body granulomatous reactions; vasospasm; lipoid pneumonia; interference with absorption of fat-soluble vitamins. When applied ophthalmically, may cause temporary visual disturbance.

Drug Interactions

May impair absorption of fat-soluble vitamins and possibly other compounds.

Storage

Ophthalmic: Store <25°C. After opening ocular preparation, discard after 28 days. Topical/Cutaneous: For creams and ointments: store <25°C.

Mechanism of Action

When taken orally: penetrates and softens faecal material. When used topically: softens and hydrates skin. When used in the eye: lubricates and protects eye.
Onset: When admin orally: produces laxation after 6-8 hr.

CIMS Class

Laxatives, Purgatives / Ophthalmic Lubricants / Emollients & Skin Protectives

*paraffin information:
paraffin

paraffin brands available in India

Always prescribe with Generic Name : paraffin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ADLUBE eye oint AGAROL emulsion AQUASOFT soln CETRABEN cream COSLAX syr DERSHINE cream DEWEE cream ELSOFT cream EMODERM cream LEOBEN cream MOITZ cream MOYZEN CRM cream MOYZEN liqd OILATUM BAR bar OILATUM EMOLLIENT emollient PURELAX susp RELEASE PLUS susp SUPPLE cream SYMLAX syr TRULAX liqd TRULAX PLUS liqd WETEE cream

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([all drugs])

parecoxib

CIMS Class : (Nonsteroidal Anti-inflammatory Drugs (NSAIDs))

parecoxib

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related parecoxib information

Indication & Dosage

Parenteral

Postoperative pain

Adult: 40 mg slow IM or IV inj, then 20 or 40 mg every 6-12 hr as required. Max dose: 80 mg/day.

Child: <18 yr: Not recommended.

Elderly: <50 kg: 20 mg slow IV or IM inj, repeat to a max of 40 mg/day.

Hepatic impairment: Mild impairment (Child-Pugh score 5-6): No dosage adjustment. Moderate impairment (Child-Pugh score 7-9): Half the usual dose, repeat to a max of 40 mg/day. Severe impairment (Child-Pugh score >9): Not recommended.

Reconstitution: Reconstitute with sodium chloride 0.9%, glucose 5%, or sodium chloride 0.45% with glucose 5%.

Contraindications

Aspirin or NSAID hypersensitivity; allergy to sulphonamides; inflammatory bowel disease; moderate to severe heart failure; ischaemic heart disease, peripheral arterial disease, or cerebrovascular disease; following CABG; active peptic ulceration; severe hepatic impairment (Child-Pugh score =10); pregnancy (3rd trimester) and lactation.

Special Precautions

Elderly, children ; history of GI ulceration, perforation or bleed; oedema; dehydration; hyperlipidaemia; DM; hypertension; liver or kidney disease; concurrent infection. May impair ability to drive or operate machinery.

Adverse Drug Reactions

Rash, ulcerations or any other signs of an allergic reaction; GI disturbances and bleeding; hypotension; hypertension; back pain; oedema; numbness; agitation or sleeping difficulties; anaemia; sore throat or difficulty breathing; pruritus; decreased urine output; jaundice, abnormal liver function; low platelet count; skin swelling, blistering or peeling; kidney failure; heart failure, heart attack, bradycardia, arrhythmia.

Potentially Fatal: Anaphylaxis, Steven-Johnson syndrome, toxic epidermal necrolysis.

Drug Interactions

Enhances effects of oral anticoagulants (azapropazone and phenylbutazone); increases plasma concentrations of lithium, methotrexate, and cardiac glycosides; increased risk of nephrotoxicity with ACE inhibitors,ciclosporin, tacrolimus, or diuretics; reduces antihypertensive effects of some antihypertensives (ACE inhibitors, beta blockers, diuretics); occurrence of convulsions with quinolones; increases effects of phenytoin and sulfonylurea antidiabetics; increased risk of adverse effects with other NSAIDs (including aspirin) and misoprostol; risk of GI bleeding and ulceration increased with corticosteroids, SSRIs, the SNRI venlafaxine, the antiplatelets clopidogrel and ticlopidine, iloprost, erlotinib, sibutramine, alcohol, bisphosphonates, or pentoxifylline; increased risk of haematotoxicity with zidovudine; increased plasma concentrations with ritonavir; may alter the efficacy of mifepristone; metabolism may be decreased with CYP3A4 (e.g ketoconazole) and CYP2C9 inhibitors (e.g. fluconazole), or increased with enzyme inducers (e.g. carbamazepine, dexamethasone).

Mechanism of Action

Parecoxib is the prodrug of valdecoxib. It has a very high selectivity for inhibiting cyclo-oxygenase-2 (COX-2) mediated prostaglandin

synthesis to reduce mediators of pain and inflammation. The selective inhibition of COX-2 is coupled with reduced GI toxicity, but associated increased risk for thrombotic events and renal impairment have been noted.

Distribution: Plasma protein binding: approx 98%.

Metabolism: Hydrolysed in the liver to its active metabolite, valdecoxib, and propionic acid; plasma half-life: 22 min.

Excretion: Via urine; approx 70% of a dose appearing as inactive metabolites, <5% of a dose appears as unchanged valdecoxib in the urine. Trace amounts of unchanged drug in faeces. Elimination half-life: 8 hr.

CIMS Class

Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

ATC Classification

M01AH04 - parecoxib; Belongs to the class of non-steroidal antiinflammatory and antirheumatic products, coxibs. Used in the treatment of inflammation and rheumatism.

*parecoxib information:

Note that there are some more drugs interacting with parecoxib

parecoxib

parecoxib brands available in India

Always prescribe with Generic Name : parecoxib, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BIOVAL-P vial COXEGESIC amp PAROXIB IV vial PRAXIS vial REVALDO-P inj SUPERIN vial VALDIXX inj VALDONE-P inj VALDY-P INJ inj VALERON INJ vial VALSAFE INJ vial VALTO-P vial VALUS-P inj VALZ INJ vial VORTH-P inj

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([all drugs])

parnaparin

CIMS Class : (Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics))

parnaparin

P - Caution when used during pregnancy

L - Caution when used during lactation

related parnaparin information

Indication & Dosage

Subcutaneous

Prophylaxis of postoperative venous thromboembolism

Adult: For general surgical procedures: As sodium: Inj of 3200 units 2 hr before the procedure, followed by 3200 units once daily for 7 days or until the patient is fully ambulant. For higher risk surgery or orthopaedic patients: As sodium: Inj of 4250 units 12 hr before the procedure, followed by 4250 units 12 hr post-op and then once daily for 10 days.

Subcutaneous

Thromboembolic disorders

Adult: As sodium: Inj of 6400 units for 7-10 days.

Overdosage

Haemorrhage; treatment of severe bleeding may be reduced by slow IV admin of protamine sulfate.

Contraindications

Do not give by IM. History of thrombocytopenia with heparin; positive in-vitro platelet aggregation test (cross-reactivity) with parnaparin; bacterial endocarditis; haemorrhagic CVA; conditions or diseases with increased risk of haemorrhage.

Special Precautions

Elderly, renal or hepatic impairment, extremes of body weight, hypertension, or other patients with increased risk of bleeding; post-operative period following brain or spinal cord surgery; spinal anaesthesia or analgesia. Pregnancy and lactation. Not generally recommended for use in patients with prosthetic heart valves as they may not provide adequate prophylaxis against thromboembolism even at high doses. Monitor platelet counts in long-term treatments. Do not switch from one brand of LMWH to another during treatment.

Adverse Drug Reactions

Hyperkalaemia related to hypoaldosteronism; bleeding; thrombocytopenia; urticarial rash or hypersensitivity skin reactions; skin necrosis reactions (localised to or distant from the inj site); increase in transaminases.

Drug Interactions

Increased risk of haemorrhage with oral anticoagulants or drugs (e.g. aspirin and dipyridamole) that affect platelet function; NSAIDs; dextrans, thrombolytic enzymes such as streptokinase, high doses of penicillins and some cephalosporins, some contrast media, asparaginase, and epoprostenol; alcohol. Hyperkalaemia in patients on ACE inhibitors. Reduced activity if given by IV with IV glyceryl trinitrate. Reduced half-life with tobacco.

Storage

Subcutaneous: Store at =30°C.

Mechanism of Action

Parnaparin is a LMWH with antithrombotic activity. It enhances the action of antithrombin III but, unlike heparin, it is characterised by a higher ratio of anti-factor Xa to anti-factor IIa (antithrombin) activity. It also has less effect on platelet aggregation than heparin; and has no significant effect on blood coagulation tests such as aPTT.

Distribution: Mainly in blood.

Metabolism: Renal and hepatic. Peak plasma levels of anti-Xa activity: 3 hr; Plasma half-life: 6 hr. The anti-Xa activity persists in plasma for 20 hr after single dose.
Excretion: Via urine.

CIMS Class

Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics)

*parnaparin information:
Note that there are some more drugs interacting with parnaparin
parnaparin
parnaparin brands available in India
Always prescribe with Generic Name : parnaparin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : FLUXUM PF-syringe
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([all drugs])
paroxetine
CIMS Class : (Antidepressants)

paroxetine

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related paroxetine information

Indication & Dosage

Oral

Depression

Adult: 20 mg daily, increase gradually, if necessary, by 10-mg increments wkly; max: 50 mg/day.

Elderly: Initially, 10 mg daily, increase if needed by 10 mg/day at 1 wk intervals; max: 40 mg daily.

Renal impairment: Severe: 10 mg daily, increase to a max of 40 mg daily as necessary.

Hepatic impairment: Severe: 10 mg daily, increase to a max of 40 mg daily as necessary.

Oral

Obsessive compulsive disorder

Adult: Initially, 20 mg daily, increase wkly in 10-mg increments. Maintenance: 40-60 mg daily.

Elderly: Initially, 10 mg daily, increase if needed by 10 mg/day at 1 wk intervals; max: 40 mg daily.

Renal impairment: Severe: 10 mg daily, increase to a max of 40 mg daily as necessary.

Hepatic impairment: Severe: 10 mg daily, increase to a max of 40 mg daily as necessary.

Oral

Panic disorder with or without agoraphobia

Adult: Initially, 10 mg daily, increase wkly in 10-mg increments according to clinical response. Maintenance: 40-60 mg daily.

Elderly: Initially, 10 mg daily, increase if needed by 10 mg/day at 1 wk intervals; max: 40 mg daily.

Renal impairment: Severe: 10 mg daily, increase to a max of 40 mg daily as necessary.

Hepatic impairment: Severe: 10 mg daily, increase to a max of 40 mg daily as necessary.

Oral

Social anxiety disorder

Adult: Initially, 20 mg daily, increase after several wk by 10-mg increments; max dose: 50-60 mg/day.

Elderly: Initially, 10 mg daily, increase if needed by 10 mg/day at 1 wk intervals; max: 40 mg daily.

Renal impairment: Severe: 10 mg daily, increase to a max of 40 mg daily as necessary.

Hepatic impairment: Severe: 10 mg daily, increase to a max of 40 mg daily as necessary.

Oral

Anxiety

Adult: Initially, 20 mg daily, increase in wkly increments of 10 mg; max dose: 50 mg/day.

Elderly: Elderly: Initially, 10 mg daily, increase if needed by 10 mg/day at 1 wk intervals; max: 40 mg daily.

Renal impairment: Severe: 10 mg daily, increase to a max of 40 mg daily as necessary.

Hepatic impairment: Severe: 10 mg daily, increase to a max of 40 mg daily as necessary.

Oral

Posttraumatic stress disorder

Adult: 20 mg daily, may be increased in 10-mg increments if necessary; max dose: 50 mg/day.

Elderly: Initially, 10 mg daily, increase if needed by 10 mg/day at 1 wk intervals; max: 40 mg daily.

Renal impairment: Severe: 10 mg daily, increase to a max of 40 mg daily as necessary.

Hepatic impairment: Severe: 10 mg daily, increase to a max of 40 mg daily as necessary.

Oral

Premenstrual dysmorphic disorder

Adult: As hydrochloride, modified-release preparation: Initially, 12.5 mg once daily, usually in the morning; may increase up to 25 mg once daily after at least 1 wk, if necessary; given throughout the menstrual cycle or limited to the luteal phase.

Elderly: Initially, 10 mg daily, increase if needed by 10 mg/day at 1 wk intervals; max: 40 mg daily.

Renal impairment: Severe: 10 mg daily, increase to a max of 40 mg daily as necessary.

Hepatic impairment: Hepatic impairment: Severe: 10 mg daily, increase to a max of 40 mg daily as necessary.

Administration

May be taken with or without food. (May be taken w/ meals to minimise GI upset.)

Overdosage

Somnolence, nausea, vomiting, hepatic dysfunction, drowsiness, sinus tachycardia, urinary retention, renal failure (acute), dilated pupils, convulsions, status epilepticus, ventricular arrhythmias (including torsade de pointes), serotonin syndrome and manic

reaction. No specific antidotes; treatment is supportive; cardiac monitoring is recommended.

Contraindications

Use with or within 14 days of MAOIs; concurrent use with thioridazine or pimozide.

Special Precautions

Epilepsy, glaucoma, history of mania, cardiac disease, DM, history of bleeding disorders, on drugs with increased risk of bleeding; renal and hepatic impairment; patients receiving electroconvulsive therapy; achlorhydria or high gastric pH (reduced absorption of oral suspension). Pregnancy and lactation. The risk of suicidal behaviour may be higher in young adults, closely monitor. May impair ability to drive or perform tasks. Avoid abrupt withdrawal.

Adverse Drug Reactions

Somnolence, insomnia, headache, dizziness; decreased libido; nausea, xerostomia, constipation, diarrhoea; ejaculatory disturbances; weakness, tremor, diaphoresis; vasodilation, chest

pain, palpitation, hypertension, tachycardia, nervousness, anxiety , agitation, abnormal dreams, impaired concentration, yawning, depersonalisation, amnesia, emotional lability, vertigo, confusion, chills; rash, pruritus; orgasmic disturbance, dysmenorrhoea; anorexia, decreased appetite, dyspepsia, flatulence, abdominal pain, appetite increased, vomiting, taste perversion, weight gain; impotence, genital disorder, urinary frequency, UTI; paresthesia, myalgia, back pain, myoclonus, myopathy, myasthenia, arthralgia; blurred vision, abnormal vision; tinnitus; respiratory disorder, pharyngitis, sinusitis, rhinitis; infection.

Drug Interactions

Levels/effects inhibited by cyproheptadine, phenytoin. Levels/effects increased by carbamazepine, cimetidine, CYP2D6 inhibitors (e.g. chlorpromazine, delavirdine, fluoxetine, miconazole, pergolide, quinidine, quinine,ritonavir, ropinirole). Increases levels/effects of atomoxetine, carvedilol, clozapine, CYP2B6 substrates (e.g.bupropion, promethazine, propofol, selegiline, sertraline), CYP2D6 substrates (e.g. amphetamines, selected beta-blockers, dextromethorphan, fluoxetine, lidocaine, mirtazapine, nefazodone, risperidone, ritonavir,thioridazine, TCAs, venlafaxine), duloxetine, galantamine,

mexilitine, pimozide, procyclidine, propafenone. Decreases levels/effects of CYP2D6 prodrug substrates (e.g. codeine, hydrocodone, oxycodone, tramadol). Inhibits the metabolism of dextromethorphan, haloperidol, thioridazine. Enhances bradycardic effect of beta-blockers. Enhances toxic effects of other CNS depressants. Increased risk of serotonin syndrome with amphetamines, SSRIs, meperidine, nefazodone, trazodone, serotonin agonists, sibutramine, sympathomimetics, tramadol, venlafaxine. Increases risk of bleeding with NSAIDs, aspirin, warfarin, or other drugs affecting coagulation. Increases sensitivity to amphetamines. Neurotoxicity with lithium. Additive hyponatraemia with loop diuretics. Mania or hypertension with selegiline.
Potentially Fatal: Fatal reactions with nonselective MAOI.

Food Interaction

Peak concentration increased; bioavailability not significantly altered. Avoid valerian, St John's wort, SAMe, kava kava. Ethanol may increase CNS depression.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at =25°C for suspensions or 15-30°C for tablets.

Mechanism of Action

Paroxetine selectively inhibits the reuptake of serotonin. It has limited direct action at other neurotransmitter sites including muscarinic receptors.

Absorption: Absorbed readily from the GI tract (oral); peak plasma concentrations after 5 hr.

Distribution: Enters breast milk. Protein-binding: 95%.

Metabolism: Extensive hepatic first-pass metabolism; by oxidation followed by methylation then formation of glucuronide and sulfate conjugates.

Excretion: Via urine (64%) and faeces (36%), mainly as metabolites; elimination half-life: 21 hr.

CIMS Class

Antidepressants

ATC Classification

N06AB05 - paroxetine; Belongs to the class of selective serotonin reuptake inhibitors. Used in the management of depression.

*paroxetine information:
Note that there are some more drugs interacting with paroxetine
paroxetine
paroxetine brands available in India
Always prescribe with Generic Name : paroxetine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : CINPAR-CR CRtab DEPROX tab LEPAROX SR-tab LEPAROX tab OXITINE-CR tab OXITINE-PR film-coated tab PANEX film-coated tab PARADISE XR tab PARI CR tab PARI film-coated tab PARIM-CR tab PAROGEN-CR CR-tab PAROTIN film-coated tab PAROXET-10 filcotab PAROXET-20 filcotab PAXIDEP CR-enteric-coated tab PETIN-CR CR-enteric-

coated tab PEXEP CR-tab PEXEP tab PRAXIT tab RAXIT tab XET tab

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([all drugs])

pefloxacin

CIMS Class : (Quinolones)

pefloxacin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related pefloxacin information

Indication & Dosage

Oral

Susceptible infections

Adult: 400 mg bid.

Renal impairment: Dose reduction may be necessary.

Oral

Gonococcal urethritis in men

Adult: 800 mg as single dose.

Renal impairment: Dose reduction may be necessary.

Oral

Acute uncomplicated cystitis in women

Adult: 800 mg as single dose.
Renal impairment: Dose reduction may be necessary.

Administration

Should be taken with food. (Take w/ meals.)

Contraindications

Hypersensitivity to quinolones, children <12 yr, pregnancy, lactation.

Special Precautions

Underlying CNS disease; hepatic disease; renal impairment. Avoid sun exposure, may cause severe sunburn.

Adverse Drug Reactions

Nausea, vomiting, gastric pain, dizziness, insomnia, allergic skin reactions, thrombocytopaenia, leukopenia/neutropenia, photosensitisation, arthropathy, muscular pain, headache, delusions, depression, hallucinations, hepatic dysfunction.

Drug Interactions

Reduced absorption with antacids, didanosine (DDI), iron salts, pirenzepine, sucralfate, vincristine, zinc salts; increased levels with cimetidine, probenecid, theophylline; increases the levels of cyclosporine; causes seizures with foscarnet, NSAIDs, piroxicam; hypoglycemia with glimeperide; antagonistic with quercetin.

Storage

Oral: Store at room temperature. Keep away from excess heat and moisture.

Mechanism of Action

Pefloxacin is a fluoroquinolone antibacterial that exhibits its bactericidal action by inhibition of DNA gyrase and topoisomerase IV which are needed for bacterial DNA reproduction.
Metabolism: Extensive metabolism; converted to N-desmethylpefloxacin (norfloxacin).
Excretion: 8-13 hr (elimination half-life).

CIMS Class

Quinolones

ATC Classification

J01MA03 - pefloxacin; Belongs to the class of quinolones, fluoroquinolone. Used in the treatment of systemic infections.

*pefloxacin information:
Note that there are some more drugs interacting with pefloxacin
pefloxacin
pefloxacin brands available in India
Always prescribe with Generic Name : pefloxacin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : CYLOX tab HINEPOX tab PEBACT tab PECURE tab PEFAN TABS tab PEFBID FC-tab PEFLOBID inj PEFLOBID tab PEFOCIN tab PEFRAN tab PELOX infusion PELOX tab PERTI tab PEZE tab PIFLASYN infusion PIFLASYN tab PLX tab PROFLOX DPS eye drops PROFLOX tab QUCIN tab ROLOX infusion ROLOX tab SUPLO tab

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([all drugs])

penfluridol

CIMS Class : (Antipsychotics)

penfluridol

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related penfluridol information

Indication & Dosage

Oral

Psychoses

Adult: Initially, 20-60 mg wkly, increased up to 250 mg once a wk in severe or resistant conditions.

Overdosage

Symptoms: deep sleep, dystonia, extrapyramidal symptoms. Treatment: supportive and symptom specific.

Contraindications

Preexisting CNS depression or coma.

Special Precautions

Pregnancy and lactation; elderly; epilepsy; preexisting cardiac conduction problems; hypokalaemia, hypomagnesemia; hypothyroidism.

Adverse Drug Reactions

Lower threshold for seizures, blurring of vision, dry mouth, retention of urine, constipation, orthostatic hypotension, weight gain, impaired glucose tolerance, allergic skin rashes, cholestatic jaundice; extrapyramidal effects; delirium; agitation, anxiety, depression, euphoria; anorexia, constipation, diarrhoea; alopecia; amenorrhoea, hypoglycaemia; hyponatraemia; hypersalivation, nausea, vomiting; bronchospasm; reported increased risk of breast cancer.

Potentially Fatal: Blood dyscrasias; neuroleptic malignant syndrome; alteration of heart conduction leading to QT prolongation and life threatening arrhythmias.

Drug Interactions

Orthostatic hypotension with MAOIs; may increase sedation with alcohol, hypnotics, antihistamines, opiates; antacids containing aluminum salts may decrease absorption; additive antimuscarinic effects with TCAs; may reduce bromocriptine's ability to reduce serum prolactin; amphetamines may increase psychosis; may inihibit antiparkinsonian effects of levodopa; may increase risk of extrapyrimidal symptoms with metoclopramide; may increase phenytoin levels (phenytoin may reduce penfluridol levels); possible additive effects on QT interval with type 1a antiarrhythmics, TCAs, some quinolone antibiotics (e.g. moxifloxacin), may have additive hypotensive effects with trazodone; may increase levels of valproic acid.
Potentially Fatal: May produce neurotoxicity with lithium.

Food Interaction

Avoid valerian, St John's wort, kava kava, gotu kola; increased risk of CNS depression.

Mechanism of Action

Penfluridol blocks the postsynaptic dopamine receptor in the mesolimbic dopaminergic system and inhibits the release of hypothalamic and hypophyseal hormones.
Duration: 1 wk.
Absorption: Absorbed from the GI tract (oral); peak plasma concentrations after 2 hr.
Metabolism: Undergoes enterohepatic recycling.
Excretion: Urine and faeces (as N-dealkylated metabolite). Elimination half-life: 36 hr (initial), 120 hr (terminal).

CIMS Class

Antipsychotics

ATC Classification

N05AG03 - penfluridol; Belongs to the class of diphenylbutylpiperidine derivatives antipsychotics. Used in the management of psychosis.

*penfluridol information:
Note that there are some more drugs interacting with penfluridol
penfluridol

penfluridol brands available in India

Always prescribe with Generic Name : penfluridol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : FLUMP tab SEMAP tab

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([all drugs])

penicillamine

CIMS Class : (Antidotes, Detoxifying Agents & Drugs Used in Substance Dependence) , (Cholagogues, Cholelitholytics & Hepatic Protectors) , (Disease-Modifying Anti-Rheumatic Drugs (DMARDs)) , (Other Drugs Acting on the Genito-Urinary System)

penicillamine

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related penicillamine information

Indication & Dosage

Oral

Wilson's disease

Adult: Initially, 1.5-2 g daily in divided doses. Maintenance dose: 0.75-1 g daily. Doses titrated to maintain urinary copper excretion >2 mg/day. Patients should receive pyridoxine supplementation 25 mg/day. Max: 750 mg/day in older adults.

Child: 1 mth-12 yr: 2.5 mg/kg bid, increased every 1-2 wk to 10 mg/kg bid. 12-18 yr: 0.75-1 g bid, max: 2 g daily for 1 yr; usual maintenance 0.75-1 g daily. Doses titrated to maintain urinary copper excretion >2 mg/day. Patients should receive pyridoxine supplementation 25 mg/day.

Elderly: Doses titrated to maintain urinary copper excretion >2 mg/day. Patients should receive pyridoxine supplementation 25 mg/day. Up to 20 mg/kg/day or 750 mg/day.

CrCl (ml/min)

Dosage Recommendation

<50

Avoid

Oral

Cystine calculi

Adult: 1-4 g daily in 4 divided doses. Usual dose: 2 g/day. If 4 equal doses are not possible, give largest dose at bedtime. Doses adjusted to limit cystine excretion to 100-200 mg/day (<100 mg/day with

history of stone formation). Patients should receive pyridoxine supplementation 25 mg/day.

Child: 1 mth-12 yr: 5-10 mg/kg bid, 12-18 yr: 0.5-1.5 g bid. Doses adjusted to limit cystine excretion to 100-200 mg/day (<100 mg/day with history of stone formation). Patients should receive pyridoxine supplementation 25 mg/day.

CrCl (ml/min)

Dosage Recommendation

<50

Avoid.

Oral

Cystinuria

Adult: 1-4 g daily in 4 divided doses. Usual dose: 2 g/day. If 4 equal doses are not possible, give largest dose at bedtime. Doses adjusted to limit cystine excretion to 100-200 mg/day (<100 mg/day with history of stone formation). Patients should receive pyridoxine supplementation 25 mg/day.

Child: 1 mth-12 yr: 5-10 mg/kg bid, 12-18 yr: 0.5-1.5 g bid. Doses adjusted to limit cystine excretion to 100-200 mg/day (<100 mg/day with history of stone formation). Patients should receive pyridoxine supplementation 25 mg/day.

CrCl (ml/min)

Dosage Recommendation

<50

Avoid.

Oral

Lead poisoning

Adult: 1-2 g daily in 3 divided doses. Continue treatment until urinary lead is stabilised at <500 mcg/day.

Child: 20 mg/kg/day in 3 divided doses.

Elderly: 20 mg/kg/day in 3 divided doses.

CrCl (ml/min)

Dosage Recommendation

<50

Avoid.

Oral

Severe active rheumatoid arthritis

Adult: As one part of a therapy programme. Initially 125-250 mg daily, increased gradually by the same amount at intervals of 4-12 wk up to 1-1.5 g/day. Discontinue if no response after 3-4 mth treatment with 1-1.5 g daily. Maintenance: 500-750 mg daily. Doses =500 mg/day: give as a single dose; doses > 500 mg: administer in divided doses. Max: 750 mg in older adults.

Child: As one part of a therapy programme. Initially, 3 mg/kg/day (=250 mg/day for 3 mth, then 6 mg/kg/day (=500 mg/day) bid for 3 mth. Max: 10 mg/kg/day in 3-4 divided doses (total max 750 mg/day).

Elderly: As one part of a therapy programme. Initially 50-125 mg daily; max: 750 mg/day. Doses =500 mg/day: give as a single dose; doses > 500 mg: administer in divided doses.

Renal impairment: Haemodialysis: decrease to 250 mg/wk after dialysis in patients with rheumatoid arthritis.

CrCl (ml/min)

Dosage Recommendation

<50

Avoid.

Oral

Chronic active hepatitis

Adult: Initially 500 mg daily in divided doses (after liver function tests shows disease controlled by corticosteroids). Dose gradually increased over 3 mth to 1250 mg daily with concurrent reduction in the corticosteroid dose.

Elderly: Not recommended.

CrCl (ml/min)

Dosage Recommendation

<50

Avoid.

Oral

Prophylaxis of cystine calculi

Adult: 0.5-1 g taken at bedtime.

Child: Use minimum dose required to maintain urinary cystine levels <200 mg/l.

Elderly: Use minimum dose required to maintain urinary cystine levels <200 mg/l.

Renal impairment: Reduce dose if impairment present when therapy starts. Use minimum dose required to maintain urinary cystine levels <200 mg/l. Review dose every 4 wk.

Oral

Arsenic poisoning

Adult: 500 mg 4 times daily for 5 days.

Child: 100 mg/kg/day in divided doses 6 hrly for 5 days; max: 1g/day.

CrCl (ml/min)

Dosage Recommendation

<50

Avoid.

Administration

Should be taken on an empty stomach. (Take on an empty stomach 1 hr before or 2 hr after meals, & at least 1 hr apart from any other drug, food, milk, antacid, Zn- or Fe-containing prep.)

Contraindications

Lupus erythematosus, severe thrombocytopenia, aplastic anaemia, history of D-penicillamine-induced agranulocytosis; pregnancy and lactation.

Special Precautions

Wilson's disease and cystinuria (25 mg/day) continued on a daily basis once instituted; renal impairment; penicillin allergy; monitor urine for proteinuria and haematuria, blood and platelet counts regularly. Consider withdrawal if platelets fall <120000/mm3 or white blood cells <2500/mm3 or if 3 successive falls within reference range (restart at reduced dose when levels are within reference range); withdraw permanently if leucopenia or thrombocytopenia reoccur. Regularly monitor renal and hepatic function (every 6 mth). Monitor body temperature twice weekly

during 1st month of therapy, then every 2 wk for 5 mth, then monthly. Counsel patient to report sore throat, fever, infection, non-specific illness, unexplained bleeding or bruising, pupura, mouth ulcers or rashes. In cystinuria, maintain adequate fluid intake (1 pint of fluid before bed and 1 pint of fluid during night). Caution in patients who have had previous adverse reactions to gold. Penicillamine serum levels may be decreased if taken with food, take 1 hr before meals and at bedtime. For patients who cannot swallow, dissolve tablet or capsule contents in 15-30 ml of chilled puree or fruit juice; do not administer with milk. Avoid oral iron within 2 hr of dose. In Wilson's disease, decrease copper in diet (<1-2 mg/day). In lead poisoning, decrease calcium in diet.

Adverse Drug Reactions

Nausea, anorexia, vomiting; oral ulceration and stomatitis; fever and skin reaction; loss of taste, thrombocytopenia, neutropenia, proteinuria, haematuria, haemolytic anaemia, lupus erythematosus-like syndrome, nephrotic syndrome; myasthenia gravis-like syndrome; goodpasture's syndrome; male and female breast enlargement; late rash (also known as pencillamine dermopathy) may appear several mth or yr after therapy.

Potentially Fatal: Agranulocytosis, aplastic anaemia; haematuria; Stevens-Johnson syndrome.

Drug Interactions

Antacids, iron and zinc interfere with the absorption of penicillamine. Concomitant use of NSAIDs may increase risk of renal damage. May increase levodopa levels. May reduce serum digoxin levels.
Potentially Fatal: May increase risk of bone marrow suppression with clozapine, co-trimoxazole, nitrofurantoin, olanzapine, thiamazole, gold, chloroquine, hydroxychloroquine or immunosuppressive treatment.

Food Interaction

Penicillamine serum levels may be decreased if taken with food, take 1 hr before meals and at bedtime. For patients who cannot swallow, dissolve tablet or capsule contents in 15-30 ml of chilled puree or fruit juice; do not administer with milk. Avoid oral iron within 2 hr of dose. In Wilson's disease, decrease copper in diet (<1-2 mg/day). In lead poisoning, decrease calcium in diet.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store in tight, well closed containers.

Mechanism of Action

Penicillamine is a chelating agent which aids the removal of heavy-metal ions including copper, lead, arsenic and mercury from the body by forming complexes that are readily excreted by the kidney. It interacts with cystine to form a more soluble compound reducing urinary concentration of cystine and prevents renal calculi development. In rheumatoid arthritis, it depresses circulating IgM rheumatoid factor and T-cell activity (but not B-cell activity).

Onset: Rheumatoid arthritis: 2-3 mth; Wilson's disease: 1-3 mth.

Absorption: 40-70%; time to peak, serum: 2-3 hr.

Distribution: Protein-binding: 80% to albumin.

Metabolism: Hepatic (small amounts).

Excretion: Elimination half-life: 1.7-3.2 hr; excretion via urine (30-60% as unchanged drug).

CIMS Class

Antidotes, Detoxifying Agents & Drugs Used in Substance Dependence / Cholagogues, Cholelitholytics & Hepatic Protectors / Disease-Modifying Anti-Rheumatic Drugs (DMARDs) / Other Drugs Acting on the Genito-Urinary System

ATC Classification

M01CC01 - penicillamine; Belongs to the class of penicillamine and similar antirheumatic agents. Used in the treatment rheumatism.

*penicillamine information:
Note that there are some more drugs interacting with penicillamine
penicillamine
penicillamine brands available in India
Always prescribe with Generic Name : penicillamine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : ARTAMIN (CARDION) cap ARTAMIN cap CILAMIN cap CILAMIN tab DISTAMIN cap PENAMINE cap

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([all drugs])

pentazocine

CIMS Class : (Analgesics (Opioid))

pentazocine

P - Contraindicated in pregnancy

L - Caution when used during lactation

related pentazocine information

Indication & Dosage

Oral

Moderate to severe pain

Adult: 50-100 mg every 3-4 hrs; max 600 mg daily.

Child: 6-12 yr: As hydrochloride: 25 mg every 3-4 hr.

CrCl (ml/min)

Dosage Recommendation

10-50

75% normal dose.

<10

50% normal dose.

Hepatic impairment: Reduce dose or avoid in liver disease.

Parenteral

Moderate to severe pain

Adult: 30-60 mg SC, IM or IV Inj given every 3-4 hr.

Child: >1 yr: up to 1 mg/kg SC, IM; up to 500 mcg/kg IV every 3-4 hr.

CrCl (ml/min)

Dosage Recommendation

10-50

75% normal dose.

<10

50% normal dose.

Hepatic impairment: Reduce dose or avoid in liver disease.

Rectal

Moderate to severe pain

Adult: 50 mg supp up to 4 times daily.

Child: Not recommended.

CrCl (ml/min)

Dosage Recommendation

10-50

75% normal dose

< 10

50% normal dose

Hepatic impairment: Reduce dose or avoid in liver disease.

Incompatibility: At Y site: Nafcillin; when admixed: aminophylline, amobarbital, pentobarbital, phenobarbital, sodium bicarbonate; in syringe: glycopyrrolate, heparin, phenobarbital.

Administration

Should be taken with food. (Take after meals.)

Overdosage

Symptoms: respiratory depression, cardiovascular, CNS effects. Treatment: empty stomach by lavage or emesis (lavage in comatose patients or those without gag reflex must have an endotracheal tube). For respiratory depression: parenteral naloxone and supportive treatment such as oxygen, IV fluids and vasopressors.

Contraindications

Head injury; narcotic dependence; respiratory depression; raised intracranial pressure; MI; heart failure; arterial or pulmonary hypertension; porphyria; pregnancy (prolonged use or high doses at term).

Special Precautions

May precipitate withdrawal in narcotic addicts. Impaired respiratory, renal and hepatic function; morbidly obese patients; thyroid dysfunction; prostatic hyperplasia or urinary stricture; biliary tract impairment; adrenal insufficiency (including Addison's disease); abdominal conditions. Elderly or debilitated patients; seizure-prone patients; children and infants (safety and efficacy not established in <1 yr); lactation. May impair ability to drive or operate machinery. Administer IM rather than SC (when frequent inj are needed) and inj sites should be varied.

Adverse Drug Reactions

Physical dependence; sedation, dizziness, euphoria, lightheadedness, alterations of mood; respiratory depression; visual hallucinations, disorientation, confusion; hypertension, tachycardia, circulatory depression; shock; hypotension; nausea, vomiting, constipation; seizures, diaphoresis; rash; blood dyscrasias; local tissue damages (SC), muscle fibrosis (IM).
Potentially Fatal: Respiratory depression, hypotension, circulatory failure, deepening coma, convulsions.

Drug Interactions

Depressant affects potentiated by alcohol, CNS depressants; concurrent use with fluoxetine may lead to diaphoresis, ataxia flushing and tremor associated with serotonin syndrome.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

if used for prolonged periods or in high doses at term.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Mechanism of Action

Pentazocine is a benzomorphan derivative with mixed opioid agonist and antagonist actions. It alters perception of and response to pain and produces generalised CNS depression by binding to opiate receptors in the CNS and acting as a partial agonist/antagonist.

Onset: Oral, IM, SC: 15-30 minutes; IV 2-3 minutes.

Duration: Oral: 4-5 hr; parenteral: 2-3 hr.

Absorption: Absorbed from the GI tract (oral), through the muscles (IM); peak plasma concentrations after 1-3 hr (oral), 15 min-1 hr (IM). Oral bioavailability: approx 20% (60-70% in cirrhosis).

Distribution: Crosses the placenta. Protein-binding: 60%

Metabolism: Hepatic; via oxidative and glucuronide conjugation pathways; extensive 1st pass.

Excretion: Elimination half life: 2-3 hr; prolonged in hepatic impairment; excretion via urine (small amounts as unchanged drug).

CIMS Class

Analgesics (Opioid)

ATC Classification

N02AD01 - pentazocine; Belongs to the class of benzomorphan derivative opioids. Used to relieve pain.

*pentazocine information:
Note that there are some more drugs interacting with pentazocine
pentazocine
pentazocine brands available in India
Always prescribe with Generic Name : pentazocine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : FORTSTAR inj FORTWIN amp PENTALAB amp PENTAWIN inj PENTAWOK inj PENTAZOCINE inj PENZYL inj PZOCIN inj RIDDOF inj ZOCIN amp
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([all drugs])

pentoxifylline

CIMS Class : (Haemorrheologicals)

pentoxifylline

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related pentoxifylline information

Indication & Dosage

Oral

Peripheral vascular disease

Adult: As modified-release formulation: 400 mg tid (normally for at least 8 wk), may reduce to 400 mg bid if GI or CNS adverse effects occur.

Renal impairment: Moderate impairment (CrCl about 60 ml/min): 400 mg bid; severe impairment (CrCl about 20 ml/min): 400 mg once daily; may reduce further to 400 mg once every other day if needed.

Hepatic impairment: Dose reduction may be needed in severe impairment.

Administration

Should be taken with food.

Overdosage

Symptoms: Occur 4-5 hr after ingestion; duration approx 12 hr; hypotension, flushing, convulsions, deep sleep, agitation, bradycardia and heart block. Treatment: Supportive and symptom specific.

Contraindications

Previous hypersensitivity reactions to xanthine-related products e.g. caffeine, theophylline and theobromine. Recent cerebral and/or retinal haemorrhage. Porphyria.

Special Precautions

Avoid use in patients with severe cardiac arrhythmias or acute MI. Caution when used in patients with ischaemic heart disease or hypotension. Impaired renal or hepatic function. Start at lower dose in elderly; safety and efficacy not established in children.

Tablets should not be chewed, crushed or broken; swallow whole. Pregnancy, lactation.

Adverse Drug Reactions

Nausea, vomiting, dizziness, headache, flushing; angina, palpitations; occasional cardiac arrhythmias; hepatitis, jaundice; blood dyscrasias reported; agitation; sleep disturbances; hypotension; thrombocytopenia; intrahepatic cholestasis.
Potentially Fatal: Fatal haemorrhage (cerebral and GI tract); anaphylactoid reaction.

Drug Interactions

Concurrent use with ciprofloxacin may increase the adverse effect of pentoxifylline. Concurrent use may increase serum levels of theophylline derivatives.
Potentially Fatal: May increase risk of adverse effect when used with ketorolac.

Food Interaction

Food: May reduce rate but not extent of absorption; administer with meals to minimise GI effects.

Lab Interference

False-positive theophylline levels.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 15-30 °C.

Mechanism of Action

Pentoxifylline reduces blood viscosity by increasing deformability of leukocytes and erythrocytes; and decreasing neutrophil adhesion/activation. It also improves microcirculation and

peripheral tissue oxygenation through better blood flow. It has also been used in cerebrovascular disorders.

Absorption: Well absorbed in the GI tract. Time to peak in serum: 2-4 hr.

Distribution: Pentoxifylline and metabolites: Enter breast milk.

Metabolism: Hepatic and via erythrocytes; some metabolites are active. Undergoes extensive 1st pass metabolism.

Excretion: Mainly via urine; less than 4% recovered in faeces. Apparent half-life of pentoxifylline: 0.4-0.8 hr; for metabolites: 1-1.6 hr.

CIMS Class

Haemorrheologicals

ATC Classification

C04AD03 - pentoxifylline; Belongs to the class of purine derivative agents used as peripheral vasodilators.

*pentoxifylline information:

Note that there are some more drugs interacting with pentoxifylline

pentoxifylline

pentoxifylline brands available in India

Always prescribe with Generic Name : pentoxifylline, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : FLEXITAL amp FLEXITAL tab KINETAL inj KINETAL tab PENTOVAS tab RB FLEX inj RB FLEX tab TRENTAL amp TRENTAL SR-tab

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([all drugs])

pergolide

CIMS Class : (Antiparkinsonian Drugs)

pergolide

P - Caution when used during pregnancy

L - Caution when used during lactation

related pergolide information

Indication & Dosage

Oral

As monotherapy in Parkinson's disease

Adult: As monotherapy: Initially, 50 mcg on the 1st evening of therapy. Then increase gradually: 50 mcg bid on days 2-4, then increase by 100-250 mcg every 3 or 4 days, in 3 divided doses, up to a daily dose of 1.5 mg at day 28. After day 30, increase dose by a max of 250 mcg twice a wk until optimum response is attained. Maintenance: 2.1-2.5 mg daily. As adjunctive therapy with levodopa: Introduce gradually. During this period, decrease levodopa dose gradually until optimum response is attained. Initial dose of pergolide: 50 mcg daily for the first 2 days; increase gradually by 100 or 150 mcg every 3rd day over the next 12 days. Further increases of 250 mcg may then be made every 3rd day until an optimum response is attained. Maintenance: 3 mg daily. Daily doses for both mono- and combination therapy should not be >5 mg and are usually given in 3 divided doses.

Overdosage

Symptoms: Vomiting, hypotension, agitation, severe hallucinations, severe involuntary movements, tingling in arms and legs, palpitations, ventricular extrasystoles, convulsions. Treatment: Symptomatic and supportive measures. Repeated doses of charcoal may hasten elimination. Dialysis or haemoperfusion is unlikely to be of benefit.

Special Precautions

Arrhythmias or underlying cardiac disease; history of confusions or hallucinations; pre-existing dyskinesia. Pregnancy and lactation. Withdrawal and dosage increases should be gradual. May impair ability to drive or operate machinery.

Adverse Drug Reactions

Dyskinesia, dizziness, hallucinations, dystonia, confusion, somnolence, insomnia, anxiety, pain (including abdominal), injury (accident), headache, postural hypotension, peripheral oedema, nausea, constipation, diarrhoea, dyspepsia, rhinitis, abnormal vision, sudden sleep episodes.

Drug Interactions

Effects may be reduced bay dopamine antagonists e.g. phenothiazines, butyrophenones, thioxanthenes and metoclopramide. Potential pharmacokinetic interaction with protein-bound drugs. Additive sedative effects with CNS depressants e.g. alcohol.

Storage

Oral: Store at 20-25°C (68-77°F).

Mechanism of Action

Pergolide is a centrally-acting dopamine agonist stimulating both D1 and D2 receptors in the nigrostriatal system.
Absorption: Absorbed from the GI tract.
Distribution: Protein-binding: 90%.
Metabolism: Extensively metabolised in the liver.
Excretion: Via urine (as metabolites).

CIMS Class

Antiparkinsonian Drugs

ATC Classification

N04BC02 - pergolide; Belongs to the class of dopamine agonist. Used in the management of parkinson's disease.

*pergolide information:

Note that there are some more drugs interacting with pergolide

pergolide further details are available in official CIMS India

pergolide

pergolide brands available in India

Always prescribe with Generic Name : pergolide, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : PERLIDE film-coated tab

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([all drugs])

perindopril

CIMS Class : (ACE Inhibitors)

perindopril

P - Contraindicated in pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related perindopril information

Indication & Dosage

Oral

Hypertension

Adult: As erbumine: Initially, 4 mg once daily. 1st dose preferably given at bedtime. Patients with renovascular hypertension, volume depletion, severe hypertension: Initially, 2 mg once daily. Max: 8 mg daily. Patients on diuretics: Withdraw diuretics 2 or 3 days before perindropil therapy. Resume later if required. If diuretic cannot be discontinued, an initial dose of 2 mg once daily may be given.

Elderly: As erbumine: Initially, 2 mg once daily. May be progressively increased to 4 mg after 1 mth then to 8 mg if needed according to renal function.

CrCl (ml/min)

Dosage Recommendation

30-60

2 mg daily.

15-30

2 mg on alternate days.

<15

2 mg on dialysis days.

Oral

Heart failure

Adult: As erbumine: Initially, 2 mg in the morning. Increase by 2-mg increments at no <2 wk intervals to a maintenance dose of 4 mg/day.

CrCl (ml/min)
Dosage Recommendation
30-60
2 mg daily.
15-30
2 mg on alternate days.
<15
2 mg on dialysis days.
Oral
Stable ischaemic heart disease
Adult: As erbumine: Initially, 4 mg once daily for 2 wk then titrate up to a maintenance dose of 8 or 10 mg once daily if tolerated.
Elderly: As erbumine: Initially, 2 mg once daily on the 1st wk, increase as tolerated to 4 mg once daily on the 2nd wk, then increase again as tolerated to a maintenance dose of 8 mg once daily.

CrCl (ml/min)
Dosage Recommendation

30-60

2 mg daily.

15-30

2 mg on alternate days.

<15

2 mg on dialysis days.

Administration

Should be taken on an empty stomach. (Take before meals.)

Overdosage

Symptom: Mild hypotension, bradycardia, hyperkalaemia (especially in patients with renal insufficiency), circulatory shock, renal failure, hyperventilation, tachycardia, palpitations, dizziness, anxiety, and cough. Treatment: Symptomatic and supportive. Haemodialysis may be beneficial.

Contraindications

History of angioedema related to previous ACE inhibitor treatment. Pregnancy (2nd/3rd trimesters).

Special Precautions

History of airway surgery. Withdraw if there is significant increase in LFTs. Risk factors for hyperkalaemia; monitor potassium closely. Patients dependent on renin-angiotensin-aldosterone system; consider withdrawal in patients with progressive deterioration in renal function. Collagen vascular disease. Hypovolaemia; monitor BP with the 1st dose. Unilateral renal artery stenosis and pre-existing renal insufficiency; valvular aortic stenosis. Before, during, or immediately after anaesthesia. May impair ability to drive or operate machinery. Lactation.

Adverse Drug Reactions

Headache, dizziness, sleep disorders, depression, fever, nervousness, somnolence; cough, upper respiratory tract infection, sinusitis, rhinitis, pharyngitis; oedema, chest pain, abnormal ECG, palpitation; rash; hyperkalaemia, elevated triglycerides, menstrual disorder; nausea, diarrhoea, vomiting, dyspepsia, abdominal pain, flatulence: UTI, sexual dysfunction; increased LFTs; weakness, musculoskeletal pain, upper and lower extremity pain, hypertonia, paraesthesia; proteinuria; tinnitus, ear infection; viral infection, allergy.

Potentially Fatal: Anaphylactoid reactions, angioedema.

Drug Interactions

Excessive BP reduction may occur in patients on diuretics. Increased risk of hyperkalaemia with potassiumsupplements, potassium-sparing diuretics, trimethoprim. May increase lithium levels/toxicity. May increase hypersensitivity reactions to allopurinol. Effects may be reduced by aspirin or other NSAIDs and/or adverse renal effects may be increased. May increase nephrotoxicity of ciclosporin. May increase the adverse/toxic effects (nitritoid reaction) of gold sodium thiomalate. Increased risk of hypoglycaemia with insulin. Increased risk of neutropenia with mercaptopurine.

Food Interaction

Conversion to active form reduced with food. Ephedra, yohimbe and ginseng may worsen hypertension. Garlic may increase antihypertensive effect.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

in 2nd & 3rd trimesters.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store at 20-25°C (68-77°F). Protect from moisture.

Mechanism of Action

Perindopril is a prodrug of perindoprilat, which is a competitive ACE inhibitor. Perindoprilat prevents conversion of angiotensin I to angiotensin II. It acts as a vasodilator and it reduces peripheral resistance.

Onset: Within 1 hr; max effect at about 4-8 hr.

Duration: 24 hr.

Absorption: Rapidly absorbed from the GI tract. Bioavailability: 65-75%. Peak plasma concentrations of perindoprilat: 3-4 hr after an oral dose of perindopril.

Distribution: Protein-binding: Perindopril: 60%. Perindoprilat: 10-20%.

Metabolism: Mainly hepatic; extensively metabolised to perindoprilat (active metabolite) and inactive metabolites. Food may reduce the conversion to perindoprilat.

Excretion: Mainly via urine (as unchanged drug, as metabolites). Elimination half-life of perindoprilat: 25-30 hr or longer; excretion reduced in renal impairment. Both drug and active metabolite are dialysable.

CIMS Class

ACE Inhibitors

ATC Classification

C09AA04 - perindopril; Belongs to the class of ACE inhibitors. Used in the treatment of cardiovascular disease.

*perindopril information:

Note that there are some more drugs interacting with perindopril

perindopril further details are available in official CIMS India

perindopril

perindopril brands available in India

Always prescribe with Generic Name : perindopril, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : COVERSYL tab COVERSYL-AM tab EVIPER tab PERIGARD tab

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([all drugs])

perindopril + indapamide

CIMS Class : (ACE Inhibitors) , (Diuretics)

perindopril + indapamide

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related perindopril + indapamide information

Indication & Dosage

Oral

Hypertension

Adult: Per tab contains perindopril 4 mg and indapamide 1.25 mg: 1 tab once daily in the morning.

CrCl (ml/min)

Dosage Recommendation

<30

Avoid use.

30-60

Dose adjustment may be needed.

Overdosage

Symptoms include hypotension, nausea, vomiting, cramps, dizziness, sleepiness mental confusion, oliguria which may progress to anuria. Salt and water disturbances (low sodium levels, low potassium levels) may also occur. Gastric lavage or administration of activated charcoal may be used to remove the ingested drug. Monitor and maintain fluid and electrolyte balance.

Contraindications

Hypersensitivity. Severe renal impairment (CrCl <30 ml/min), hypokalaemia, severe hepatic impairment or hepatic

encephalopathy, history of angioedema associated with treatment with an ACE inhibitor, children. Dialysis patients or patients with untreated decompensated heart failure. Hereditary/idiopathic angioneurotic oedema. Pregnancy and lactation.

Special Precautions

Impaired renal function, risk of hypotension and electrolyte imbalance. Regular monitoring of renal function and plasma levels of potassium are recommended. Blood glucose levels should be monitored in diabetic patients especially in those with low serum potassium levels. Increased risk of neutropenia/agranulocytosis in immunosuppressed patients. Treatment should be discontinued immediately if there is angioneurotic oedema of the face, extremities, lips, tongue, glottis and/or larynx.

Adverse Drug Reactions

Dry cough, headache, bradycardia, dizziness, asthenia, hypokalaemia and orthostatic hypotension. GI effects such as constipation, dry mouth, nausea, epigastric pain, anorexia, abdominal pain and taste disturbance.

Drug Interactions

Increased risk of lithium toxicity. May cause and potentiate orthostatic hypotension when used with alcohol, barbiturates, neuroleptics, narcotics or other antihypertensives. Increased risk of acute renal insufficiency in dehydrated patients when used with systemic NSAIDs or high dose salicylates. May increase risk of hypoglycaemia in patients on concurrent treatment with hypoglycaemic sulfonamides/insulin. Concurrent use with baclofen may potentiate antihypertensive effect. May reduce antihypertensive effect when used with corticosteroids or tetracosactide. Increased risk of hyperkalaemia when used with potassium-sparing diuretics or potassium supplements. May increase hypotensive effect of certain anaesthetic drugs. Increased risk of leucopenia when used with allopurinol, immunosuppressants, procainamide or systemic corticosteoids. Additive hypotensive effect when used with other antihypertensives.

Storage

Oral: Store below 30°C.

Mechanism of Action

Perindopril is an ACE inhibitor, which acts by inhibiting the conversion of angiotensin I to angiotensin II, reducing the activity of the sympathetic nervous system and inhibiting enzyme kininase, which is involved in the conversion of bradykinin and other substances. Indapamide is a sulfonamide derivative with an indole ring. It inhibits the reabsorption of sodium in the cortical dilution segment, thus increasing urinary output, resulting in an antihypertensive effect.

Absorption: Perindopril: About 65-70% of an oral dose is absorbed. Indapamide: Rapidly and completely absorbed from the GI tract.

Distribution: Plasma protein binding of perindoprilat: <30 %; indapamide: 79%.

Metabolism: Perindopril is hydrolysed into perindoprilat which is the active component.

Excretion: Elimination half-life of perindoprilat: Approximately 24 hr; indapamide: 14-24 hr (average 18 hr).

CIMS Class

ACE Inhibitors / Diuretics

ATC Classification

C03BA11 - indapamide; Belongs to the class of low-ceiling sulfonamide diuretics. Used to promote excretion of urine.
C09AA04 - perindopril; Belongs to the class of ACE inhibitors. Used in the treatment of cardiovascular disease.

*perindopril + indapamide information:
Note that there are some more drugs interacting with perindopril + indapamide
perindopril + indapamide
perindopril + indapamide brands available in India
Always prescribe with Generic Name : perindopril + indapamide, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : COVERSYL PLUS tab EVIPER-D tab PERIGARD-D tab PERIGARD-DF tab
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([all drugs])
permethrin
CIMS Class : (Topical Antifungals & Antiparasites)

permethrin

P - Caution when used during pregnancy

L - Caution when used during lactation

related permethrin information

Indication & Dosage

Topical/Cutaneous

Head pediculosis

Adult: Apply 30-60 ml of 1% lotion (cream rinse) to washed and towel-dried hair and allow to remain for 10 min. Rinse with water. Treatment may be repeated after 7-10 days if lice or nits are detected in hair-scalp junctions.

Topical/Cutaneous

Scabies

Adult: Apply a thin layer of 5% cream into all skin surfaces from the neck to toes. Wash off after 8-14 hr. 30 g of cream is usually sufficient for an average adult.

Topical/Cutaneous

Pediculosis pubis

Adult: Apply sufficient amount of 1% lotion (cream rinse) or 5% cream to thoroughly saturate the pubic area. Allow to remain for 10 min and then rinse with water.

Contraindications

Hypersensitivity.

Special Precautions

Avoid contact with eyes and mucous membranes. Cross-sensitivity may occur with ragweed or chrysanthemums. History of asthma. Pregnancy and lactation.

Adverse Drug Reactions

Mild and transient burning, stinging, pruritus, erythema, tingling, numbness, rash; difficulty in breathing; phototoxic or photosensitisation reactions.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Topical/Cutaneous: Cream: Store at 15-25°C (59-77°F). Lotion (Cream rinse): Store at 15-25°C (59-77°F) or at 20-25°C (68-77°F).

Mechanism of Action

Permethrin is a pyrethroid pediculocide and scabicide. It causes paralysis and death of the pest by inhibiting sodium ion influx through nerve cell membrane channels delaying repolarisation.
Absorption: Small amounts absorbed systemically (topical).
Metabolism: Hepatic via ester hydrolysis; converted to inactive metabolites.
Excretion: Via urine

CIMS Class

Topical Antifungals & Antiparasites

ATC Classification

P03AC04 - permethrin; Belongs to the class of pyrethrines, including synthetic compounds used as ectoparasiticides.

*permethrin information:

permethrin

permethrin brands available in India

Always prescribe with Generic Name : permethrin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BELSCAB soap CLEARKIN gel ENDLIC cream ENDLIC lotion JOLICE oint MEDILICE cream MERISOFT lotion MITYSCAB cream MONOSCAB cream MONOSCAB lotion MONOSCAB soap PEDISCAB soap PERCLIN cream PERIN cream PERIN lotion PERINIX soap PERLICE cream PERMARID cream PERMARID lotion PERMISKIN cream PERMISKIN lotion PERMISKIN soap PERMITE cream PERSCAB cream PERTEL lotion PERTEL oint PERTOP lotion SCABENIL lotion SCABENIL soap SCABEPIL soap SCABEX-P oint SCABOZ lotion SCABOZ soap SCABPER cream SCABPER lotion SCALIX lotion SEABOZ cream SILKIN-P LOTION lotion SILKIN-P soap SKABKILL lotion SKABKILL oint UNISCAB lotion UNISCAB soap ZYSCAB-P lotion

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([all drugs])

pethidine

CIMS Class : (Analgesics (Opioid))

pethidine

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related pethidine information

Indication & Dosage

Oral

Moderate to severe acute pain

Adult: As hydrochloride: 50-150 mg every 4 hr if needed.

Child: As hydrochloride: Children 2 mth to 12 yr: 0.5-2 mg/kg; 12-18 yr: 50-100 mg. Repeat dose every 4-6 hr if necessary.

Elderly: As hydrochloride: 50 mg every 4 hr.

Renal impairment: Dose reductions may be necessary.

Hepatic impairment: Dose reductions may be necessary.

Parenteral

Moderate to severe acute pain

Adult: As hydrochloride: 25-100 mg IM/SC inj or 25-50 mg by slow IV inj repeated after 4 hr. IM/SC doses may be given every 2-3 hr if needed.

Child: As hydrochloride: SC/IM: 2 mth to 12 yr: 0.5-2 mg/kg; 12-18 yr: 20-100 mg. Repeat dose every 4-6 hr if needed. IV inj: Neonates and children =12 yr: 0.5-1 mg/kg IV inj every 10-12 hr if needed in those up to 2 mth and every 4-6 hr if needed in older children. 12-18 yr: 25-50 mg every 4-6 hr if needed. Alternatively, =1 mth: Loading dose: 1 mg/kg by IV inj followed by 100-400 mcg/kg/hr via continuous IV infusion adjusted according to response.

Elderly: 25 mg every 4 hr.

Renal impairment: Dose reductions may be necessary.

Hepatic impairment: Dose reductions may be necessary.

Parenteral

Obstetric analgesia

Adult: As hydrochloride: 50-100 mg by IM/SC inj as soon as contractions occur at regular intervals; repeat after 1-3 hr if needed. Max: 400 mg in 24 hr.

Renal impairment: Dose reductions may be necessary.

Hepatic impairment: Dose reductions may be necessary.

Intramuscular

Preoperative medication

Adult: As hydrochloride: 25-100 mg IM/SC given 1 hr before surgery.

Child: As hydrochloride: 1-2 mg/kg given 1 hr before surgery.

Renal impairment: Dose reductions may be necessary.

Hepatic impairment: Dose reductions may be necessary.

Parenteral

Postoperative pain

Adult: As hydrochloride: 25-100 mg IM/SC inj every 2-3 hr if necessary.

Renal impairment: Dose reductions may be necessary.

Hepatic impairment: Dose reductions may be necessary.

Intravenous

Adjunct to anaesthesia

Adult: As hydrochloride: 10-25 mg by slow IV inj.

Renal impairment: Dose reductions may be necessary.

Hepatic impairment: Dose reductions may be necessary.

Reconstitution: IV infusion: Dilute with glucose 5% or sodium chloride 0.9% to required volume. IV inj: Dilute with water for inj to a concentration of 5-10 mg/ml.

Incompatibility: Y-site incompatible with idarubicin, imipenem/cilastatin, minocycline, allopurinol, amphotericin B cholesteryl sulfate complex, cefepime, cefoperazone, doxorubicin liposome. Admixture incompatibility: Aminophylline, amobarbital, floxacillin, furosemide, heparin, morphine, phenobarbital, phenytoin, thiopental, pentobarbital. Syringe incompatibility: Pentobarbital, heparin, morphine.

Overdosage

Symptoms: CNS/respiratory depression, mydriasis, bradycardia, pulmonary oedema, chronic tremor, CNS excitability, seizures. Treatment: Symptomatic. Naloxone can be used to reverse opioid effects. Do not use naloxone for pethidine-induced seizures.

Special Precautions

May impair ability to drive or operate machinery. Hypovolaemia, CV disease; adrenal insufficiency; biliary tract disorder; CNS depression or coma; history of drug abuse or acute alcoholism; head injury, intracranial lesions, elevated intracranial pressure; hepatic or renal impairment; morbidly obese; prostatic hyperplasia; toxic psychoses; pre-existing respiratory compromise (hypoxia and/or hypercapnia), COPD or other obstructive airway disease; sickle-cell disease; supraventricular tachycardia; thyroid dysfunction. Elderly and debilitated patients. Withdraw gradually. Pregnancy (avoid prolonged use or high doses at term) and lactation.

Adverse Drug Reactions

Hypotension; fatigue, drowsiness, dizziness, nervousness, headache, restlessness, malaise, confusion, depression, hallucinations, tremors, muscle twitches, increased intracranial pressure, seizure, serotonin syndrome; rash, urticaria; nausea, vomiting, constipation, anorexia, stomach cramps, xerostomia, biliary spasm, paralytic ileus, sphincter of Oddi spasm; ureteral spasms, decreased urination; pain at inj site; weakness; dyspnoea; histamine release, physical and psychological dependence.

Drug Interactions

Increased pethidine metabolite levels with aciclovir, cimetidine, ritonavir. Reduced analgesic effects withphenytoin, barbiturates. Additive sedative and/or respiratory depressive effects with alcohol, barbiturates, benzodiazepines, phenothiazines, TCAs, other CNS depressants.
Potentially Fatal: Increased risk of serotonin syndrome with MAOIs (not be given concurrently or within 14 days of their discontinuation), serotonin agonists, serotonin reuptake inhibitors, sibutramine, TCAs.

Food Interaction

Increased CNS depression with valerian, St John's wort, kava kava, gotu kola.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

if used for prolonged periods or in high doses at term.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intramuscular: Store at room temperature. Do not freeze and protect from light. Intravenous: Store at room temperature. Do not freeze and protect from light. Oral: Protect from light. Store at room

temperature.Parenteral: Store at room temperature. Do not freeze and protect from light.

Mechanism of Action

Pethidine is a phenylpiperidine derivative opioid analgesic. It acts mainly as mu-receptor agonist. Like most, opioid analgesics, it mimics endogenous opioids by activating opioid receptors in the central and peripheral nervous system. It reduces the release of neurotransmitter substances and also reduces the activity of postsynaptic neurons in the spinal cord thus preventing transmission of pain impulse.

Absorption: Absorbed from the GI tract; only 50% reaches the circulation due to 1st-pass effect. Peak plasma concentrations after 1-2 hr (oral). Variable absorption (IM).

Distribution: Crosses the placenta; enters breast milk; appears in CSF. Protein-binding: 60-80%.

Metabolism: Extensively hepatic via hydrolysis to pethidinic acid and norpethidinic acid and via demethylation to norpethidine.

Excretion: Via urine (small amounts as unchanged drug); elimination half-life: 3-5 hr (unchanged drug), 20 hr (norpethidine).

CIMS Class

Analgesics (Opioid)

ATC Classification

N02AB02 - pethidine; Belongs to the class of phenylpiperidine derivative opioids. Used to relieve pain.

*pethidine information:
Note that there are some more drugs interacting with pethidine
pethidine
pethidine brands available in India
Always prescribe with Generic Name : pethidine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : PETHIDINE HCL vial PETHIDINE inj
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([all drugs])
phenazopyridine
CIMS Class : (Other Drugs Acting on the Genito-Urinary System)

phenazopyridine

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related phenazopyridine information

Indication & Dosage

Oral

Pain and irritability in cystitis, prostatitis and urethritis

Adult: As hydrochloride: 200 mg tid. When combined with an antibiotic, max duration of treatment is 2 days, although lower doses for at least a wk have been given.

Child: As hydrochloride: 12 mg/kg/day in 3 divided doses for 2 days.

CrCl (ml/min)

Dosage Recommendation

50-80

Give dose every 8-16 hr.

<50

Avoid.

Administration

Should be taken with food. (Take after meals.)

Overdosage

Symptoms: Methaemoglobinaemia, haemolytic anaemia, skin pigmentation, renal and hepatic impairment. Treatment: Use methylene blue for methaemoglobinaemia.

Contraindications

Impaired renal function or severe hepatitis. CrCl <50 ml/min.

Special Precautions

Avoid prolonged use. Pregnancy and lactation. G6PD deficiency. Stop treatment if skin or sclerae discolouration occur. Elderly.

Adverse Drug Reactions

GI disturbances, headache; rash; hepatotoxicity; haemolytic anaemia, methaemoglobinaemia; discolouration of urine and other body fluids; staining of contact lens; crystal deposits in urinary tract.

Potentially Fatal: Acute renal failure.

Lab Interference

May interfere with urine ketone and protein tests. May delay reactions with glucose oxidase reagents. May occasionally cause false-positive tests with Tes-Tape.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Mechanism of Action

Phenazopyridine is an azo dye that exerts an analgesic effect in the urinary tract.

Absorption: Absorbed from the GI tract (oral).

Excretion: Via urine (65% as unchanged drug; 18% as paracetamol).

CIMS Class

Other Drugs Acting on the Genito-Urinary System

ATC Classification

G04BX06 - phenazopyridine; Belongs to the class of other urologicals. Used in the treatment of urological problems.

*phenazopyridine information:
phenazopyridine
phenazopyridine brands available in India
Always prescribe with Generic Name : phenazopyridine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : NEPHROGESIC tab PYRIDIUM tab
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([all drugs])
phenformin
CIMS Class : (Antidiabetic Agents)
phenformin

P - Caution when used during pregnancy

related phenformin information

Indication & Dosage

Oral

Type 2 diabetes mellitus

Adult: 200-400 mg bid.

Overdosage

Symptoms: Lactic acidosis. Treatment: Intensive supportive therapy. Glucose or glucagon may be given if hypoglycaemia is present.

Contraindications

Insulin-dependent diabetes, diabetic coma, ketoacidosis, trauma, severe infection, heart failure, recent MI; dehydration. Renal or hepatic impairment.

Special Precautions

Monitor vitamin B12 concentrations annually during long-term treatment. Pregnancy.

Adverse Drug Reactions

Anorexia, nausea, vomiting, diarrhoea, metallic taste, wt loss, skin reactions, acute pancreatitis.
Potentially Fatal: Lactic acidosis, CV adverse effects.

Drug Interactions

May impair vitamin B12 absorption.
Potentially Fatal: Cimetidine may reduce renal clearance of phenformin. Increased risk of lactic acidosis with alcohol, nephrotoxic drugs.

Mechanism of Action

Phenformin is a biguanide antidiabetic. It does not stimulate insulin release but requires the presence of insulin to exhibit its hypoglycaemic effect. It delays glucose absorption from the GI tract, increases insulin sensitivity and glucose uptake, and inhibits gluconeogenesis in the liver.

Metabolism: Hepatic.

CIMS Class

Antidiabetic Agents

*phenformin information:
phenformin
phenformin brands available in India
Always prescribe with Generic Name : phenformin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : DBI tab DBI TD-tab
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([all drugs])
phenindione
CIMS Class : (Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics))
phenindione
P - Contraindicated in pregnancy
L - Caution when used during lactation

Lab ¤ - Lab interference

related phenindione information

Indication & Dosage

Oral

Thromboembolic disorders

Adult: Initially, 200 mg in 2 equal doses on day 1 followed by 100 mg on day 2. Maintenance: 50-150 mg daily depending on coagulation tests.

Overdosage

Symptoms: Early signs include bleeding from the gums or haematuria. Treatment: Withdraw the drug to stop mild bleeding and to normalise prothrombin time. For more severe haemorrhage, administer IV vitamin K1. Fresh whole blood or frozen plasma transfusion may also be necessary for severe haemorrhage.

Contraindications

Hypersensitivity. Predisposition to severe haemorrhage (e.g. ulceration or bleeding in the GI, genitourinary or respiratory tract,

haemorrhagic blood dyscrasias, haemophilia, threatened abortion, presence of extensive surgical wounds). Pregnancy.

Special Precautions

Severely impaired renal or hepatic function, severe hypertension, patients who will undergo surgery (including dental extraction), CHF, female patients >60 yr. Monitor prothrombin time regularly. Lactation.

Adverse Drug Reactions

Haemorrhage. Skin rash, pyrexia, diarrhoea, vomiting, sore throat. Rarely, skin necrosis. May colour urine pink or orange.
Potentially Fatal: Hypersensitivity reactions e.g. exfoliative dermatitis, liver and kidney damage, myocarditis, agranulocytosis, leucopenia, eosinophilia, leukaemoid syndrome.

Drug Interactions

Reduced effect with haloperidol. Increased effect with clofibrate. Increased prothrombin levels with co-trimoxazole. May increase toxicity of chlorpropamide, phenytoin, sulfonamides and

tolbutamide. Potential increase in anticoagulant effects: Alcohol, anaesthetics, antithyroids, aspirin and salicylates, aztreonam, bretylium, cathartics, cimetidine, ciprofloxacin, dextran, disulfiram, ethacrynic acid, fibrinolysin, gemfibrozil,glucagon, guanethidine, heparin, iodine, methaqualone, methotrexate, methyldopa, methylphenidate, nalidixic acid, nicotinic acid, NSAIDs, paracetamol, phenothiazines, phenytoin, probenecid, quinine, quinidine,sulfinpyrazone, thyroid hormones, tolbutamide, vitamin B complex, X-ray contrast media. Potential decrease in anticoagulant effects: Antacids, antihistamines, barbiturates, bioflavonoids, digitalis glycosides, diuretics, ethchlorvynol, fibrinogen, glutethimide, griseofulvin, haloperidol, meprobamate, oral contraceptives, thrombin, trifluperidol, vitamin K, xanthines.

Lab Interference

May colour urine pink or orange interfering with some urinary tests.

Mechanism of Action

Phenindione is an indanedione anticoagulant. It acts by antagonising the effects of vitamin K.
Absorption: Well absorbed from the GI tract (oral).
Distribution: Crosses the placenta and enters breast milk.
Excretion: Via urine (as metabolites).

CIMS Class

Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics)

ATC Classification

B01AA02 - phenindione; Belongs to the class of vitamin K antagonists. Used in the treatment of thrombosis.

*phenindione information:
Note that there are some more drugs interacting with phenindione
phenindione
phenindione brands available in India
Always prescribe with Generic Name : phenindione, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : DINDEVAN tab

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([all drugs])

pheniramine

CIMS Class : (Antihistamines & Antiallergics) , (Ophthalmic Decongestants, Anesthetics, Anti-inflammatories)

pheniramine

P - Caution when used during pregnancy

L - Caution when used during lactation

related pheniramine information

Indication & Dosage

Oral

Allergic conditions

Adult: As maleate: Syrup: 15-30 mg bid or tid. Tablet: Up to 45 mg tid. Max: 3 mg/kg/day.

Child: As maleate: 5-10 yr: Half a 45-mg tablet up to tid; >10 yr: Syrup: 15-30 mg bid or tid. Tablet: Up to 45 mg tid. Max: 3 mg/kg/day.

Elderly: As maleate: Syrup: 15-30 mg bid or tid. Tablet: Up to 45 mg tid. Max: 3 mg/kg/day.

Oral

Prophylaxis of motion sickness

Adult: As maleate: Syrup: 15-30 mg bid or tid. Tablet: Up to 45 mg tid. Max: 3 mg/kg/day. Take 1st dose at least 30 min before travelling.

Child: As maleate: 5-10 yr: Half a 45-mg tablet up to tid; >10 yr: Syrup: 15-30 mg bid or tid. Tablet: Up to 45 mg tid. Max: 3 mg/kg/day. Take 1st dose at least 30 min before travelling.

Ophthalmic

Allergic conjunctivitis

Adult: Pheniramine maleate 0.3% in combination with naphazoline hydrochloride 0.025%: 1 or 2 drops in the affected eye/s up to 4 times a day.

Child: =6 yr: Pheniramine maleate 0.3% in combination with naphazoline hydrochloride 0.025%: 1 or 2 drops in the affected eye/s up to 4 times a day.

Administration

Should be taken with food.

Overdosage

Symptoms: Agitation and convulsions (especially in children), and restlessness, disorientation and hallucinations in adults. Accidental ingestion in small children has resulted in convulsions and in some cases fatal. Treatment: No specific antidote; symptomatic and supportive. Gastric lavage may be useful for some time after ingestion. Do not use stimulants. Diazepam or short-acting barbiturates may be used to control convulsions. Vasopressors may be used for hypotension.

Contraindications

Symptomatic prostatic hypertrophy; neonates and premature infants.

Special Precautions

May impair ability to drive or operate machinery. Has potential for abuse. Narrow angle glaucoma, asthma or severe CV disease. Antiemetic effect may mask signs of other conditions. Pregnancy and lactation. Elderly.

Adverse Drug Reactions

Oral: Sedation. Hypersensitivity reactions. Lassitude, dizziness, tinnitus, inability to concentrate, incoordination, irritability, insomnia and tremors. Nausea, vomiting, diarrhoea, colic, epigastric pain, anorexia, dryness of mouth and constipation. Urinary retention. Palpitations, headache. Blurred vision, increased intraocular pressure. Muscular weakness. Rarely, blood dyscrasias e.g. agranulocytosis, haemolytic anaemia. Ophthalmic: Temporarily enlarged pupils, eye redness (overuse).

Drug Interactions

May mask ototoxicity produced by aminoglycoside antibiotics.
Potentially Fatal: Potentiation of CNS depression by alcohol, sedatives, opioids, barbiturates, hypnotics, narcoleptics. May increase antimuscarinic effect of MAOIs, atropine and TCAs.

Storage

Ophthalmic: Store at 20-25°C (68-77°F). Protect from light. Oral: Tablet: Store below 30°C (86°F). Protect from light.

Mechanism of Action

Pheniramine is an alkylamine derivative with histamine H1-receptor antagonist effects. It also has anticholinergic and moderate sedative effects.

Onset: 15-20 min (oral).

Absorption: Readily absorbed from the GI tract. Peak plasma concentrations in 1-2.5 hr.

Metabolism: Metabolised to N-desmethylpheniramine and N-didesmethylpheniramine.

Excretion: Via urine (as unchanged drug and metabolites). Terminal half-life: 8-17 hr (IV pheniramine maleate); 16-19 hr (oral).

CIMS Class

Antihistamines & Antiallergics / Ophthalmic Decongestants, Anesthetics, Anti-inflammatories

ATC Classification

R06AB05 - pheniramine; Belongs to the class of substituted alkylamines used as systemic antihistamines.

*pheniramine information:

Note that there are some more drugs interacting with pheniramine pheniramine

pheniramine brands available in India

Always prescribe with Generic Name : pheniramine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AVIL EXP expectorant AVIL INJ amp AVIL INJ vial AVIL RETARD drag AVIL syr AVIL tab AVIL-RC vial PHENAL amp PHENCIP inj PHENIRAMINE RETARD drag SWIL tab

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([all drugs])

phenobarbital

CIMS Class : (Anticonvulsants) , (Hypnotics & Sedatives)

phenobarbital

P - Contraindicated in pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related phenobarbital information

Indication & Dosage

Oral

Partial seizures

Adult: 60-180 mg daily taken at night. Titrate dose according to patient's needs to achieve adequate control of seizures. Plasma concentrations of 15-40 mcg/ml (65-170 micromol/l) are usually required.

Child: 1 mth-12 yr: Initially, 1-1.5 mg/kg bid. Increase by 2 mg/kg daily, as required, to a maintenance dose of 2.5-4 mg/kg once or bid. 12-18 yr: Initially, 60-180 mg bid. Maintenance: 60-180 mg once daily.

CrCl (ml/min)

Dosage Recommendation

<10

Administer every 12-16 hr.

Hepatic impairment: Severe: Monitor plasma levels and adjust dose as necessary.

Oral

Generalised tonic-clonic seizures

Adult: 60-180 mg daily taken at night. Titrate dose according to patient's needs to achieve adequate control of seizures. Plasma

concentrations of 15-40 mcg/ml (65-170 micromol/l) are usually required.
Child: 1 mth-12 yr: Initially, 1-1.5 mg/kg bid. Increase by 2 mg/kg daily, as required, to a maintenance dose of 2.5-4 mg/kg once or bid. 12-18 yr: Initially, 60-180 mg bid. Maintenance: 60-180 mg once daily.

CrCl (ml/min)
Dosage Recommendation
<10
Administer every 12-16 hr.

Hepatic impairment: Severe: Monitor plasma levels and adjust dose as necessary.
Oral
Sedation
Adult: 30-120 mg/day in 2-3 divided doses.
Child: 6 mg/kg/day or 180 mg/m2/day divided in 3 equal doses.

CrCl (ml/min)
Dosage Recommendation
<10
Administer every 12-16 hr.

Hepatic impairment: Severe: Monitor plasma levels and adjust dose as necessary.

Oral

Hypnotic

Adult: 100-320 mg at bedtime. Do not admin for >2 wk for the treatment of insomnia.

Hepatic impairment: Severe: Monitor plasma levels and adjust dose as necessary.

Oral

Preoperative sedation

Child: 1-3 mg/kg 1-1.5 hr before procedure.

Intramuscular

Emergency management of acute seizures

Adult: As sodium: 200 mg IM repeated after 6 hr if necessary.

Child: As sodium: 15 mg/kg IM as a single dose.

Intravenous

Status epilepticus

Adult: Doses of 10 mg/kg to a max of 1 g.

Child: As sodium: Neonates and children up to 12 yr: Initially, 20 mg/kg by slow IV inj then 2.5-5 mg/kg once or bid. 12-18 yr: Initially 20 mg/kg (max 1 g) by slow IV inj then 300 mg bid.

Intravenous

Generalised tonic-clonic seizures

Child: As sodium: Neonates: Loading dose is 20 mg/kg by slow IV inj followed by 2.5-5 mg/kg once daily either by slow IV inj or orally.

Intravenous

Partial seizures

Child: As sodium: Neonates: Loading dose is 20 mg/kg by slow IV inj followed by 2.5-5 mg/kg once daily either by slow IV inj or orally.

Intramuscular

Sedation

Adult: As sodium: 30-120 mg/day in 2-3 divided doses.

CrCl (ml/min)

Dosage Recommendation

<10

Administer every 12-16 hr.

Hepatic impairment: Severe: Monitor plasma levels and adjust dose as necessary.

Parenteral

Hypnotic

Adult: As sodium: 100-320 mg at bedtime via IM/IV/SC inj.

Child: As sodium: 3-5 mg/kg at bedtime via IM/IV/SC inj.

Hepatic impairment: Severe: Monitor plasma levels and adjust dose accordingly.

Intramuscular

Preoperative sedation

Adult: As sodium: 100-200 mg 1-1.5 hr before procedure.

Child: As sodium: 16-100 mg 1-1.5 hr before procedure.

Intravenous

Preoperative sedation

Child: As sodium: 1-3 mg/kg 1-1.5 hr before procedure.

Reconstitution: Inj should be diluted 1 in 10 although 15 mg/ml may be considered in fluid-restricted children. Give dose over 20 min at a rate no >1 mg/kg/min.

Incompatibility: Y-site admin incompatible with amphotericin B cholesteryl sulfate complex, hydromorphone. Do not mix in the same syringe with hydromorphone, pentazocine, ranitidine, sufentanil. Do not admix with chlorpromazine, cimetidine, clindamycin, dimenhydrinate, diphenhydramine, droperidol, ephedrine, hydralazine, hydrocortisone sodium succinate, hydroxyzine, insulin (regular), kanamycin, levorphanol, meperidine, morphine, norepinephrine, pancuronium, penicillin G,

pentazocine, phenytoin, procaine, prochlorperazine, promazine, promethazine, streptomycin, succinylcholine, vancomycin.

Overdosage

Symptoms: Unsteady gait, slurred speech, confusion, jaundice, hypothermia, hypotension, respiratory depression, coma. Management: Charcoal haemoperfusion (in severe cases). Treatment is symptomatic and supportive.

Contraindications

Severe renal and hepatic disorders. Severe respiratory depression, dyspnoea or airway obstruction; porphyria. Pregnancy.

Special Precautions

Elderly or debilitated patients, children. Withdraw gradually. Impaired renal, hepatic and respiratory function. Patients with acute pain and depressive disorders. May impair ability to drive or operate machinery. Lactation.

Adverse Drug Reactions

Bradycardia, hypotension, syncope; drowsiness, lethargy, CNS excitation or depression, impaired judgment, hangover effect, confusion, somnolence, agitation, hyperkinesia, ataxia, nervousness, headache, insomnia, nightmares, hallucinations, anxiety, dizziness; rash, exfoliative dermatitis; nausea, vomiting, constipation; agranulocytosis, thrombocytopenia, megaloblastic anaemia; pain at inj site, thrombophlebitis (IV); oliguria: laryngospasm, respiratory depression, apnoea (especially with rapid IV admin), hypoventilation.
Potentially Fatal: Stevens-Johnson syndrome.

Drug Interactions

May enhance the hepatotoxic potential of paracetemaol overdoses. May decrease levels/effects of various CYP isoenzyme substrates e.g. teniposide, methotrexate, antipsychotics, ß-blockers, calcium-channel blockers, other anticonvulsants, chloramphenicol, cimetidine, corticosteroids, ciclosporin, doxycycline,oestrogens, felbamate, griseofulvin, tacrolimus, furosemide, methadone, oral contraceptives, theophylline, TCAs, warfarin. May reduce effects of guanfacine. Reduced metabolism and or increased toxicity with

chloramphenicol, felbamate, MAOIs, valproic acid. May enhance the nephrotoxic effects of methoxyflurane.
Potentially Fatal: Additive sedation and/or respiratory depression with ethanol, sedatives, antidepressants, opioid analgesics, benzodiazepines and other CNS depressants. May decrease levels/effects of antiarrhythmic drugs e.g. disopyramide, propafenone, quinidine.

Food Interaction

Evening primrose may reduce seizure threshold. Increased CNS depression may occur with valerian, St John's wort, kava kava, gotu kola.

Lab Interference

May increase sulfobromophthalein retention and give elevated readings; do not administer within 24 hr preceding the test.

Storage

Intramuscular: Protect from light. Intravenous: Protect from light. Oral: Protect from light. Parenteral:Protect from light.

Mechanism of Action

Phenobarbitone is a short-acting barbiturate. It depresses the sensory cortex, reduces motor activity, changes cerebellar function, and produces drowsiness, sedation and hypnosis. Its anticonvulsant property is exhibited at high doses.

Onset: Hypnosis: Oral: 20-60 min; IV: Approx 5 min.

Duration: Oral: 6-10 hr; IV: 4-10 hr.

Absorption: Readily absorbed from the GI tract (oral); peak plasma concentrations in about 2 hr (oral), and within 4 hr (IM).

Distribution: Crosses the placenta; enters breast milk. Protein-binding: 45-60%.

Metabolism: Partly hepatic.

Excretion: Via urine (as unchanged drug). Plasma half-life: 75-120 hr (adult), greatly prolonged (neonates), 21-75 hr (children).

CIMS Class

Anticonvulsants / Hypnotics & Sedatives

ATC Classification

N03AA02 - phenobarbital; Belongs to the class of barbiturates and derivatives antiepileptics. Used in the management of epilepsy.

*phenobarbital information:

Note that there are some more drugs interacting with phenobarbital

phenobarbital

phenobarbital brands available in India

Always prescribe with Generic Name : phenobarbital, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BARBEE tab BEETAL tab EMGARD tab EPITAN tab FENOBARB inj FENOBARB tab GARDENAL syr GARDENAL tab PHENBARB tab PHENETONE tab PHENOBARB tab PHENOBARBITONE inj PHENOBARBITONE SOD inj

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([all drugs])

phenobarbital + phenytoin

CIMS Class : (Anticonvulsants)

phenobarbital + phenytoin

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related phenobarbital + phenytoin information

Indication & Dosage

Oral

Grand mal seizures, Complex partial seizures

Adult: Each capsule contains phenobarbital 30 mg and phenytoin sodium 100 mg: 1 capsule 3-4 times daily.

Overdosage

Phenobarbital is moderately dialysable (20-50%). Symptoms of phenobarbital overdose: Slowness, ataxia and coma. Toxic phenobarbital levels: >40 mcg/ml. Clinical symptoms are used to diagnose phenytoin toxicity as some patients require higher than usual therapeutic levels. Symptoms: Nystagmus, diplopia, slurred speech, ataxia, confusion and hyperglycaemia. Lethal phenytoin levels: >40 mcg/ml.

Contraindications

Hypersensitivity; acute intermittent porphyria; severe renal and hepatic disorders; severe myocardial damage, AV block; respiratory depression.

Special Precautions

Elderly; seriously ill patients; patients doing work requiring mental alertness and unimpaired reflexes; lactation, pregnancy; children; history of alcohol or drug abuse; hepatic and renal impairment; depression and suicidal tendencies. Patients and carers should be counselled how to recognise symptoms of blood or skin disorders and to seek medical attention. Normal therapeutic levels of phenytoin: 20-40 mcg/ml. Phenobarbital and phenytoin may increase vitamin D requirements.

Adverse Drug Reactions

Sedation, depression, irritation, aggressiveness, confusion, paradoxical excitation in children, rash, dyskinesia, macrocytic anaemia, thyroiditis, vertigo, nystagmus, ataxia, diplopia and gingival hypertrophy.

Potentially Fatal: Agranulocytosis, aplastic anaemia, exfoliative dermatitis (Stevens Johnson syndrome), severe hepatitis and leucopenia.

Drug Interactions

Phenytoin and phenobarbital may alter each other's metabolism. Both reduce levels of abacavir, amprenavir, TCAs, aprepitant, apripiprazole, carbamazepine (phenytoin levels reduced), valproate, clonazepam,lamotrigine, tacrolimus (phenytoin levels may increase) and theophylline. Phenytoin and phenobarbital may decrease effects of systemic corticosteroids, ciclosporin, coumarins, digitoxin, oestrogens and progestogens. Valporate may increase levels of phenobarbitone and phenytoin (levels may conversely increase). Antipsychotics, TCAs, SSRIs and TCA related antidepressants may antagonise effects of phenytoin and phenobarbital. Phenytoin reduces levels and effects of bupropion, busulfan, caspofungin, digoxin,disopyramide, epleren one, imatinib, levodopa, mirtazapine and furosemide. Levels of phenytoin may be reduced by antacids (separate doses by a couple of hr), sucralfate, carbamazepine and theophylline. Phenytoin levels may be affected by benzodiazepines and ciprofloxacin. Levels of phenytoin may be increased

by cimetidine, clarithromycin, diazepam, fluoxetine, fluconazole, flu voxamine, itraconazole, ketoconazole,metronidazole, sulphonamide, topiramate (may reduce topiramate levels), trimethoprim (antifolate effect) andamiodarone (interaction may continue for wk or mth. Phenytoin effects may be enhanced by influenza vaccine,esomeprazole and NSAIDs. Increased risk of withdrawal symptoms when phenytoin is used with methadone.Pyrimethamine may antagonise phenytoin effects. Phenytoin may increase antifolate effect of methotrexate. Concomitant use of phenobarbital and carbonic anhydrase inhibitors may increase risk of osteomalacia.Chlorpromazine and phenobarbital levels may be reduced when given together. Phenobarbital reduces effects of dihydropyridine calcium channel blockers, diltiazem, felodipine, nelfinavir, verapamil, griseofulvin,d oxycycline, disopyramide, thyroid hormones, tibolone, haloperidol and mianserin. Phenobarbital reduces levels of chloramphenicol, indinavir, rifampicin, telithromycin (avoid 2 wk before or after phenobarbital),ethosuximide, itraconazole and voriconazole (avoid concomitant use). Folates may decrease phenobarbital levels. Methylphenidate may increase phenobarbital levels.

Potentially Fatal: Lithium toxicity may occur when used with phenytoin (even without increased lithium levels). Concomitant use of phenytoin with chloramphenicol or voriconazole may lead to increased, possibly, toxic levels of phenytoin (and reduced voriconazole levels).

Food Interaction

Avoid: Valerian, St John's wort, kava kava, gotu kola (may increase CNS dpression) and evening primose (may reduce seizure threshold).

Lab Interference

Phenobarbital interferes with the assay for lactate dehydrogenase.

Mechanism of Action

Phenytoin and phenobarbital both depress the motor cortex, raise the seizure threshold and reduce spread of seizure. Phenytoin stabilises neuronal membrane, inhibiting movement of sodium and

calcium ions during the nerve impulse. Phenobarbital aids gamma-aminobutyric acid (GABA)-mediated inhibition of nerve cells.
Absorption: Phenytoin: Slowly but almost completely absorbed from GI tract.
Distribution: Phenobarbital: 45-60% bound to plasma proteins. Phenytoin: About 90% bound to plasma proteins.
Metabolism: Phenytoin: Largely metabolised hepatically to inactive metabolites.
Excretion: Phenobarbital: About 25% of a dose is excreted in urine unchanged; plasma half-life: About 75-120 hr in adults. Phenytoin: Mean half-life: About 22 hr at steady state.

CIMS Class

Anticonvulsants

ATC Classification

N03AB02 - phenytoin; Belongs to the class of hydantoin derivatives antiepileptics. Used in the management of epilepsy.

*phenobarbital + phenytoin information:

Note that there are some more drugs interacting with phenobarbital + phenytoin

phenobarbital + phenytoin

phenobarbital + phenytoin brands available in India

Always prescribe with Generic Name : phenobarbital + phenytoin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BARBITOIN tab EPILAN C tab EPIPHEN tab EPISOL PLUS tab GAROIN tab PHEN-PHEN tab PHENYTAL tab POLYTOIN-PLUS tab

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([all drugs])

phenoxybenzamine

CIMS Class : (Other Antihypertensives) , (Other Drugs Acting on the Genito-Urinary System)

phenoxybenzamine

P - Caution when used during pregnancy

L - Caution when used during lactation

related phenoxybenzamine information

Indication & Dosage

Oral

Hypertension in phaeochromocytoma

Adult: As hydrochloride: Initially, 10 mg once or bid. Gradually increase, as necessary, to 1-2 mg/kg daily in 2 divided doses.

Child: Initially, 0.2 mg/kg (max: 10 mg) once daily. Increase by 0.2 mg/kg increments. Maintenance dose: 0.4-1.2 mg/kg/day every 6-8 hr; higher doses may be required.

Oral

Urinary retention

Adult: As hydrochloride: 10 mg bid.

Intravenous

Operative cover in patients with phaeochromocytoma

Adult: As hydrochloride: 1 mg/kg daily in 200 ml sodium chloride 0.9% infused over at least 2 hr.

Intravenous

Severe shock

Adult: As hydrochloride: 1 mg/kg daily in 200-500 ml sodium chloride 0.9% infused over at least 2 hr.

Overdosage

Symptoms: Hypotension, tachycardia, lethargy, dizziness, shock. Management: Treat hypotension and shock by postural measures and parenteral fluid volume replacement. Do not use epinephrine.

Contraindications

Conditions in which fall in BP would be dangerous.

Special Precautions

Heart failure, ischaemic heart disease, cerebrovascular disease, renal impairment. Porphyria. Pregnancy and lactation. Discontinue use if angina develops or worsens. Respiratory tract infections. Elderly.

Adverse Drug Reactions

Nasal congestion, slight GI irritation, miosis, postural hypotension with dizziness, fatigue, compensatory tachycardia, inhibition of ejaculation, dry mouth, decreased sweating, confusion, drowsiness, convulsions (rapid IV infusion).

Drug Interactions

May antagonise the effects of a-adrenergic stimulating agents. Increased toxicity with ß-blockers. Alcoholingestion may exaggerate hypotensive effects.

Potentially Fatal: Cardiac-accelerating and hypotensive effects may be enhanced by epinephrine and other drugs that stimulate both a- and ß-adrenergic receptors. Additive hypotensive effects with sildenafil, tadalafil,vardenafil.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 25°C (77°F).

Mechanism of Action

Phenoxybenzamine produces an irreversible (non-competitive) blockade by binding covalently to a-receptors in the smooth muscle.

Onset: Gradual over several hr (oral).

Duration: 3-4 days (oral/IV).

Absorption: Incompletely and variably absorbed from the GI tract (oral).

Metabolism: Hepatic.

Excretion: Via urine and bile. Plasma half-life: 24 hr (IV).

CIMS Class

Other Antihypertensives / Other Drugs Acting on the Genito-Urinary System

ATC Classification

C04AX02 - phenoxybenzamine; Belongs to the class of other agents used as peripheral vasodilators.

*phenoxybenzamine information:

Note that there are some more drugs interacting with phenoxybenzamine

phenoxybenzamine

phenoxybenzamine brands available in India

Always prescribe with Generic Name : phenoxybenzamine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BIOPHENOX amp FENOXENE amp FENOXENE cap

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([all drugs])

phenoxymethylpenicillin

CIMS Class : (Penicillins)

phenoxymethylpenicillin

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related phenoxymethylpenicillin information

Indication & Dosage

Oral

Prophylaxis of recurrent rheumatic fever

Adult: 250 mg bid.

Child: <5 yr: 125 mg bid; =5 yr: 250 mg bid.

Renal impairment: Dose adjustment may be necessary.

Oral

Streptococcal infections of the upper respiratory tract, including scarlet fever and erysipelas

Adult: 125-250 mg every 6-8 hr for 10 days. For streptococcal pharyngitis: 500 mg 3-4 times daily for 10 days.

Child: For streptococcal pharyngitis: 250 mg bid-tid for 10 days.

Renal impairment: Dose adjustment may be necessary.

Oral

Pneumococcal infections of the respiratory tract, including otitis media

Adult: Mild to moderately severe: 250-500 mg every 6 hr until the patient is afebrile for at least 2 days.

Renal impairment: Dose adjustment may be necessary.

Oral

Fusospirochetosis (Vincent?s infection) of the oropharynx

Adult: 250-500 mg every 6-8 hr.

Renal impairment: Dose adjustment may be necessary.

Oral

Staphylococcal infections of the skin and soft tissue

Adult: 250-500 mg every 6-8 hr.

Renal impairment: Dose adjustment may be necessary.

Administration

Phenoxymethylpenicillin: Should be taken on an empty stomach. (Take on an empty stomach 1 hr before or 2 hr after meals.)

Contraindications

Hypersensitivity to penicillins.

Special Precautions

Monitor renal and haematologic systems periodically during prolonged therapy or if high dose is used. Use may result in overgrowth of nonsusceptible organisms. Cross-sensitivity with cephalosporins may occur. History of significant allergies and/or asthma. Pregnancy and lactation.

Adverse Drug Reactions

Nausea, vomiting, epigastric distress, diarrhoea, black hairy tongue; skin eruptions (maculopapular to exfoliative dermatitis), urticaria

and other serum-sickness like reactions, laryngeal oedema; fever, eosinophilia.
Potentially Fatal: Anaphylaxis.

Drug Interactions

Reduced absorption with neomycin. Levels/effects may be increased with probenecid. May reduce efficacy of estrogen-containing oral contraceptives.
Potentially Fatal: Increased risk of anaphylactic reactions with nadolol and propranolol.

Food Interaction

Absorption may be slightly affected by food.

Lab Interference

May interfere with: Diagnostic tests for urinary glucose using copper sulfate; direct Coombs' test; test for urinary or serum proteins; test for uric acid; urinary aminohippurate sodium and phenolsulfonphthalein excretion tests; diagnostic tests that use bacteria.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store at 20-25°C (68-77°F). Solution must be stored in a refrigerator after reconstitution. Discard any unused solution after 14 days.

Mechanism of Action

Phenoxymethylpenicillin inhibits the final cross-linking stage of peptidoglycan production through binding and inactivation of transpeptidases on the inner surface of the bacterial cell membrane, thus inhibiting bacterial cell wall synthesis. It may be less active against some susceptible organisms, particularly gram-negative bacteria. It is suitable for mild to moderate infections, not for chronic, severe or deep-seated infections.

Absorption: Rapidly, although variably absorbed from the GI tract; about 60% of an oral dose absorbed. Calcium and potassium salts are better absorbed than the free acid. Peak plasma concentrations in 30-60 min after a 500-mg dose.
Distribution: Protein-binding: About 80%. Widely distributed into body tissues; crosses the placenta and distributed in milk.
Metabolism: Hepatic.
Excretion: Primarily via urine (as unchanged drug and metabolites); via bile (small amounts). Plasma half-life: 30-60 min; may be increased to about 4 hr in severe renal impairment.

CIMS Class

Penicillins

ATC Classification

J01CE02 - phenoxymethylpenicillin; Belongs to the class of beta-lactamase sensitive penicillins. Used in the treatment of systemic infections.

*phenoxymethylpenicillin information:

Note that there are some more drugs interacting with phenoxymethylpenicillin

phenoxymethylpenicillin further details are available in official CIMS India

phenoxymethylpenicillin

phenoxymethylpenicillin brands available in India

Always prescribe with Generic Name : phenoxymethylpenicillin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : KAYPEN tab

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([all drugs])

phentolamine

CIMS Class : (Other Antihypertensives)

phentolamine

P - Caution when used during pregnancy

L - Caution when used during lactation

related phentolamine information

Indication & Dosage

Intravenous

Hypertension in phaeochromocytoma

Adult: 2-5 mg. Repeat if necessary. Monitor BP.

Child: 1 mg IM/IV 1-2 hr before surgery. During surgery, 1 mg IV as indicated.

Injection

Dermal necrosis associated with norepinephrine IV infusion

Adult: Prevention: 10 mg is added to each liter of solution containing norepinephrine. Treatment of extravasation: Inject 5-10 mg in 10 ml normal saline into the affected area.

Child: Treatment: Infiltrate area with 0.1 to 0.2 mg/kg (max 10 mg).

Parenteral

Diagnosis of pheochromocytoma

Adult: 2.5-5 mg IM/IV.

Child: 1 mg IV or 3 mg IM.

Overdosage

Hypoglycaemia; severe hypotension, tachycardia, vomiting, dizziness. If fluid replacement is inadequate to treat hypotension, only alpha-adrenergic vasopressors such as norepinephrine should be used. Mixed agents such as epinephrine may cause more hypotension.

Contraindications

Renal impairment, coronary or cerebral arteriosclerosis, concurrent use with phosphodiesterase-5 (PDE-5) inhibitors including sildenafil (>25 mg), tadalafil, or vardenafil.

Special Precautions

Tachycardia or history of cardiac arrhythmias; gastritis or peptic ulcer disease; pregnancy and lactation. Discontinue if symptoms of angina occur or worsen.

Adverse Drug Reactions

Orthostatic hypotension, tachycardia, flushing, sweating, feelings of apprehension, anginal pain, arrhythmias, nausea, vomiting, diarrhoea, weakness, dizziness, nasal congestion.
Potentially Fatal: MI, cerebrovascular spasm or occlusion.

Drug Interactions

Epinephrine, ephedrine: effects may be decreased; ethanol: increased toxicity (disulfiram reaction).
Potentially Fatal: Additive BP-lowering effects with sildenafil, tadalafil or vardenafil.

Storage

Injection: The reconstituted solution should be used upon preparation and should not be stored. Store unopened vials at controlled room temperature (59-86°F). Intravenous: The reconstituted solution should be used upon preparation and should not be stored. Store unopened vials at controlled room temperature (59-86°F). Parenteral: The reconstituted solution should be used upon preparation and should not be stored. Store unopened vials at controlled room temperature (59-86°F).

Mechanism of Action

Phentolamine is a reversible (competitive) and non-selective alpha-adrenergic receptor blocker, producing brief antagonism of circulating epinephrine and norepinephrine to reduce hypertension caused by alpha effects of these catecholamines. It

has direct action on vascular smooth muscle; and has positive inotropic and chronotropic effects on the heart as well.
Onset: IM: 15-20 min; IV: immediate.
Duration: IM: 30-45 min; IV: 15-30 min.
Metabolism: Hepatic.
Excretion: Metabolism: Hepatic. Via urine (10% as unchanged drug); half-life elimination: 19 min.

CIMS Class

Other Antihypertensives

ATC Classification

C04AB01 - phentolamine; Belongs to the class of imidazoline derivative agents used as peripheral vasodilators.
G04BE05 - phentolamine; Belongs to the class of drugs used in erectile dysfunction.

*phentolamine information:
Note that there are some more drugs interacting with phentolamine
phentolamine

phentolamine brands available in India

Always prescribe with Generic Name : phentolamine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : FENTANOR inj PHENTOSOL amp

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([all drugs])

phenylephrine

CIMS Class : (Vasoconstrictors) , (Nasal Decongestants & Other Nasal Preparations) , (Mydriatic Drugs) , (Ophthalmic Decongestants, Anesthetics, Anti-inflammatories) , (Anorectal Preparations) , (Cough & Cold Preparations)

phenylephrine

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related phenylephrine information

Indication & Dosage

Oral

Nasal congestion

Adult: As hydrochloride: 10 mg every 4 hr, max 60 mg daily; or 12 mg up to 4 times daily.

Child: Child: 2-6 yr: As tannate salt: 1.87-3.75 mg every 12 hr. 6-12 yr: As hydrochloride salt: 10 mg every 4 hr; as tannate salt: 3.75-7.5 mg every 12 hr. >12 yr: As hydrochloride salt: 10-20 mg every 4 hr; as tannate salt: 7.5-15 mg every 12 hr.

Nasal

Nasal congestion

Adult: 0.25 to 1% solution: Instill as nasal drops or a spray into each nostril every 4 hr as needed.

Child: 2-6 yr: 0.125% or 0.16% solution: 2-3 drops into each nostril every 4 hr as needed; 6-12 yr: 0.25% solution: 2-3 drops, or 1-2 sprays, into each nostril every 4 hr as needed.

Parenteral

Hypotensive states

Adult: As hydrochloride: Hypotension: Initially, 2-5 mg as a 1% solution via SC/IM admin with further doses of 1-10 mg if necessary; or 100-500 mcg by slow IV inj as a 0.1% solution, repeat as necessary after at least 15 min. Severe hypotension: 10 mg in 500 ml of glucose 5% or sodium chloride 0.9% infused IV at initial rate of up to 180 mcg/min reduce to 30-60 mcg/min according to response.

Child: Acute hypotension: Subcutaneous/IM: 1-12 yr: 100 mcg/kg every 1-2 hr as needed (max: 5 mg); 12-18 yr: 2-5 mg, followed by further doses of 1-10 mg (max initial dose 5 mg) if necessary. IV injection: 1-12 yr: 5 to 20 mcg/kg (max 500 mcg), repeated as needed after at least 15 min; 12-18 yr: 100-500 mcg, repeated as needed after at least 15 min. IV infusion: Solution is diluted with glucose 5% or sodium chloride 0.9% to a concentration of 20 mcg/ml and given via a central venous catheter. 1-16 yr: 100-500 nanograms/kg/min, adjusted according to response; 16-18 yr: initially up to 180 mcg/min, reduced to 30-60 mcg/min according to response.

Injection

Paroxysmal supraventricular tachycardia

Adult: As hydrochloride: Initially, max of 500 mcg as a 0.1% solution, subsequent doses gradually increase by 100-200 mcg, up to 1 mg, if necessary.

Ophthalmic

Mydriasis

Adult: As hydrochloride: Up to 10%. Instill 1 drop, may repeat in 10-60 minutes as needed. May cause intense irritation and a local anaesthetic other than butacaine (incompatible) should be instilled into the eye a few minutes beforehand.

Child: 2.5% solution: <1 yr: Instill 1 drop 15-30 min before procedure. =1 yr: Instill 1 drop, may repeat in 10-60 min as needed.

Ophthalmic

Conjunctival decongestant

Adult: As hydrochloride: Usually 0.12%. Instill 1-2 drops into affected eye, up to 4 times daily; do not use for >72 hr.

Rectal

Haemorrhoids

Adult: Cream/ointment: Apply to clean dry area, up to 4 times daily; may be used externally or inserted rectally using applicator. Suppository: Insert 1 suppository, up to 4 times daily.

Child: =12 yr: Cream/ointment: Apply to clean dry area, up to 4 times daily; may be used externally or inserted rectally using applicator. Suppository: Insert 1 suppository, up to 4 times daily.

Administration

Should be taken with food.

Overdosage

Vomiting, hypertension, palpitations, paresthesia, ventricular extrasystoles. Treatment is supportive; in extreme cases, IV phentolamine may be used.

Contraindications

Hypertension, ventricular tachycardia. Oral: use with or within 14 days of MAOI therapy. Ophthalmic: narrow-angle glaucoma.

Special Precautions

Severe hyperthyroidism, severe ischaemic heart disease, DM, prostatic hyperplasia. Rebound congestion in prolonged or excessive use of nasal drops. Use 10% eye drops in extreme caution in infants, elderly, cardiac disease, significant hypertension, advanced arteriosclerosis. Pregnancy and lactation. Over-the-counter cough and cold medications should not be used in infants and children <2 yr.

Adverse Drug Reactions

Anxiety, reflex bradycardia, tachycardia, arrhythmias, headache, cold extremities/gangrene, hypertension, nausea, vomiting,

sweating, weakness, fear, restlessness, insomnia, confusion, irritability, psychotic states, dyspnoea, anorexia, palpitations, extravasation causing tissue necrosis and sloughing, mydriasis, difficulty in micturition and urinary retention, piloerection, increased salivation, hyperglycaemia, lactic acidosis. Ophthalmic solutions may liberate pigment granules from the iris, corneal clouding/damage.

Potentially Fatal: Increase in cardiac contractility, which may lead to angina or cardiac arrest; severe hypertension leading to cerebral haemorrhage or pulmonary oedema.

Drug Interactions

May increase hypertensive effect of beta-blockers (nonselective); MAOI potentiate hypertension; methyldopa and TCA can increase the pressor response.

Food Interaction

Ephedra and yohimbe may cause CNS stimulation.

Storage

Injection: Solution for injection: Store vials at 15-30°C. Protect from light. Do not use solution if discolored or contains a precipitate. Ophthalmic: Ophthalmic solution: 0.12%: Store at controlled room temperature. Protect from light and excessive heat. 2.5% and 10%: Refer to product labeling. Some products are stored at room temperature, others under refrigeration at 2-8°C. Do not use solution if discolored or contains a precipitate. Parenteral: Solution for injection: Store vials at 15-30°C. Protect from light. Do not use solution if discoloured or contains a precipitate.

Mechanism of Action

Phenylephrine is a sympathomimetic with mainly direct effects on alpha-adrenergic receptors and weak beta-adrenergic activity. It causes vasoconstriction of the arterioles of the nasal mucosa and conjunctiva; activates the dilator muscle of the pupil to cause contraction; produces vasoconstriction of arterioles in the body and produces systemic arterial vasoconstriction.
Onset: Subcutaneous/IM/Ophthalmic: 10-15 min. IV: immediate.
Duration: Subcutaneous: 1 hr; IM: Up to about 2 hr; IV: 15-30 min; Ophthalmic: maximal mydriasis: 1 hr, recover time: 3-6 hr.
Absorption: Systemic absorption follows topical application.

Metabolism: Via intestinal monoamine oxidase to phenolic conjugates in the liver.
Excretion: Via urine (90%).

CIMS Class

Vasoconstrictors / Nasal Decongestants & Other Nasal Preparations / Mydriatic Drugs / Ophthalmic Decongestants, Anesthetics, Anti-inflammatories / Anorectal Preparations / Cough & Cold Preparations

ATC Classification

C01CA06 - phenylephrine; Belongs to the class of adrenergic and dopaminergic cardiac stimulants excluding glycosides. Used in the treatment of heart failure.
R01AA04 - phenylephrine; Belongs to the class of topical sympathomimetic agents used as nasal decongestants.
R01AB01 - phenylephrine; Belongs to the class of topical sympathomimetic combination preparations, excluding corticosteroids. Used as nasal decongestants.
R01BA03 - phenylephrine; Belongs to the class of systemic sympathomimetic preparations used as nasal decongestants.

S01FB01 - phenylephrine; Belongs to the class of sympathomimetics used in the treatment of mydriasis and cyclopegia.
S01GA05 - phenylephrine; Belongs to the class of sympathomimetics used as ophthalmologic decongestants.

*phenylephrine information:
Note that there are some more drugs interacting with phenylephrine
phenylephrine
phenylephrine brands available in India
Always prescribe with Generic Name : phenylephrine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ACOLATE drops ACOLATE P-susp A'COLD DPS drops ACUFLU PLUS syr ACUFLU syr ACUFLU tab ADCOLD-T tab ALEX PAED DPS drops APIHIST tab ARYL PLUS tab ARYL susp ATCOLD SUSP susp ATCOLD tab BELRIN-D tab CHERICOF SOFGELS softgel CINARYL DPS drops CINARYL liqd CINARYL TAB tab CODYLEX-CC tab COFSYM syr COLD CALM tab COLDAREST tab COLDARGIC SYR syr COLDARGIC TAB tab COLDARGIC-P susp COLDREST syr COLDREST TAB

tab COLDRIF SYR syr COLEP drops COLGIN SYR syr COLPEP syr COLPEP TAB tab CONGESTYL SYR syr CONGESTYL tab COR-4 DPS drops COR-CC tab CORICO-P syr CORICO-P tab CORINITE tab COZY KID syr COZY PLUS tab COZYMIN DPS drops COZYMIN syr COZYMIN TAB tab CROCIN COLD N FLU tab CROZY PLUS tab DECOLD PLUS tab DECOLGEN-P syr DEMOL SYR syr DEMOL tab DOLOCOLD susp Dr.SMYLE TAB tab DRISTAN tab DROSYN eye drops DROSYN-T eye drops EBAST-DC tab ELCOLD-DS syr ENCOLD-P drops ENTIMIN syr FLU-4-XN tab FLURID tab FORCOL-D tab FRENIN amp INSTARYL-COLD tab KOLDY tab KOLQ DPS drops KOLQ SYR syr KOLQ TAB tab KUFKAIR-P SYR syr LEFRINE eye drops LEMO DPS drops LEMO SYR syr MARCOLD TAB tab MAXTRA P tab MAXTRA SYR syr NASORYL TAB tab NEFRISOL amp NOZEE SYR syr NOZEE tab PARACODRATE tab PCP susp PYRIN-C tab QUICOL tab RALCIDIN FORTE tab RE-ACTIVE SYP syr RESPICURE TAB tab RESPUT syr RHINO tab RINZA tab SINAREST DPS drops SINAREST PLUS susp SINAREST SYR syr SINAREST TAB tab SINAREST-AF DPS drops SINAREST-AF SYR syr SINOHIST syr SINOHIST tab SINOHIST TAB tab SINURHON tab SNIZARIL LIQ liqd SNIZARIL tab SNIZOF tab SUPRIN tab SURDEX syr SURDEX TAB tab SWIMINIC drops TECRINE tab THERMAL-

S TABLET tab T-MINIC DPS drops T-MINIC PLUS SYP syr T-MINIC PLUS tab T-MINIC SYP syr T-MINIC tab TRIGENIC PLUS syr TRIGENIC SYR syr TUSQ-P drops VENMOL PLUS SYR syr VENMOL PLUS tab VOZIL P tab WIKORYL drops WIKORYL susp WIKORYL TAB tab ZOCOLD SUSP susp ZOCOLD tab ZYKUF drops ZYKUF-P susp

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([all drugs])

phenylpropanolamine

CIMS Class : (Cough & Cold Preparations)

phenylpropanolamine

P - Caution when used during pregnancy

L - Caution when used during lactation

related phenylpropanolamine information

Indication & Dosage

Oral

Nasal congestion

Adult: 25 mg every 4 hr. Max: 100 mg daily.

Child: As part of a combination preparation containing phenylpropanolamine 2.5 mg/5 ml: 2-5 yr: 5 ml 3-4 times daily; 6-12 yr: 5-10 ml 3-4 times daily.

Contraindications

Concurrent use or within 14 days after stopping MAOI.

Special Precautions

Hyperthyroidism, DM, ischaemic heart disease, hypertension, renal impairment, or angle-closure glaucoma. Patients who are overweight, or with eating disorders. Pregnancy, lactation, elderly.

Adverse Drug Reactions

Palpitations, hypertension, anxiety, restlessness, insomnia, dizziness, anxiety, agitation, tremors, confusion.
Potentially Fatal: Hypertensive crisis, haemorrhagic stroke.

Drug Interactions

Decreased theophylline clearance with phenylpropanolamine.
Potentially Fatal: Increased risk of potentially fatal hypertensive crisis with or within 14 days after stopping MAOI. Increased risk of severe side effects with bromocriptine.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Phenylpropanolamine is an indirect acting sympathomimetic, often used orally as the hydrochloride salt for nasal congestion. It has been withdrawn in several countries due to increased risk of haemorrhagic strokes.

Onset: 15-30 minutes.

Duration: 3 hr (Normal release tab); 12-16 hr (Extended release tab).

Absorption: Readily and completely absorbed from GI tract. Peak plasma concentration reached after 1-2 hr.

Metabolism: Undergoes some hepatic metabolism.

Excretion: Excreted unchanged in urine (80-90%). Half life: 3-5 hr.

CIMS Class

Cough & Cold Preparations

ATC Classification

R01BA01 - phenylpropanolamine; Belongs to the class of systemic sympathomimetic preparations used as nasal decongestants.

*phenylpropanolamine information:
Note that there are some more drugs interacting with phenylpropanolamine
phenylpropanolamine
phenylpropanolamine brands available in India
Always prescribe with Generic Name : phenylpropanolamine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ACEPER tab ALLSET tab BRICK SUSP susp BRICK tab BRONTAC-PLUS syr CALMCOLD SYRUP syr CALSCOT SYR syr CALSCOT tab CCGO TAB tab CC-KOFF syr C-COLD TAB tab CELAR tab CETCIP COLD tab CETCIP-D tab CETIN COLD susp CETIN COLD TAB tab CETIN KID SYR syr CEZCOLD syr CEZCOLD tab CHERICOLD cap CHESTON-DT DT-tab CIZ COLD tab CLEDEX syr COFAL-D dry syr COFAR-D syr COFDEX

cap COFDEX FORTE EXP liqd COFDEX FORTE SYR syr COFDEX SOFGEL soft-gelatin caps COFDEX-P syr COLDACT CAP cap COLDACT DRPS drops COLDACT PLUS liqd COLDACT syr COLDACT-TR ER-cap COLDANT syr COLDAP susp COLDARGIC drops COLDASTAT tab COLDCURE susp COLDFIN syr COLDGONE tab COLDILAK tab COLDOFF tab COLD-RELIEF tab COLDTAUR SUSP susp COLDTAUR tab COLD-WAR tab COLDY SYR syr COLDY TAB tab COLGIN tab COLREX PLUS tab COLSAN tab CONTAC-CC tab CONTROL CR-tab CONTUS PAED DROPS drops CONTUS PAED LINCTUS linctus CONTUS PLUS PAED SUSP susp CONTUS TAB tab CONTUS-650 tab COR-4 TAB tab COROPHEN-D syr COSOME EXP expectorant COSOME syr COZY COOL drops CPP tab CUF-DEX syr CUFFMOL-P tab DCOL-BR tab DECOLD CP syr DECOMINE syr DELCON PLUS SYR syr DELCON PLUS tab DELCON syr DELCON TAB tab DEMINE syr DENCOLD SUSP susp DEXCOF liqd DEXPHEN syr DOLAR syr DOLAR-A syr DOLO-COLD tab DPC syr DRYNOZ cap DSQ tab DUAL COLD tab EASICOLD caplet ELCOLD tab ELGNIL COLD tab EPHACT-XR cap EPHEDREX syr ESKOLD EXP expectorant ESKOLD spansule ETRIC PLUS tab EVERCOLD SUSP susp EVERCOLD tab FENACE PLUS susp FEVACOLD tab FINEOREST tab FLUCOLD DROPS drops FLUCOLD SYRUP

syr FLUCOLD tab FLUKUFF syr FLUZET CAPLETS soft-gelatin caps FRICOLD susp FRICOLD TAB tab IFYCET tab IFYCET-P2 tab INCOLD SYR syr INCOLD tab INCOUGH-DX SYRUP syr KOFRID-D SYR D-syr KOFRYL-P syr KOLDERON syr KOZIFED tab KUFF-D syr KUFGEN-D syr KUFKAIR-P tab L-CIT PLUS tab LEDAY CC film-coated tab LEVORIZ PLUS tab LEVOSTAR-D tab LEXCOF liqd LINCOTUSS-P linctus LINCTUS-DX syr LITTLEKOF-DM syr LUCOLD tab MARCOLD susp MAXTRA P SYR syr MEDICOLD tab MIT'S LINCTUS-DX syr MITUSS syr MUCOBAR-COLD tab MUCOFAST syr MUCOFAST TAB tab MUCOFAST-LYTE syr NICIP COLD tab NIMUCET COLD tab NOCO syr NOCO tab NOCOLD CAP SR-cap NOCOLD DPS drops NOCOLD SYR syr NOCOLD tab NOCOLD TOTAL tab NOTRIL PLUS syr NOTRIL SYR syr NOZIN susp NOZIN tab NOZIN-SR cap NOZY-P tab NT-FLU tab OKACET COLD tab ONACOLD syr ONACOLD-PP tab ONCET-CF SYR syr ONCET-CF tab ORYL syr OSHKOF susp PANTHOR PLUS syr P-COLD tab PLUS-WAR tab PRIMECET-D tab REDKOF syr RELIVO COLDTAB tab REM-CC SYR syr REM-CC tab RESPIGIL-AR syr RETHERMA-C susp RETHERMA-C TAB tab RHINORESTSYR syr RINOBAN tab RINOSED syr RINOSED tab RINOSTAT LIQ liqd RINOSTAT PLUS tab RINZI tab RIZKOLD tab S-COLD PLUS JR dispertab S-COLD PLUS

tab SEDORIL-DCP syr SEDORIL-P DROPS drops SIACOLD RELIEF syr SINEX tab SINUMOL tab SIPTUS DCP syr SNEEZY syr SNEEZY TAB tab SNEEZY-G tab SNEZ COLD tab SOLVIN expectorant SPICOLD SUSP susp SPICOLD tab SV-D oralliqd TERCOZ syr TICH PLUS tab TOFF PLUS cap TOFF PLUS SYRUP syr TRICOLD tab TRIOMINIC DROPS drops TRITUS PLUS drops TUSSIROL syr TUSSORIC COUGH SYRUP syr TUXIRIL COUGH SYR syr VARCOLD SUSP susp VENCOF-SF syr VISCOF-DP TAB tab VISTADEX CAP cap WIKORYL-ND tab WINCOLD DROPS drops WINCOLD SYRUP syr WINCOLD tab XECOF syr XL-90 COUGH SYR syr ZEET LINCTUS linctus ZEET TAB tab ZIPCET PLUS tab

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([all drugs])

phenytoin

CIMS Class : (Anticonvulsants)

phenytoin

P - Contraindicated in pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related phenytoin information

Indication & Dosage

Oral

Epilepsy

Adult: Initially, 3-4 mg/kg daily as single dose or in divided doses. Alternatively, 150-300 mg daily increased gradually to 600 mg daily if necessary. Maintenance: 200-500 mg daily.

Child: Initially, 5 mg/kg daily in 2-3 divided doses. Maintenance: 4-8 mg/kg daily in divided doses. Max dose: 300 mg daily.

Intravenous

Tonic-clonic status epilepticus

Adult: Adjunctive therapy with a benzodiazepine (e.g. diazepam): 10-15 mg/kg by slow inj or intermittent infusion at a max rate of 50 mg/min. Maintenance: 100 mg IV (or orally) given every 6-8 hr.

Child: Neonates: 20 mg/kg as a loading dose, then 2.5-5 mg/kg bid; 1 mth-12 yr: 18 mg/kg as a loading dose, then 2.5-5 mg/kg bid; >12 yr: 18 mg/kg as a loading dose, then up to 100 mg 3-4 times daily.

Administration

Should be taken with food. (When administering to patients on nasogastric or other enteral feeds, be consistent throughout

therapy in relation to feed times. Do not switch dosage forms/ brands without prior consideration.)

Overdosage

Unsteady gait, slurred speech, confusion, nausea, hypothermia, fever, hypotension, respiratory depression, coma. Treatment is symptomatic.

Contraindications

Pregnancy. IV admin in sinus bradycardia, heart block, or Stokes-Adams syndrome.

Special Precautions

Cardiovascular disease, e.g. sinus bradycardia, heart blocks; DM; hepatic impairment; hypoalbuminemia; porphyria; seizures (may increase frequency of petit mal seizures); debilitated patients; elderly. Caution in IV admin in hypotension, heart failure or MI, monitor BP and ECG during therapy. IV must be given slowly (too rapid admin may cause hypotension, CNS depression, cardiac arrhythmias and impaired heart conduction). Extravasation and

intra-arterial admin must be avoided. Do not discontinue abruptly (may increase seizure frequency), unless safety concerns require a more rapid withdrawal. May impair ability to drive or operate machinery.

Adverse Drug Reactions

Hypersensitivity, lack of appetite, headache, dizziness, tremor, transient nervousness, insomnia, GI disturbances (e.g. nausea, vomiting, constipation), tenderness and hyperplasia of the gums, acne, hirsutism, coarsening of the facial features, rashes, osteomalacia. Phenytoin toxicity as manifested as a syndrome of cerebellar, vestibular, ocular effects, notably nystagmus, diplopia, slurred speech, and ataxia; also with mental confusion, dyskinesias, exacerbations of seizure frequency, hyperglycaemia. Solutions for inj may cause local irritation or phlebitis. Prolonged use may produce subtle effects on mental function and cognition, especially in children.

Potentially Fatal: Toxic epidermal necrolysis, Stevens-Johnson syndrome.

Drug Interactions

Effects with other sedative drugs or ethanol may be potentiated. Enhances toxic effects of paracetamol, lithium. Increased risk of osteomalacia with acetazolamide. Decreased serum levels/effects with acyclovir, antineoplastics, benzodiazeines, ciprofloxacin, CYP2C9 inducers (e.g. carbamazepine), CYP2C19 inducers (e.g. rifampin), folic acid, vigabatrin. Increased serum concentrations with allopurinol, capecitabine, cimetidine, CYP2C9 inhibitors (e.g. fluconazole), CYP2C19 inhibitors (e.g. delavirdine), disulfiram, methylphenidate,metronidazole, omepraz ole, SSRI, trazodone, trimethoprim. Increases metabolism of antiarrhythmics, anticonvulsants, antipsychotics, beta-blockers, calcium channel blockers, chloramphenicol, corticosteroids,doxycycline, oestrogens, HMG-CoA reductase inhibitors, methadone, theophylline, TCAs. Decreases levels/effects of clozapine, ciclosporin, tacrolimus, CYP2B6 substrates (e.g. bupropion, selegiline), CYP2C8 substrates (e.g. amiodarone), CYP2C9 substrates (e.g. celecoxib), CYP2C19 substrates (e.g. citalopram), CYP3A4 substrates (e.g. benzodiazepines), digoxin, itraconazole, levodopa, neuromuscular-blocking agents,thyroid hormones, topiramate. Increases levels/effect of dopamine, ticlopidine. Valproic acid may displace phenytoin from binding sites; and affect phenytoin serum concentrations. Transiently increases the hypothrombinaemia

response to warfarin initially, followed by an inhibition of the response.

Potentially Fatal: Enhances the hypotensive properties of dopamine and the cardiac depressant properties of lidocaine.

Food Interaction

Avoid or limit ethanol (interferes with metabolism of phenytoin). Serum concentrations may be altered if taken with food. May decrease calcium, folic acid, and vitamin D levels. Avoid evening primrose (seizure threshold decreased); valerian, St John's wort, kava kava, gotu kola (may increase CNS depression).

Lab Interference

Thyroid function tests; dexamethasone and metyrapone tests.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Solution for inj: Store at room temperature of 15-30°C. Oral: Cap, tab: Store below 30°C. Protect from light and moisture; Oral suspension: Store at room temperature of 20-25°C, do not freeze, protect from light.

Mechanism of Action

Phenytoin acts as an anticonvulsant by increasing efflux or decreasing influx of sodium ions across cell membranes in the motor cortex during generation of nerve impulses; thus stabilising neuronal membranes and decreasing seizure activity. It acts as an antiarrhythmic by extending the effective refractory period and suppressing ventricular pacemaker automaticity, shortening action potential in the heart.

Absorption: Slow but almost complete from the GI tract (oral); much slower absorption (IM).

Distribution: Widely distributed. Protein-binding: 90%.

Metabolism: Extensively hepatic; converted to inactive metabolites.

Excretion: Via urine as hydroxylated metabolite; elimination half life at steady state: 22 hr.

CIMS Class

Anticonvulsants

ATC Classification

N03AB02 - phenytoin; Belongs to the class of hydantoin derivatives antiepileptics. Used in the management of epilepsy.

*phenytoin information:
Note that there are some more drugs interacting with phenytoin
phenytoin further details are available in official CIMS India
phenytoin
phenytoin brands available in India
Always prescribe with Generic Name : phenytoin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : DILANTIN amp DILANTIN cap DILANTIN susp EPICENT tab EPILEPTIN cap EPISOL tab EPITAB tab EPSOLIN amp EPSOLIN ER-cap EPSOLIN tab EPTOIN amp EPTOIN susp EPTOIN tab FENTOIN-ER ER-cap GENTOIN tab M TOIN tab NEPTOIN filcotab NUTOIN tab PHALIN film-

coated tab PHALIN inj PHALIN tab PHENYTOIN inj PHENYTO-S film-coated tab PHETOIN tab PNA tab POLYTOIN tab

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([all drugs])

phytomenadione

CIMS Class : (Haemostatics)

phytomenadione

P - Caution when used during pregnancy

related phytomenadione information

Indication & Dosage

Oral

Vitamin K deficiency due to drugs or malabsorption

Adult: 10-40 mg daily.

Oral

Over-anticoagulation

Adult: Up to 5 mg may be used. Dose depends on INR and degree of haemorrhage.

Intramuscular

Prophylaxis of vitamin K deficiency bleeding in neonates

Child: Neonate: 0.5-1 mg, given as a single dose via IM inj. Alternatively, 2 mg may be given orally, followed by a 2nd dose of 2 mg after 4-7 days.

Intravenous

Over-anticoagulation

Adult: 0.5-5 mg via slow IV inj. Dose depends on INR and degree of haemorrhage.

Parenteral

Vitamin K deficiency bleeding in neonates

Child: Infant: 1 mg by IV/IM/SC inj, further doses may be given if necessary

Administration

May be taken with or without food.

Contraindications

Hypersensitivity.

Special Precautions

Increased risk of severe haemolytic anaemia in neonates after large doses; severe hepatic impairment; pregnancy. Premature neonates weighing <2.5 kg.

Adverse Drug Reactions

Anaphylaxis, dyspnoea, cyanosis, pain, swelling, phloebitis at the Inj site, diaphoresis, dizziness, hypotension (rare), allergic reactions after SC and IM inj.

Drug Interactions

Decreased effect of oral anticoagulants.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intramuscular: Store at 15-30°C. Intravenous: Store at 15-30°C. Oral: Store at 15-30°C. Parenteral:Store at 15-30°C.

Mechanism of Action

Phytomenadione promotes hepatic synthesis of clotting factors. It is a naturally occurring compound that is used to prevent and treat haemorrhages related to vitamin K deficiency.
Absorption: Requires bile for absorption in GI tract.
Distribution: Mainly in the liver.
Metabolism: Rapidly metabolised to glucuronide and sulfate conjugates.
Excretion: In bile and urine as metabolites.

CIMS Class

Haemostatics

ATC Classification

B02BA01 - phytomenadione; Belongs to the class of vitamin K. Used in the treatment of hemorrhage.

*phytomenadione information:

Note that there are some more drugs interacting with phytomenadione

phytomenadione

phytomenadione brands available in India

Always prescribe with Generic Name : phytomenadione, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : INJEK vial KENADION inj

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([all drugs])

pilocarpine

CIMS Class : (Antiglaucoma Preparations)

pilocarpine

P - Contraindicated in pregnancy

L - Caution when used during lactation

related pilocarpine information

Indication & Dosage

Oral

Dry mouth after radiotherapy for malignant neoplasms of the head and neck

Adult: Initial dose: 5 mg tid. If necessary, increase dose gradually after 4 wk until adequate response is achieved. Max dose: 10 mg tid.

Oral

Sjogren's syndrome

Adult: 5 mg 4 times daily. Max: 30 mg daily. Stop treatment if no improvement after 3 mth.

Hepatic impairment: Reduce dose in moderate to severe cirrhosis. Recommended dose: Child pugh category B: 5 mg bid. Child pugh category C: Avoid usage.

Ophthalmic

Open-angle glaucoma

Adult: As HCl or nitrate: Instill a 0.5-4% soln into the eye 4 times daily. As modified-release preparation: insert preparation into the conjunctival sac which releases 20-40 mcg/hr for 7 days. As 4% ophth gel: apply once nightly into the affected eye(s).

Hepatic impairment: Reduce dose in moderate to severe cirrhosis. Recommended dose: Child pugh category B: 5 mg bid. Child pugh category C: Avoid usage.

Administration

May be taken with or without food.

Overdosage

May lead to "cholinergic crisis".

Contraindications

Angle-closure glaucoma; acute iritis, anterior uveitis; hypersensitivity. Pregnancy.

Special Precautions

Retinal detachment; corneal or conjunctival damage. Patients with cognitive or psychiatric disorders, renal impairment, biliary tract disorders. Prolonged use may lead to lens opacities. May impair ability to drive or operate machines. Lactation.

Adverse Drug Reactions

Ocular: Pain and irritation, blurred vision, lachrymation, browache, conjunctival vascular congestion, superficial keratitis, vitreous haemorrhage, increased pupillary block.

Drug Interactions

Concomitant admin of 2 miotics may increase risk of toxic reactions. Aminoglycosides, clindamycin, colistin, cyclopropane and halogenated inhalational anaesthetics, quinine, procainamide, lithium and ß-blockers may reduce the efficacy of pilacarpine. Concurrent use with ß-blockers may lead to bradycardia. May prolong the action of suxamethonium.
Potentially Fatal: Miotic and ocular hypotensive effect antagonised by anticholinergics. Conduction disturbances with ß-blockers.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.
Storage

Ophthalmic: Store <8°C. Do not freeze. Oral: Store at 2-27°C.

Mechanism of Action

Pilocarpine is a tertiary parasympathomimetic that directly stimulates cholinergic receptors in the eyes causing pupillary constriction, spasm of accommodation and a transient rise in IOP followed by a fall.
Onset: Miosis: 10-30 min, IOP reduction: 75 min (ophthalmic).
Duration: Miosis: 4-8 hr, IOP reduction: 4-14 hr (ophthalmic).
Metabolism: Inactivated at neuronal synapses and in plasma.
Excretion: Urine (as unchanged drug and inactive metabolites).
Elimination half-lives: 0.76 (5 mg), 1.35 hr (10 mg).

CIMS Class

Antiglaucoma Preparations

ATC Classification

N07AX01 - pilocarpine; Belongs to the class of other agents used as parasympathomimetics.

S01EB01 - pilocarpine; Belongs to the class of parasympathomimetics used in the treatment of glaucoma and miosis.

*pilocarpine information:
Note that there are some more drugs interacting with pilocarpine
pilocarpine
pilocarpine brands available in India
Always prescribe with Generic Name : pilocarpine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ANDRE CARPINE amp CARPINE eye drops CARPINOL soln CARPOREN eye drops LOCARP DPS eye drops LOCARP GEL eye gel PILAGAN eye drops PILOCAR eye drops PILOMAX tab PILOPRESS eye drops
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([all drugs])
pimozide
CIMS Class : (Antipsychotics)
pimozide
P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related pimozide information

Indication & Dosage

Oral

Schizophrenia

Adult: Initially, 2 mg daily adjusted according to response by increments of 2-4 mg at intervals of not <1 wk. Max dose: 20 mg/day.

Child: 12-18 yr: Initial dose: 1 mg daily.

Oral

Monosymptomatic hypochondria

Adult: Initially, 4 mg daily adjusted according to response by increments of 2-4 mg at intervals of not <1 wk. Max dose: 16 mg/day.

Elderly: Half the usual initial dose.

Oral

Paranoid states

Adult: Initially, 4 mg daily adjusted according to response by increments of 2-4 mg at intervals of not <1 wk. Max dose: 16 mg/day.

Elderly: Half the usual initial dose.

Oral

Tourette's syndrome

Adult: Initially, 1-2 mg or 200 mcg/kg daily. Max dose: 10 mg/day.

Child: >12 yr: initial dose: 50 mcg/kg.

Administration

May be taken with or without food.

Contraindications

Prolonged QT interval, family history of congenital QT prolongation, history of cardiac arrhythmias.

Special Precautions

Parkinson's syndrome; epilepsy, pregnancy, lactation; hepatic or renal impairment; monitor ECG before and during treatment; review the need for continuing treatment if repolarisation changes occur. Monitor cardiac function in patients taking >16 mg daily. Electrolytes disturbances such as hypomagnesaemia or hypokalaemia may increase risk of cardiotoxicity.

Adverse Drug Reactions

Extrapyramidal reactions, insomnia, drowsiness, dizziness. ECG changes, dry mouth, constipation, urinary difficulty and blurred vision.
Potentially Fatal: Neuroleptic malignant syndrome.

Drug Interactions

Propranolol and cimetidine decrease hepatic metabolism and increase efficacy and toxicity. Concurrent use with SSRIs may increase risk of extrapyramidal adverse effects and potentially fatal torsades de pointes arrhythmias.
Potentially Fatal: Potentiates other CNS depressants eg, alcohol and benzodiazepines. Increased risk of arrhythmias due to prolonged QT interval with TCAs, terfenadine, astemizole, antimalarial and cisapride. Concurrent use with inhibitors of CYP3A4 or CYP2D6 may lead to increased plasma concentrations leading to cardiac arrhythmias. Imatinib may also raise the plasma concentrations of pimozide. Avoid use with drugs that cause electrolyte disturbances eg, diuretics.

Food Interaction

Concurrent use with grapefruit juice may increase the blood concentrations of pimozide.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Pimozide is a long-acting antipsychotic structurally similar to butyrophenones which blocks dopaminergic receptors in the CNS. It also exhibits some calcium-blocking activity.

Absorption: >50% absorbed (oral); peak plasma levels after 4-12 hr.

Metabolism: Extensively hepatic via N-dealkylation.

Excretion: Urine and faeces (as unchanged drug and metabolites).

CIMS Class

Antipsychotics

ATC Classification

N05AG02 - pimozide; Belongs to the class of diphenylbutylpiperidine derivatives antipsychotics. Used in the management of psychosis.

*pimozide information:
Note that there are some more drugs interacting with pimozide
pimozide
pimozide brands available in India
Always prescribe with Generic Name : pimozide, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : LARAP tab MOZEP tab NEURAP tab ORAP tab PIMODAC tab R ZEP tab
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([all drugs])
pindolol
CIMS Class : (Beta-Blockers) , (Antiglaucoma Preparations)
pindolol

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related pindolol information

Indication & Dosage

Oral

Angina pectoris

Adult: 2.5-5 mg up to tid. Max dose: 40 mg/day.

Oral

Hypertension

Adult: 5 mg 2-3 times daily or 15 mg once daily, increase according to patient's response. Max dose: 60 mg/day.

Ophthalmic

Glaucoma

Adult: As a 1% eye drops.

Administration

May be taken with or without food. (May be taken w/ meals to reduce GI discomfort.)

Contraindications

2nd and 3rd degree AV block, sinus bradycardia, uncontrolled heart failure, bronchospasm or asthma, metabolic acidosis, severe peripheral arterial disease, cardiogenic shock.

Special Precautions

1st degree AV block. May mask symptoms of hyperthyroidism and hypoglycaemia. May unmask myasthenia gravis. May aggravate psoriasis. Abrupt withdrawal has resulted in angina, MI, ventricular arrhythmias and death. Patients on long-term treatment should discontinue medication gradually over a period of 1-2 wk Pregnancy and lactation. Not to be used in patients with pheochromoctoma without concomitant a-adrenoceptor blocking therapy.

Adverse Drug Reactions

Bradycardia; hypotension; heart failure, heart block; bronchospasm; fatigue; coldness of extremities; pneumonitis; pulmonary and retroperitoneal fibrosis; pleurisy; CNS effects; myopathies; GI disturbances; skin rash; pruritus; reversible alopoecia; lupus-like syndrome; male impotence; sclerosing

peritonitis; paraesthesias; peripheral neuropathy; muscle cramps; haematological reactions.

Drug Interactions

Aldesleukin and general anaesthetics may increase antihypertensive effects of ß-blockers. NSAIDs may antagonise the effects of pindolol. Concurrent use with other cardiac depressants such as antiarrhythmics may precipitate bradycardia and heart block. Diabetic patients may have reduced response to insulin and oral hypoglycaemics. Concurrent use with antacids and bile-acid binding resins may reduce absorption. Increased metabolism when used with barbiturates and rifamipicin. Reduced metabolism when used with cimetidine, erythromycin, fluvoxamine and hydralazine.
Potentially Fatal: Increased risk of rebound hypertension with clonidine. (Withdraw pindolol several days before slowly withdrawing clonidine).

Lab Interference

Changes in blood concentrations of triglycerides, glucose and cholesterol.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

in 2nd & 3rd trimesters.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Ophthalmic: Store below 30°C. Oral: Store below 30°C.

Mechanism of Action

Pindolol is a non-cardioselective ß-blocker with intrinsic sympathomimetic activity but little membrane-stabilizing properties.

Absorption: Rapidly absorbed. Peak plasma concentrations within 1 hr of drug admin.
Distribution: 40% bound to plasma proteins. Vd in healthy adults: 2 L/kg.
Metabolism: Extensively metabolised.
Excretion: 35-40% excreted unchanged in urine. 60-65% metabolised to hydroxy-metabolites and excreted as glucuronides and ethereal sulfates.

CIMS Class

Beta-Blockers / Antiglaucoma Preparations

ATC Classification

C07AA03 - pindolol; Belongs to the class of non-selective beta-blocking agents. Used in the treatment of cardiovascular diseases.

*pindolol information:
Note that there are some more drugs interacting with pindolol
pindolol
pindolol brands available in India

Always prescribe with Generic Name : pindolol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : VISKEN tab

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([all drugs])

pioglitazone

CIMS Class : (Antidiabetic Agents)

pioglitazone

P - Caution when used during pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related pioglitazone information

Indication & Dosage

Oral

Type 2 diabetes mellitus

Adult: 15-30 mg once daily increased in increments if necessary. Max dose: 45 mg/day.

Administration

May be taken with or without food.

Contraindications

Hypersensitivity. Type 1 diabetes mellitus, symptomatic or history of heart failure, diabetic ketoacidosis, childn <18 yr. Lactation.

Special Precautions

Increased risk of hypoglycaemia when used with insulin or oral hypoglycaemics. Oedema, congestive heart failure, hepatic dysfunction, jaundice, anaemia. May cause ovulation in premenopausal, anovulatory women. Monitor liver function before and during treatment. Monitor glycaemic control. Pregnancy. Caution when oral contraceptives or hormonal replacement therapy is used in diabetics due to increased risk of arterial diseases. Stop treatment if ALT increases and remains >3 times above the upper limit of normal or if jaundice develops.

Adverse Drug Reactions

Pharyngitis, oedema, headache, upper resp tract infection, sinusitis, anaemia; GI disturbances, wt gain, visual disturbances, dizziness, arthralgia, haematuria, impotence.

Drug Interactions

Ketoconazole and gemfibrozil may increase the plasma concentrations of pioglitazone while enzyme inducers such as rifampicin may decrease the plasma concentrations. Increased risk of fluid retention when used with NSAIDs.

Lab Interference

Transient elevations in creatine phosphokinase levels were observed.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 25°C.

Mechanism of Action

Pioglitazone is as a potent and highly selective agonist for the peroxisome proliferator activated receptor-gamma (PPAR). Activation of these receptors promotes the production of gene products involved in lipid and glucose metabolism. It also improves insulin response to target cells witho increasing the pancreatic secretion of insulin.

Onset: Delayed.

Absorption: Peak plasma concentrations after 2 hr.

Distribution: Protein-binding: >99%.

Metabolism: Extensively metabolised by hydroxylation and oxidation.

Excretion: Urine (15-30%); faeces (as metabolites); 3-7 hr (elimination half-life, parent drug).

CIMS Class

Antidiabetic Agents

ATC Classification

A10BG03 - pioglitazone; Belongs to the class of thiazolidinediones. Used in the treatment of diabetes.

*pioglitazone information:
Note that there are some more drugs interacting with pioglitazone
pioglitazone further details are available in official CIMS India
pioglitazone
pioglitazone brands available in India
Always prescribe with Generic Name : pioglitazone, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : BETAPRIDE tab DEPEL tab DIAGLIT tab DIAVISTA tab GLITA tab GLITO tab GLITTER tab GLIZONE tab GLUFIT tab G-TASE tab K-PIO tab LITA tab LOGIT tab OGLO tab OPAM tab PATH tab PEPAR tab PG tab PGLIT tab P-GLITZ tab PIGLOW tab PIOCON tab PIODART tab PIO-G tab PIOGLAR tab PIOGLAZ tab PIOGLIT tab PIOGLU tab PIOKAP tab PIOKARE tab PIOLEM tab PIOLET tab PIOLI tab PIOMED tab PIONORM tab PIOPED tab PIOPILL tab PIOPOD tab PIO-Q tab PIOREST tab PIOSAFE tab PIOSTAR tab PIOSYS

tab PIOTOP tab PIOTROL tab PIOTYX tab PIOZ tab PIOZED tab PIOZIT tab PIOZONE tab PIOZULIN tab PIZORAD tab POKR tab POZITIV tab PRECITROL tab PYE tab RADIZONE tab ZIPIO tab

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([all drugs])

pioglitazone + metformin

CIMS Class : (Antidiabetic Agents)

pioglitazone + metformin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related pioglitazone + metformin information

Indication & Dosage

Oral

Type 2 diabetes mellitus

Adult: Starting dose should be based on patient's current dosage regimen of pioglitazone and/or metformin. For patients who are inadequately controlled on metformin monotherapy: Usual starting dose: pioglitazone/metformin: 15 mg/500 mg or 15 mg/850 mg 1-2 times daily, adjust dose gradually based on therapeutic response. For patients who are on pioglitazone monotherapy but require

additional glycaemic control: Usual starting dose: pioglitazone/metformin: 15 mg/500 mg twice daily or 15 mg/850 mg once daily, adjust dose gradually based on therapeutic response. Daily max: pioglitazone/metformin: 45 mg/2250 mg.

Contraindications

Hypersensitivity; diabetic coma, diabetic ketoacidosis; severe renal or hepatic impairment; recent MI, CHF; type 1 DM; severe infection; acute or chronic metabolic acidosis with or without coma; stress, trauma; severe impairment of thyroid function; dehydration, acute or chronic alcoholism; children <18 yr, pregnancy, lactation.

Special Precautions

Elderly. Monitor renal function regularly. Patients receiving pioglitazone in combination with insulin or oral hypoglycaemic agents may be at risk of hypoglycaemia. Oedema, congestive heart failure; hepatic dysfunction; jaundice. Premenopausal, anovulatory women, anaemia. Monitor liver function.

Adverse Drug Reactions

Pioglitazone: Pharyngitis, oedema, headache, upper resp tract infection, sinusitis, anaemia; GI disturbances, wt gain, visual disturbances, dizziness, arthralgia, haematuria, impotence. Metformin: Anorexia, nausea, vomiting, diarrhoea, wt loss, flatulence, occasional metallic taste; weakness; hypoglycaemia; rash, malabsorption of vit B12.
Potentially Fatal: Lactic acidosis in presence of renal failure and alcoholism.

Drug Interactions

Pioglitazone: Ketoconazole inhibits the metabolism of pioglitazone (in vitro). Increased hypoglycaemic effect with alcohol. Metformin: Additive effect with sulphonylureas. Antagonistic effects with diuretics, corticosteroids, phenothiazines, thyroid products, oestrogens, oral contraceptives, phenytoin, nicotinic acid, sympathomimetics, Ca channel blockers and isoniazid.
Potentially Fatal: Pioglitazone: admin of a thiazolidinedione with OC reduces the plasma concentrations of the hormones which may result in the loss of contraceptive effectivity. Metformin: Lactic acidosis with alcoholand potentiation of hypoglycaemic effect. Cimetidine and furosemide may increase plasma-metformin

levels. Drugs eliminated via renal tubular secretion may increase metformin levels.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 25°C.

Mechanism of Action

Pioglitazone is as a potent and highly selective agonist for the peroxisome proliferator activated receptor-gamma. Activation of these receptors promotes the production of gene products involved in lipid and glucose metabolism. It also improves insulin response to target cells witho increasing the pancreatic secretion of insulin. Metformin decreases hepatic gluconeogenesis, decreases intestinal absorption of glucose and improves insulin sensitivity (increases peripheral glucose uptake and utilisation).

CIMS Class

Antidiabetic Agents

ATC Classification

A10BA02 - metformin; Belongs to the class of biguanides. Used in the treatment of diabetes.
A10BG03 - pioglitazone; Belongs to the class of thiazolidinediones. Used in the treatment of diabetes.

*pioglitazone + metformin information:
Note that there are some more drugs interacting with pioglitazone + metformin
pioglitazone + metformin
pioglitazone + metformin brands available in India
Always prescribe with Generic Name : pioglitazone + metformin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ASOFORMIN-P tab BIGAN-P tab CETAPIN P tab DIAMET PG tab DIAVISTA-M tab EXEED-PG PLUS

tab EXERMET P 515/530 tab GLIMESTAR PM1 tab GLIMESTAR PM2 tab GLITAFOR-XR tab GLITA-M tab GLITTER-M tab GLIZONE-M tab GLUCONORM-P tab GLYCIPHAGE-P tab G-TASE M tab K-PIO-M tab LITA-M XR-tab MATCE-P 15 tab MATCE-P 30 tab MATCE-PG 1 tab MATCE-PG 2 tab METANORM P15 tab MOPADAY HS tab MOPADAY tab P&M tab P-GLITZ M tab PIANORM-M tab PICHROMET tab PIGLOW-MF tab PIOCON FORTE tab PIOCON PLUS tab PIODART MF tab PIOGLAR-M tab PIOGLAZ-M FORTE tab PIOGLAZ-M tab PIOGLIT-MF tab PIOGLU-M tab PIOKAP MF tab PIOKARE-MSR tab PIOKIND-M film-coated tab PIOLET M tab PIO-M tab PIONORM-M tab PIO-Q PLUS film-coated tab PIORIV-M SRtab PIOSAFE-MF tab PIOTYX-M tab PIOZ MF tab PIOZ MF-G tab PIOZOL M tab PIOZONE-M tab PIOZULIN-M tab PIZORAD-MSR tab PYE-M tab TGMET-P tab WALAPHAGE PZ film-coated tab ZIGLIM PLUS-1 Bilayeredtab ZIGLIM PLUS-2 Bilayeredtab ZIPIO-M 15 tab ZIPIO-M 30 tab

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([all drugs])

pipecuronium

CIMS Class : (Muscle Relaxants)

pipecuronium

P - Caution when used during pregnancy

L - Caution when used during lactation

related pipecuronium information

Indication & Dosage

Intravenous

Muscle relaxant in general anaesthesia, Facilitate endotracheal intubation

Adult: Initial dose: 80-100 mcg/kg. Subsequent doses: 10-20 mcg/kg. Initial dose following suxamethonium admin or in patients at high risk: 50-60 mcg/kg. Initial dose for caesarean section: 35 mcg/kg.

Overdosage

Prolonged apnoea due to paralysis of the intercostal muscles and diaphragm, with CV collapse and effects of histamine release.

Contraindications

Hypersensitivity.

Special Precautions

Pulmonary disease, respiratory insufficiency, asthma, neuromuscular disease, dehydration, severely ill patients, hepatic or renal impairment. Doses in obese patients should be based on patient's ideal body weight. Pregnancy, lactation.

Adverse Drug Reactions

Transient hypotension, bradycardia, reduced cardiac output.
Potentially Fatal: Anaphylactic reactions and malignant hyperthermia.

Drug Interactions

Actions antagonised by cholinesterases and long term carbamazepine, phenytoin or corticosteroids usage. Enhanced block when used with drugs that have neuromuscular blocking activity such as lidocaine, quinidine, verapamil and aminoglycosides.
Potentially Fatal: Effects enhanced by volatile inhalational anaesthetics, ketamine (IV), antiarrhythmics, antibacterials, K depleting diuretics, parenteral Mg salts.

Mechanism of Action

Pipecuronium bromide is an aminosteroidal competitive neuromuscular blocker. It does not have significant CV adverse effects or histamine-related effects.

Onset: Dose-dependent: 2.5-3 min.

Duration: Dose-dependent: 30 min-2 hr.

Distribution: Vd: 0.25 L/kg.

Metabolism: Converted to 3-desacetyl (less active).

Excretion: Via urine (as unchanged); 1.7-2.3 hr (elimination half-life).

CIMS Class

Muscle Relaxants

ATC Classification

M03AC06 - pipecuronium bromide; Belongs to the class of other quaternary ammonium-containing agents used as peripherally-acting muscle relaxants.

*pipecuronium information:

pipecuronium

pipecuronium brands available in India

Always prescribe with Generic Name : pipecuronium, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ARDUAN inj

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([all drugs])

piperacillin

CIMS Class : (Penicillins)

piperacillin

P - Caution when used during pregnancy

Lab ¤ - Lab interference

related piperacillin information

Indication & Dosage

Intravenous

Severe infections

Adult: As sodium: 200-300 mg/kg daily in divided doses or 3-4 g every 4 or 6 hr. For life-threatening conditions especially those

caused by Pseudomonas or Klebsiella spp: At least 16 mg/day. Usual max dose: 24 g/day.

Child: As sodium: 1 mth-12 yr: 100-300 mg/kg daily in 3-4 divided doses. Neonate: <7 days or <2 kg: 150 mg/kg daily in 3 divided doses; >7 days and >2 kg: 300 mg/kg in 3-4 divided doses. IV route is preferred for infants and children. Single doses >500 mg should not be given via IM inj.

Renal impairment: Moderate-severe: Dose reduction is necessary.

Parenteral

Mild or uncomplicated infections

Adult: As sodium: 100-125 mg/kg daily. Usual dose: if given via IV inj/infusion, 2 g every 6 or 8 hr or 4 g every 12 hr; if given via IM inj, 2 g every 8 or 12 hr.

Child: As sodium: 1 mth-12 yr: 100-300 mg/kg daily in 3-4 divided doses. Neonate: <7 days or <2 kg: 150 mg/kg daily in 3 divided doses; >7 days and >2 kg: 300 mg/kg in 3-4 divided doses. IV route is preferred for infants and children. Single doses >500 mg should not be given via IM inj.

Renal impairment: Moderate-severe: Dose reduction is necessary.

Parenteral

Prophylaxis of infection during surgery

Adult: As sodium: 2 g just before the procedure or when the umbilical cord is clamped in caesarean section, followed by at least 2 doses of 2 g at intervals of 4 or 6 hr within 24 hr of procedure.
Renal impairment: Moderate-severe: Dose reduction is necessary.
Intramuscular
Uncomplicated gonorrhoea
Adult: As sodium: 2 g as a single dose in combination with 1 g oral dose of probenecid given 30 min before the inj.
Renal impairment: Moderate-severe: Dose reduction is necessary.

Contraindications

Hypersensitivity.

Special Precautions

Renal impairment; heart failure. Pregnancy. Prolonged treatment may increase risk of superinfection, leukopenia, neutropenia and bleeding manifestations. Increased risk of fever and rash in cystic fibrosis patients. Monitor renal, hepatic and haematological functions during prolonged and high-dose therapy.

Adverse Drug Reactions

GI disturbances; hypersensitivity reactions; eosinophilia, hyponatraemia, hypokalaemia. Injection-site related reactions such as pain, erythema and induration.
Potentially Fatal: Anaphylactic reactions; prolongation of bleeding time; CNS toxicity.

Drug Interactions

Clearance reduced by probenecid. May prolong bleeding time when used with anticoagulants. Increased risk of aminoglycoside-associated nephrotoxicity when used together. Concurrent use may increase risk ofmethotrexate toxicity due to reduced clearance. Increased neuromuscular block when used with neuromuscular blockers.

Lab Interference

Interferes with urinary glucose using copper sulfate and false-positive results in urinary or serum protein, uric acid and urinary test.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Intramuscular: Store at 20-25 °C. Intravenous: Store at 20-25 °C. Parenteral: Store at 20-25 °C.

Mechanism of Action

Piperacillin inhibit septum and cell wall synthesis and has an antimicrobial activity against a wide range of gm-ve organisms including K. pneumoniae, P. aeruginosa, Enterobacteriaceae and against Garm-positive organisms eg, E. faecalis and B. fragilis.

Absorption: Not absorbed when given orally. IM: well absorbed with peak plasma concentrations after 30-50 min.

Distribution: Widely distributed into body tissues and fluids, CSF (small amounts except when the meninges are inflamed), bile (high concentrations); crosses the placenta and enters the breast milk.

Protein-binding: 20%

Excretion: Via the urine by glomerular filtration and tubular secretion (60-80% unchanged), via the bile (20%); may be removed by dialysis. Elimination half-life: 1 hr; 4-6 hr (end-stage renal failure), 3-fold increase (severe renal insufficiency), prolonged in neonates and in renal and hepatic impairment.

CIMS Class

Penicillins

ATC Classification

J01CA12 - piperacillin; Belongs to the class of penicillins with extended spectrum. Used in the treatment of systemic infections.

*piperacillin information:
Note that there are some more drugs interacting with piperacillin
piperacillin
piperacillin brands available in India
Always prescribe with Generic Name : piperacillin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : PIPLIN vial PIPRACIL vial PIPRALIN vial PIPRAPEN vial PIPREX inj PRACIL vial

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([all drugs])

piperacillin + tazobactam

CIMS Class : (Penicillins)

piperacillin + tazobactam

P - Caution when used during pregnancy

L - Caution when used during lactation

related piperacillin + tazobactam information

Indication & Dosage

Intravenous

Nosocomial pneumonia

Adult: Initial dose: 4.5 g (piperacillin 4 g and tazobactam 0.5 g) every 6 hr for 7-14 days. When used empirically, combination with an aminoglycoside or antipseudomonal fluoroquinolone is recommended. May be given via infusion over 30 minutes. If Pseudomonas aeruginosa is not isolated, may discontinue aminoglycoside.

Child: 2-8 mth: 80 mg of piperacillin/kg every 8 hr; =9 mth and =40 kg: 100 mg of piperacillin/kg every 8 hr.

Renal impairment: For haemodialysis: admin an additional dose of 0.75 g after each dialysis session on hemodialysis days.

CrCl (ml/min)
Dosage Recommendation
>40
4.5 g every 6 hr
20-40
3.375 g every 6 hr
<20
2.25 g every 6 hr
Haemodialysis
2.25 g every 8 hr
CAPD
2.25 g every 8 hr
Intravenous
Severe infections
Adult: 3.375 g (piperacillin 3 g and tazobactam 0.375 g) every 6 hr for 7-10 days. May be given via infusion over 30 minutes.
Renal impairment: For haemodialysis, admin an additional dose of 0.75 g after each dialysis session on haemodialysis days.

CrCl (ml/min)

Dosage Recommendation

>40

3.375 g every 6 hr

20-40

2.25 g every 6 hr

<20

2.25 g every 8 hr

Haemodialysis

2.25 g every 12 hr

CAPD

2.25 g every 12 hr

Incompatibility: Not compatible with tobramycin for simultaneous admin via Y-site infusion.

Contraindications

Hypersensitivity.

Special Precautions

Pregnancy and lactation, pseudomembranous colitis. Assess hematopoietic function periodically. Perform periodic electrolyte determinations in patients with low K reserves. Increased risk of

fever and rash in patients with cystic fibrosis. Increased risk of bleeding manifestations. Prolonged treatment may increase risk of superinfections. Convulsions or neuromuscular excitability may occur when high doses are used, especially in renally impaired patients. Renal impairment.

Adverse Drug Reactions

Diarrhoea, skin rashes, occasionally platelet mediated bleeding, rigors, malaise, ulcerative stomatitis. Inj-site reactions such as pain, erythema, induration and thrombophlebitis.
Potentially Fatal: Serious, anaphylactic reactions.

Drug Interactions

Probenecid prolongs half lives of piperacillin and tazobactam. Increased risk of methotrexate toxicity when used together.
Potentially Fatal: Interacts with heparin and other oral anticoagulants. Prolongs the neuromuscular blockade of vecuronium and non-depolarizing muscle relaxants.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Intravenous: Inj vials should be stored at 20-25°C prior to reconstitution.

Mechanism of Action

Piperacillin has an antimicrobial activity against a wide range of gm-ve organisms including K. pneumoniae, P. aeruginosa, Enterobacteriaceae and against gm+ve organisms eg E. faecalis and B. fragilis. Tazobactam is a penicillanic acid sulfone derivative with beta-lactamase inhibitory properties. In combination, tazobactam enhances the activity of piperacillin against beta-lactamase-producing bacteria.

Distribution: Piperacillin and tazabactam: 30% bound to plasma proteins. Widely distributed into body tissues and fluids.

Metabolism: Piperacillin: metabolised to a desethyl metabolite. Tazobactam: metabolised to a single metabolite that lacks pharmacological and antibacterial activities.
Excretion: Half-life of piperacillin and tazobactam ranges from 0.7-1.2 hr. Eliminated via kidney by glomerular filtration and tubular secretion. Piperacillin: 68% excreted unchanged in urine.Tazobactam: 80% excreted unchanged in urine.

CIMS Class

Penicillins

ATC Classification

J01CA12 - piperacillin; Belongs to the class of penicillins with extended spectrum. Used in the treatment of systemic infections.
J01CG02 - tazobactam; Belongs to the class of beta-lactamase inhibitors. Used in the treatment of systemic infections.

*piperacillin + tazobactam information:
Note that there are some more drugs interacting with piperacillin + tazobactam
piperacillin + tazobactam

piperacillin + tazobactam brands available in India

Always prescribe with Generic Name : piperacillin + tazobactam, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ADZOPIP vial AMPIP-T tab BACLIN inj BOXTER inj CADIPIP vial CIDAL vial CINPIP-TZ vial COMBIWIN vial CUREACT inj DURATAZ vial ELZOX vial ENTAZ vial EUROPEP-T inj EVERPIP-TZ inj FORPEP vial GOTAZ vial GRAMOTAZ vial HOSLIN inj INFORCER vial IP-TAZ vial JOPE inj KOMBAT inj KPT inj LAZOCIN FORTE vial LAZOPIP vial LINTAZ vial LUPITAZ INJ vial MATLIN vial MEPYZ vial MEZOBACT-P inj MICROTAZ vial MONAL inj NOVACILLIN PLUS vial OLIN vial PACTUM vial P-BACT inj PENITAZ vial PIBACT vial PIPEST FORTE vial PIPLAK-TBZ vial PIPMAX INJ vial PIPRABAC inj PIPRANEM inj PIPRAPEN-T INJ vial PIPRAS-T vial PIPRID-TZ inj PIPTAC vial PIPTAL vial PIPTAMATE vial PIPTAZ vial PIPTOCHEK vial PIPVEN-TBZ vial PIPVIG-TBZ vial PIPZAC inj PIRAZ vial PIROTAZ inj PISA vial PITZA vial PRAZOBACT vial PT-NAC inj RAPROZO vial RECOPEP-T inj REVOTAZ vial RIFCO vial SANOTAZ inj SANTAZ vial SINIBEC inj SIPRACILLIN-TZ inj SYSTAPIP-TZ inj TACIDAL inj TAVERA inj TAZACT vial TAZAR

vial TAZCILLIN vial TAZE vial TAZILIN vial TAZIN vial TAZIRA IVvial TAZIT inj TAZKAIR vial TAZO PIP inj TAZOBEL vial TAZOBID inj TAZOFAST vial TAZOLEAD inj TAZOLIFE vial TAZOLIN inj TAZONEX vial TAZONIS vial TAZO-P vial TAZOPEN vial TAZOPEP vial TAZOPRA vial TAZOPRO 4.5 GM inj TAZORID-P vial TAZOTUM vial TIPTEN inj TIPZO inj TOBZ vial TORBAC vial TRAXTEL-PT vial WIDEMIX inj ZACTUM vial ZENOPIP vial ZILIN-TZ vial ZOB inj ZOBACTIN vial ZOCILLIN inj ZONTUM inj ZOPERCIN vial ZOPLIN inj ZOPYMED 4.5 vial ZOPYMED vial ZOSYN vial ZOVIREX vial

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([all drugs])

piperazine

CIMS Class : (Anthelmintics)

piperazine

P - Contraindicated in pregnancy

L - Caution when used during lactation

related piperazine information

Indication & Dosage

Oral

Ascariasis

Adult: As hydrate: 4.5 g as a single dose repeated once after 14 days. Alternatively, may be given as a preparation with senna in a single dose of 4 g of the phosphate, repeat dose mthly for up to 3 mth if needed; same dosage regimen may also be used to prevent ascariasis.

Child: As a single dose, repeated once after 14 days. <1 yr: 120 mg/kg (only upon medical advice), 1-3 yr: 1.5 g, 4-5 yr: 2.25 g, 6-8 yr: 3 g, 9-12 yr: 3.75 g. Alternatively, may be given as a preparation with senna in a single dose of 4 g of the phosphate, repeat dose mthly for up to 3 mth if needed; same dosage regimen may also be used to prevent ascariasis.

Oral

Enterobiasis

Adult: As hydrate: 2.25 g once daily for 7 days, 2nd course may be repeated after an interval of 7 days. Alternatively, may be given as a preparation with senna in a single dose of 4 g of the phosphate, repeat dose after 14 days.

Child: <1 yr: 45-75 mg/kg (only upon medical advice), 1-3 yr: 750 mg, 4-6 yr: 1.125 g, 7-12 yr: 1.5 g, >12 yr: same as adult dose. To be taken once daily for 7 days, 2nd course may be repeated after an interval of 7 days. Alternatively, for children >6 yr: May be given as

a preparation with senna in a single dose of 4 g of the phosphate; repeat dose after 14 days.

Administration

May be taken with or without food.

Contraindications

Severe renal impairment, epilepsy. Pregnancy.

Special Precautions

Hepatic impairment, neurological conditions, mild to moderate renal impairment. Lactation.

Adverse Drug Reactions

Nausea, vomiting, colic, abdominal pain, diarrhoea, urticaria, skin rashes, headache, bronchospasm, dizziness, nystagmus, ataxia, paraesthesia, myoclonic contractions, choreiform movements, muscular incoordination (worm wobble), confusion, EEG abnormalities, blurred vision.

Potentially Fatal: Stevens-Johnson syndrome, bronchospasm and angioedema.

Drug Interactions

Antagonism if pyrantel and piperazine are used together. Piperazine may potentiate extrapyramidal effects of chlorpromazine and other phenothiazines.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Mechanism of Action

Piperazine is effective against the intestinal nematodes roundworm (Ascaris lumbricoides), pinworm and threadworm (Enterobius vermicularis). It produces a neuromuscular block resulting in muscle paralysis of the worms which are consequently dislodged and expelled in the faeces.

Absorption: Readily absorbed from the GIT (oral).
Distribution: Distributes into breast milk.
Excretion: Via urine (as metabolites).

CIMS Class

Anthelmintics

ATC Classification

P02CB01 - piperazine; Belongs to the class of piperazine and derivatives agents used as antinematodal.

*piperazine information:
piperazine
piperazine brands available in India
Always prescribe with Generic Name : piperazine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : AVIZINE syr AVIZINE tab PIPERAZINE CITRATE syr PIPERAZINE CITRATE tab

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([all drugs])

piracetam

CIMS Class : (Nootropics & Neurotonics)

piracetam

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related piracetam information

Indication & Dosage

Oral

Adjunct in cortical myoclonus

Adult: 7.2 g daily in 2-3 divided doses, increased by 4.8 g/day every 3-4 days. Max dose: 20 g daily.

CrCl (ml/min)

Dosage Recommendation

50-79

2/3 usual dose

30-49

1/3 usual dose

20-29

1/6 usual dose

<20

Contra-indicated

Oral

As a cognitive enhancer in cerebrocortical insufficiency

Adult: 2.4 g daily, given as 2-3 divided doses. Up to 4.8 g daily may be used in severe cases.

CrCl (ml/min)

Dosage Recommendation

50-79

2/3 usual dose

30-49

1/3 usual dose

20-29

1/6 usual dose

<20

Contra-indicated

Parenteral

As a cognitive enhancer in cerebrocortical insufficiency

Adult: 1-2 g tid via IV/IM admin.

Administration

Should be taken with food. (Take before meals.)

Contraindications

Hepatic and severe renal impairment. Cerebral haemorrhage. Pregnancy and lactation.

Special Precautions

Avoid abrupt withdrawal. Impaired renal function. Cardiac disorders. Haemostatic disorders. Patients who have recently undergone major surgery. Elderly.

Adverse Drug Reactions

Hyperkinesia, nervousness, depression, diarrhoea, rashes. CNS stimulation, sleep disturbances, dizziness, excitement, insomnia, somnolence, wt gain.

Drug Interactions

May increase prothrombin time in patients who are on warfarin.

Mechanism of Action

Piracetam protects the cerebral cortex against hypoxia. It also inhibits platelet aggregation and reduces blood viscosity.

CIMS Class

Nootropics & Neurotonics

ATC Classification

N06BX03 - piracetam; Belongs to the class of other agents used as CNS stimulant.

*piracetam information:
Note that there are some more drugs interacting with piracetam
piracetam
piracetam brands available in India
Always prescribe with Generic Name : piracetam, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : ALCETAM amp ALCETAM tab AMRITAM vial AXETAM syr AXETAM tab BRENTOR cap CEACT tab CERECETAM cap CERECETAM susp CETAM susp CETAM tab CETAM vial ENPIR cap E-TAM tab ETOTAM tab FLORACETAM tab GENCEPHAL syr GENCEPHAL tab MINCETAM tab NEOPIRAM inj NEUROCETAM cap NEUROCETAM inj NEUROCETAM syr NEUROCETAM tab NEUROPIL film-coated tab NICETAM syr NICETAM tab NOOTROPIL amp NOOTROPIL cap NOOTROPIL syr NOOTROPIL tab NORMABRAIN cap NORMABRAIN inj NORMABRAIN syr NORMABRAIN tab NUPIC film-coated tab NUREST cap NUREST syr NUREST tab NUTAM cap NUTAM film-coated tab NUTAM infusion NUTAM syr NUTAM vial OROTAM inj OROTAM syr OROTAM tab PIE syr PIE tab PIRA syr PIRA tab PIRAC amp PIRAC cap PIRAC syr PIRAC tab PIRACAS tab PIRACER amp PIRAMENT syr PIRAMENT tab PIRANIS inj PIRA-OD tab PIRARIV tab PIRATAM cap PIRATAM syr POLCETAM tab STEM inj STEM syr STEM tab TAMPIRA tab TAMPIRA vial UPCETAM tab ZETAM inj ZETAM susp ZETAM tab ZOPRES tab

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([all drugs])

piribedil

CIMS Class : (Antiparkinsonian Drugs)

piribedil

P - Contraindicated in pregnancy

L - Caution when used during lactation

related piribedil information

Indication & Dosage

Oral

As monotherapy in Parkinson's disease

Adult: Monotherapy: 150-250 mg daily in divided doses. In combination with levodopa therapy: 80-140 mg daily.

Oral

Circulatory disorders

Adult: 50 mg daily or 100 mg daily in 2 divided doses for severe cases.

Administration

Should be taken with food. (Take at the end of a main meal.)

Contraindications

Hypersensitivity, CV collapse, acute myocardial infarction, uncontrolled hypertension, pregnancy.

Special Precautions

Raynaud's syndrome, history of psychosis, renal impairment. May cause hypotension in the first few days of treatment. Regular ophthalmological monitoring is recommended. Lactation.

Adverse Drug Reactions

Nausea, vomiting, dizziness, confusion, drowsiness, hypothermia, dyskinesias, occasional changes in liver function. Raynaud's syndrome or digital vasospasm, leg cramps.

Drug Interactions

Clonidine and dopamine antagonists eg, phenothiazines and haloperidol may antagonise effects of piribedil.

Mechanism of Action

Piribedil is a non-ergot dopamine D2 agonist that stimulates cerebral and peripheral dopamine receptors and corrects dopamine deficiency. It is used largely, as an adjunct to levodopa therapy in the treatment of Parkinson's disease.

CIMS Class

Antiparkinsonian Drugs

ATC Classification

N04BC08 - piribedil;

*piribedil information:
Note that there are some more drugs interacting with piribedil
piribedil
piribedil brands available in India
Always prescribe with Generic Name : piribedil, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : TRIVASTAL LA tab

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([all drugs])

piroxicam

CIMS Class : (Nonsteroidal Anti-inflammatory Drugs (NSAIDs))

piroxicam

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related piroxicam information

Indication & Dosage

Oral

Rheumatic disorders

Adult: Initially, 20 mg daily as a single dose. Maintenance: 10-30 mg in single or divided doses.

Oral

Acute gout

Adult: 40 mg daily for 5-7 days.

Oral

Acute musculoskeletal disorders

Adult: Initially, 40 mg daily given for 2 days. Maintenance: 20 mg daily for 1-2 wk.

Oral

Postoperative pain

Adult: Initially, 40 mg daily given for 2 days. Maintenance: 20 mg daily for 1-2 wk.

Oral

Juvenile idiopathic arthritis

Child: =6 yr: <15 kg: 5 mg, 16-25 kg: 10 mg, 26-45 kg: 15 mg, =46 kg: 20 mg. Doses to be taken once daily.

Topical/Cutaneous

Local pain relief

Adult: Apply a 0.5% gel 3-4 times daily over the affected area. Treatment should be reviewed after 4 wk.

Administration

Should be taken with food.

Overdosage

Symptoms are usually mild and include nausea and vomiting, headache, drowsiness, blurred vision and dizziness.

Contraindications

Hypersensitivity, active peptic ulceration, porphyria, pregnancy (3rd trimester) and lactation.

Special Precautions

Elderly, childn <12 yr. Patients with infections, asthma, allergic disorders, haemorrhagic disorders or hypertension. Impaired renal, hepatic or cardiac function. Monitor for signs of liver, kidney, blood or eye disorders.

Adverse Drug Reactions

GI disturbances, peptic ulcer, GI bleeding, headache, dizziness, blurred vision, tinnitus, skin rashes and pruritus. Haematological changes and photosensitivity.
Potentially Fatal: Thrombocytopaenia and acute nephropathy. Toxic epidermal necrolysis and Stevens-Johnson syndrome.

Drug Interactions

Increased risk of hyperkalaemia when used with ACE inhibitors and potassium-sparing diuretics. Convulsions may occur when

used with quinolones. Effects of phenytoin and sulfonylureas may be enhanced. Antihypertensive effects of ACE inhibitors, ß-blockers and diuretics may be reduced. Increased risk of GI bleeding and ulceration when used with corticosteroids, SSRIs or antiplatelet agents. Increased risk of haematotoxicity when used with zidovudine. ACE inhibitors, ciclosporin, tacrolimus or diuretics may increase nephrotoxicity.

Potentially Fatal: May potentiate anticoagulants. Increased levels of lithium, methotrexate and cardiac glycosides.

Lab Interference

May interfere with thyroid function tests.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

in 3rd trimester or near delivery.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store at <30°C. Topical/Cutaneous: Store at <30°C.

Mechanism of Action

Piroxicam is a NSAID, belonging to the oxicam group. It inhibits prostaglandin synthesis, reduces fever by acting on the heat-regulating center of the hypothalamus, inhibits platelet-aggregating substance thromboxane A2 and reduces pain receptor sensitivity. It also exerts anti-inflammatory effect by lysosomal stabilisation, kinin and leukotriene production, alteration of chemotactic factors and neutrophil activation inhibition.

Absorption: Well absorbed from the GIT (oral); peak plasma concentrations 3-5 hr after an oral dose.

Distribution: Detected in breast milk. Protein-binding: 99%

Metabolism: Hepatic via hydroxylation and conjugation; undergoes enterohepatic recycling.

Excretion: Mainly in urine (as metabolites and unchanged drug), faeces; elimination half-life: 50 hr.

CIMS Class

Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

ATC Classification

M01AC01 - piroxicam; Belongs to the class of non-steroidal antiinflammatory and antirheumatic products, oxicams. Used in the treatment of inflammation and rheumatism.
M02AA07 - piroxicam; Belongs to the class of non-steroidal antiinflammatory preparations for topical use. Used in the treatment of joint and muscular pains.
S01BC06 - piroxicam; Belongs to the class of non-steroidal antiinflammatory agents. Used in the treatment of inflammation of the eye.

*piroxicam information:
Note that there are some more drugs interacting with piroxicam
piroxicam further details are available in official CIMS India
piroxicam

piroxicam brands available in India

Always prescribe with Generic Name : piroxicam, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AMIDA cap BIOCAM tab BREXIC cap BREXIC DT-tab CAMROX dispertab CAMSUN amp CAMSUN dispertab CAPSIDOL gel DOLOCARE inj DOLOCARE tab DOLOCIP-DT DT-tab DOLODIL amp DOLOKAM dispertab DOLOLUP inj DOLONEX amp DOLONEX cap DOLONEX dispertab DOLONEX GEL gel DOLOPIR inj DOLOPIR MD-tab DOLOSWIFT cap DOLOSWIFT DT-tab DOLOSWIFT inj DUPOX dispersible cap DUPOX inj ESTCOM inj FELCAM DT tab FELDEX tab FLEXAR dispertab FLEXAR tab KEMONEX dispertab LINCITRAX amp MELOXI tab MICROPEC tab MOBICAM dispertab MOBICAM GEL gel MOBIDIN cap MOVON GEL gel MOVON-20 cap MOVON-20 dispertab NOXICAM-MD tab PAM cap PAM dispertab PANOROX inj PERICAM cap PINIJ-DT dispertab PIODEX dispertab PIODEX inj PIRIN tab PIROX cap PIROX dispertab PIROX GEL gel PIROX inj PIROXIAT inj PIROXINA amp PIROXINA-20 DT tab PIROXITAS cap PIROXITAS inj PIROXITAS tab PIROXIVAR amp PIROXIZED amp POLONEX-DT tab PROXYC GEL

gel PROXYC-FT tab PROXYM PATCH patch PYRAS amp PYRAS dispertab REPIX amp ROXICAM-DT dispertab ROXIGEL gel ROXYGIN dispertab STARCAM vial STARCAM-MD tab STARPIR inj STARPIR MD-tab SUGANRIL dispertab SUGANRIL tab SWELIN-MD tab TOXY-DT cap UGESIC FORTE tab UGESIC tab WIROX tab XIROM dispertab XIROM inj

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([all drugs])

piroxicam beta-cyclodextrin

CIMS Class : (Nonsteroidal Anti-inflammatory Drugs (NSAIDs))

piroxicam beta-cyclodextrin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related piroxicam beta-cyclodextrin information

Indication & Dosage

Oral

Rheumatic disorders, Acute musculoskeletal disorders

Adult: As piroxicam: 20 mg daily as a single dose.

Elderly: 10 mg daily.

Overdosage

Symptoms are usually mild and include nausea and vomiting, headache, drowsiness, blurred vision and dizziness.

Contraindications

Hypersensitivity, active peptic ulceration, porphyria, pregnancy (3rd trimester), lactation.

Special Precautions

Elderly, childn <12 yr. Patients with infections, asthma, allergic disorders, haemorrhagic disorders or hypertension. Impaired renal, hepatic or cardiac function. Monitor for signs of liver, kidney, blood or eye disorders.

Adverse Drug Reactions

GI disturbances, peptic ulcer, GI bleeding, headache, dizziness, blurred vision, tinnitus, skin rashes and pruritus. Haematological changes and photosensitivity.

Potentially Fatal: Thrombocytopaenia and acute nephropathy. Toxic epidermal necrolysis and Stevens-Johnson syndrome.

Drug Interactions

Increased risk of hyperkalaemia when used with ACE inhibitors and potassium-sparing diuretics. Convulsions may occur when used with quinolones. Effects of phenytoin and sulfonylureas may be enhanced. Antihypertensive effects of ACE inhibitors, ß-blockers and diuretics may be reduced. Increased risk of GI bleeding and ulceration when used with corticosteroids, SSRIs or antiplatelet agents. Increased risk of haematotoxicity when used with zidovudine. ACE inhibitors, ciclosporin, tacrolimus or diuretics may increase nephrotoxicity.
Potentially Fatal: May potentiate anticoagulants. Increased levels of lithium, methotrexate and cardiac glycosides.

Lab Interference

May interfere with thyroid function tests.

Storage

Oral: Store <30°C.

Mechanism of Action

Piroxicam ß-cyclodextrin is a complex of NSAID-piroxicam, and cyclic oligosaccharide ß-cyclodextrin. Such complexing of piroxicam increases its solubility and in turn its rate of absorption resulting in faster onset of anti-inflammatory and analgesic action.
Absorption: Dissociates in GI tract to piroxicam and ß-cyclodextrin. Faster absorbed than unmodified piroxicam. Peak concentration reached 30-60 min after an oral dose.
Metabolism: Converted to various sugars in the colon.

CIMS Class

Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

*piroxicam beta-cyclodextrin information:
piroxicam beta-cyclodextrin
piroxicam beta-cyclodextrin brands available in India
Always prescribe with Generic Name : piroxicam beta-cyclodextrin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CYCLADOL tab MEDICAM-DT dispertab PYRODEX tab

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([all drugs])

polymyxin b

CIMS Class : (Other Antibiotics) , (Eye Anti-infectives & Antiseptics) , (Ear Anti-infectives & Antiseptics) , (Topical Antibiotics)

polymyxin b

P - Caution when used during pregnancy

L - Caution when used during lactation

related polymyxin b information

Indication & Dosage

Parenteral

Susceptible infections

Adult: IV admin: 15,000-25,000 u (1.5-2.5 mg)/kg/day in divided doses 12 hrly by IV infusion. IM admin: 25,000-30,000 u/kg/day in divided doses 4-6 hrly. Total dose should not exceed 2,000,000 u/day.

Renal impairment: Reduce dose. Max: 15,000 units/kg daily.

Ophthalmic

Ocular infections

Adult: As a 0.1% eye solution/ointment with neomycin and dexamethasone. Eye drops: instill 1-2 drops 4-6 times daily into the affected eye(s) in mild disease, may be used hrly in severe disease. Eye ointment: apply a small amount into the conjunctival sac(s) of the affected eye(s) up to 3-4 times daily.

Otic/Aural

Otic infections

Adult: As an otic suspension containing 3.5 mg neomycin base, polymyxin B equivalent to 10,000 polymyxin B units and hydrocortisone 10 mg/ml of the suspension: instill 4 drops into the affected ear canal 3-4 times daily for up to 10 days.

Child: As an otic suspension containing 3.5 mg neomycin base, polymyxin B equivalent to 10,000 polymyxin B units and hydrocortisone 10 mg/ml of the suspension: instill 3 drops into the affected ear canal 3-4 times daily for up to 10 days.

Topical/Cutaneous

Skin infections

Adult: Apply a 0.1% soln or oint onto affected area in combination with other drugs.

Contraindications

Hypersensitivity, perforated ear drums.

Special Precautions

Application to large areas of broken skin. Renal impairment; monitor renal function. Pregnancy, lactation. Monitor serum concentrations of polymyxins in patients receiving parenteral therapy.

Adverse Drug Reactions

Dizziness, paraesthesia, muscle weakness, ataxia, confusion, drowsiness, psychoses, convulsions, coma. Neuromuscular blockade characterized by respiratory paralysis and apoea. Acute interstitial nephritis; nausea, vomiting, electrolyte imbalance. Topical: Hypersensitivity eg, macular rashes, risk of systemic toxicity if applied to large areas of broken skin. Otic: Ototoxicity, stinging and burning sensation. Ophthalmic: Hypersensitivity, itching, redness and oedema of conjunctiva and eye lid. Intrathecal: Meningeal irritation.
Potentially Fatal: Nephrotoxicity (higher doses and preexisting failure), neurotoxicity; resp failure; anaphylaxis.

Drug Interactions

May enhance action of neuromuscular blockers. Increased risk of ototoxicity and nephrotoxicity when used withvancomycin.
Potentially Fatal: Potentiates nephrotoxicity produced by cefalotin and aminoglycosides.

Storage

Ophthalmic: Store at 2-25°C. Otic/Aural: Store at 15-25°C. Topical/Cutaneous: Store at 15-30°C.

Mechanism of Action

Polymyxin B disrupts the bacterial cytoplasmic membrane of mostly gm-ve organisms allowing leakage of intracellular constituents by binding to membrane phospholipids.
Absorption: Minimal from GIT except in neonates. Peak plasma concentrations after 2 hr (IM).
Distribution: Widely distributed; extensively bound to cell membranes in the tissues.
Excretion: Excreted mainly by kidneys. Urine (>60% as unchanged drug); 6 hr (elimination half-life).

CIMS Class

Other Antibiotics / Eye Anti-infectives & Antiseptics / Ear Anti-infectives & Antiseptics / Topical Antibiotics

ATC Classification

A07AA05 - polymyxin B; Belongs to the class of antibiotics. Used for the treatment of intestinal infections.
J01XB02 - polymyxin B; Belongs to the class of polymyxins used in the treatment of systemic infections.
S01AA18 - polymyxin B; Belongs to the class of antibiotics. Used in the treatment of eye infections.
S02AA11 - polymyxin B; Belongs to the class of antiinfectives used in the treatment of ear infections.
S03AA03 - polymyxin B; Belongs to the class of antiinfectives used in ophthalmologic and otologic preparations.

*polymyxin b information:
polymyxin b
polymyxin b brands available in India

Always prescribe with Generic Name : polymyxin b, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AEROSPORIN inj CADIPRIM eye/ear drops EYCLOR eye drops NEOSPORIN POWD powd NEOSPORIN-H OINT oint ORIPRIM-P eye drops POLY-B vial UNIPOL-B vial

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([all drugs])

polyvinyl alcohol

CIMS Class : (Ophthalmic Lubricants)

polyvinyl alcohol

related polyvinyl alcohol information

Indication & Dosage

Ophthalmic

Dry eye

Adult: As a 0.5-1.4% solution with or without povidone: 1-2 drops into the affected eye(s), up to 3-4 times daily when necessary.

Special Precautions

Not to be used with soft contact lens.

Adverse Drug Reactions

Mild stinging/burning/irritation in the eye; temporary blurred vision.

Mechanism of Action

Polyvinyl alcohol, a nonionic surfactant, is used as a stabilising agent, lubricant and as an agent to increase viscosity in pharmaceutical manufacturing. In eye preparations, polyvinyl alcohol is used to increase the viscosity and thereby prolonging contact time of the active ingredient with the eye. It is often found in artificial tears preparations for dry eye and in contact lens solutions.

CIMS Class

Ophthalmic Lubricants

*polyvinyl alcohol information:
polyvinyl alcohol

polyvinyl alcohol brands available in India

Always prescribe with Generic Name : polyvinyl alcohol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AANSOO eye drops ADLE eye drops AQUATEARS eye drops DUDROP eye drops EYEDRIP eye drops FLOTEARS drops I-LUBE EYE DPS eye drops I-LUBE UNIMS eye drops IRISOL PLUS eye drops LACRISAN eye drops LACRISOL eye drops MIST eye drops MOSS EYE eye drops OCUWET eye drops OPTILUBE eye drops PVA TEARS eye drops ROSOLIN eye drops TEARS PLUS eye drops

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([all drugs])

povidone iodine

CIMS Class : (Preparations for Vaginal Conditions) , (Mouth/Throat Preparations) , (Skin Antiseptics & Disinfectants)

povidone iodine

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related povidone iodine information

Indication & Dosage

Mouth/Throat

Oral hygiene

Adult: Rinse mouth with 10 mL of a 0.1% undiluted or diluted solution with an equal amount of warm water solution for 30 sec qid continued for 14 days.

Child: >6 yr: Same as adult dose.

Mouth/Throat

Oral candidiasis

Adult: Rinse mouth with 1% mouthwash solution.

Topical/Cutaneous

Treatment and prophylaxis of wound infection

Adult: Apply 0.5-5% topical powders on affected area.

Vaginal

Vaginal candidiasis

Adult: 200 mg given as pessaries.

Contraindications

Hypersensitivity; prolonged use in patients with thyroid disorders or on lithium therapy. Premature neonates or neonates weighing <1.5 kg.

Special Precautions

Avoid contact with eyes; should not be used under occlusive dressing. Pregnancy, lactation; neonates.

Adverse Drug Reactions

Local irritation and sensitivity (rare). Application to large areas of denuded skin may produce systemic effects due to iodine absorption.

Lab Interference

May interfere with thyroid function test results and interpretation, when applied over large surface areas.

Mechanism of Action

Povidone-iodine is an iodophore with a powerful broad-spectrum germicidal activity against a wide range of bacteria, viruses, fungi, protozoa and spores.

Absorption: Minimal systemic absorption (topical). Rapid, serum concentrations of total iodine and inorganic iodide are increased significantly (vaginal).

CIMS Class

Preparations for Vaginal Conditions / Mouth/Throat Preparations / Skin Antiseptics & Disinfectants

ATC Classification

D08AG02 - povidone-iodine; Belongs to the class of iodine product antiseptics. Used in the treatment of dermatological diseases.
D09AA09 - povidone-iodine; Belongs to the class of ointment dressings with antiinfectives. Used in treatment of wounds.
D11AC06 - povidone-iodine; Belongs to the class of medicated shampoos. Used in the treatment of dermatological diseases.
G01AX11 - povidone-iodine; Belongs to the class of other antiinfectives and antiseptics. Used in the treatment of gynecological infections.
R02AA15 - povidone-iodine; Belongs to the class of antiseptics used in throat preparations.

S01AX18 - povidone-iodine; Belongs to the class of other antiinfectives. Used in the treatment of eye infections.

*povidone iodine information:
povidone iodine
povidone iodine brands available in India
Always prescribe with Generic Name : povidone iodine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : AGLODINE oint ALPHADINE GARGLE gargle ALPHADINE oint ALPHADINE PESSARY VG-pessary ALPHADINE powd ALPHADINE SOLN soln ALPHADINE SS-liqd BALVIDINE oint BALVIDINE soln BALVIDINE-M oint BALVIDINE-M soln BESTODIN OINT oint BESTODIN soln BESTODIN-M oint BETADINE cream BETADINE GARGLE gargle BETADINE oint BETADINE paint BETADINE powd BETADINE STD SOLN soln BETADINE SURGICAL SCRUB soln BETADINE VAGINAL pessary BETADINE-AD soln BETAKIND gargle BETASYM oint CADINE soln CIPLADINE oint CIPLADINE POWDER powd CIPLADINE soln CREAM WOKADINE cream CUREDINE oint DINEMET-M oint DOVIDONE oint DREZ OINT oint DREZ POWD powd DREZ soln DREZ SPY

spray ENODINE-S oint FASTAID oint HEALIN oint HEALIN soln INTADINE oint INTADINE scrub INTADINE topical soln INTODINE lotion IOCANDIN oint IOCANDIN SOL oint IOCANDIN-M oint IODOLAN GARGLE gargle/mouthwash IODOLAN oint IODOLAN soln LAKDINE soln MEDIDINE oint MICRODINE oint MICROSHIELD PVP topical soln MICROSHIELD PVP-S topical soln MISODINE-M oint OVIDINE cream OVIDINE oint OVIDINE POWD powd OVIDINE SOLN soln OVIDINE-M cream OVIDINE-M POWD powd P-DON oint PIODIN MOUTH WASH mouthwash PIODIN oint PIODIN soln PIOKANDIN-M oint PLOR gargle POVICIDAL gel POVICIDAL oint POVICIDAL POWD powd POVICIDAL soln POVICIDAL SOLUTION liqd POVICIDAL-M oint POVICLEAN oint POVICOS soln POVICOS-M oint POVID cream POVID soln POVID VAGINAL PESSARY pessary POVID VG-pessary POVIDEW oint POVIDINE GARGLE gargle/mouthwash POVIDINE mouthwash POVIDINE OINT oint POVIDONE IODINE soln POVILAX lotion POVIN lotion POVIN oint POVINA lotion POVINA oint POVIN-M oint POVIREX oint POVIRIS oint POVISTAR oint POVISTAR-M oint SEPTIDINE eye drops SEPTIGARD OINTMENT oint SEPTIGARD POWDER powd SIADINE oint SIADINE-M oint SOLUDINE oint SOLUDINE soln SOLUDINE-M

cream STERIL oint TORVIDONE cream TORVIDONE soln TP-DINE lotion TP-DINE oint TROGYL-P oint VIODINE oint VIODINE soln VIODINE SPY spray VIODINE SURGICAL SCRUB liqd VISTADINE liqd WOKADINE cream WOKADINE GARGLE mouthwash WOKADINE oint WOKADINE powd WOKADINE soln WOKADINE spray WOKADINE SURGICAL SCRUB soln WOKADINE VAG VG-pessary WOKADINE-M oint XPDON-M oint YACADINE lotion YACADINE oint ZYLO-P oint ZYLO-P soln

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([all drugs])

pralidoxime

CIMS Class : (Antidotes, Detoxifying Agents & Drugs Used in Substance Dependence)

pralidoxime

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related pralidoxime information

Indication & Dosage

Parenteral

Organophosphorus poisoning

Adult: Used in combination with atropine. Admin atropine via IM/IV inj and repeat as needed until patient shows signs of atropine toxicity. Maintain atropinisation for at least 48 hr. As soon as the effects of atropine are observed, 1-2 g of pralidoxime (chloride, iodide or mesilate) may be given via IM/IV inj. Repeat dose after 1 hr, then every 8-12 hr, if necessary. In severe poisoning, continuous infusion of 200-500 mg/hr may be given, titrated according to response. Alternatively, pralidoxime chloride may be given at an initial dose of 30 mg/kg via IV infusion over 20 minutes or IV inj over 5 minutes, followed by IV infusion at 8 mg/kg/hr. Max: 12 g/24 hr.

Child: As mesilate: 20-60 mg/kg.

Renal impairment: Dose adjustment may be required.

Contraindications

Carbamate pesticide poisoning, hypersensitivity.

Special Precautions

Renal dysfunction, myasthenia gravis. Atropinisation may occur faster when atropine and pralidoxime are used together. Pregnancy, lactation.

Adverse Drug Reactions

Drowsiness, dizziness, visual disturbances, nausea, tachycardia, headache, hyperventilation and muscle weakness.
Potentially Fatal: Rapid admin causes tachycardia, laryngospasm and rigidity. Large doses cause neuromuscular blockade.

Lab Interference

May interfere with estimation of acetylcholinesterase activity using acetylcholine reagent.

Storage

Parenteral: Store at 20-25°C.

Mechanism of Action

Pralidoxime reactivates cholinesterase outside the CNS which has been inactivated by phosphorylation due to organophosphate pesticide exposure-resulting. This leads to the destruction of acetylcholine at the neuromuscular junction thus relieving muscle paralysis. It also removes the phosphyl group from the active site of inactivated enzyme which is dependent on the nature of the phosphyl group.
Distribution: Not bound and does not readily penetrate the CNS.
Excretion: Via urine (rapid; as unchanged and partly as metabolites); 1-3 hr (elimination half-life).

CIMS Class

Antidotes, Detoxifying Agents & Drugs Used in Substance Dependence

ATC Classification

V03AB04 - pralidoxime; Belongs to the class of antidotes. Used in organo-phosphate poisoning.

*pralidoxime information:
pralidoxime

pralidoxime brands available in India

Always prescribe with Generic Name : pralidoxime, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : 2 PAM-I inj ALDOPAM inj CBC-PAM amp CLOPAM INJ vial LYPHE vial NEOPAM inj NISPAM vial PAM-A KOREA inj UNIPAM vial

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([all drugs])

pravastatin

CIMS Class : (Dyslipidaemic Agents)

pravastatin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related pravastatin information

Indication & Dosage

Oral

Hyperlipidaemias

Adult: As sodium: 10-40 mg daily at night, adjusted according to response at 4-wk intervals. Max dose: 40 mg daily.

Child: (With familial hypercholestrolaemia) 8-13 yr: 10-20 mg, 14-18 yr: 10-40 mg, dose to be taken once daily.
Renal impairment: Moderate to severe: initial dose should not exceed 10 mg daily.
Hepatic impairment: Significant impairment: initial dose should not exceed 10 mg daily.

Special Populations: Patients on ciclosporin treatment may start with 20 mg once daily.

Administration

May be taken with or without food.

Contraindications

Hypersensitivity; active liver disease; childn <8 yr. Pregnancy, lactation.

Special Precautions

Severe intercurrent illness increases risk of myopathy, rhabdomyolysis and renal failure; stop pravastatin during illness.

Severe renal impairment, monitor regularly renal function and creatine kinase. Women of childbearing potential, use adequate contraception. Preexisting abnormal liver function, monitor serum transaminase. Children. May increase creatine phosphokinase and transaminases levels.

Adverse Drug Reactions

GI symptoms, headache, insomnia, chest pain, rash, fatigue, dizziness, myalgia, hypersensitivity, anaphylaxis, angioedema, rhabdomyolysis, renal failure, hepatitis, alopoecia, paraesthesia, impotence, gynaecomastia.

Drug Interactions

Fenofibrate, clofibrate, nicotinic acid and gemfibrozil increase risk of myopathy or rhabdomyolysis, use lowest effective dose. Ciclosporin, clarithromycin, itraconazole, ketoconazole and erythromycin increase pravastatin concentrations. Increased risk of bleeding when used with coumarins and fluindione. Decreased serum concentrations when used with efavirenz and rifampicin.

Pregnancy Category (US FDA)

Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.

Storage

Oral: Store at 25°C.

Mechanism of Action

Pravastatin inhibits HMG-CoA reductase, the enzyme which catalyses the rate-limiting step in cholesterol biosynthesis. It reduces conc of total cholesterol and LDL (LDL) cholesterol and triglyceride. It produces an increase in high-density lipoprotein (HDL) cholesterol and it increases hepatic cholesterol uptake from blood.

Absorption: Rapidly but incompletely absorbed from the GIT (oral). Absolute bioavailability is about 17%.

Distribution: Protein-binding: 50%

Metabolism: Extensively hepatic.

Excretion: Faeces (70%); urine (20%); 1.5-2 hr (elimination half-life).

CIMS Class

Dyslipidaemic Agents

ATC Classification

C10AA03 - pravastatin; Belongs to the class of HMG CoA reductase inhibitors. Used in the treatment of hyperlipidemia.

*pravastatin information:
Note that there are some more drugs interacting with pravastatin
pravastatin further details are available in official CIMS India
pravastatin
pravastatin brands available in India
Always prescribe with Generic Name : pravastatin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : PRASTATIN tab PRAVATOR tab

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([all drugs])

praziquantel

CIMS Class : (Anthelmintics)

praziquantel

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related praziquantel information

Indication & Dosage

Oral

Schistosomiasis

Adult: 3 doses of 20 mg/kg every 4-6 hr or 40-60 mg/kg as a single dose.

Child: >4 yr: Same as adult dose.

Oral

Clonorchiasis

Adult: 25 mg/kg tid for 1-2 days or 40 mg/kg as a single daily dose.

Child: >4 yr: Same as adult dose.

Oral

Opisthorchiasis

Adult: 25 mg/kg tid for 1-2 days or 40 mg/kg as a single daily dose.

Child: >4 yr: Same as adult dose.

Oral

Intestinal fluke infections

Adult: 25 mg/kg tid for 1-2 days or 40 mg/kg as a single daily dose.

Child: >4 yr: Same as adult dose.

Oral

Lung fluke infections

Adult: 25 mg/kg tid for 1-2 days or 40 mg/kg as a single daily dose.

Child: >4 yr: Same as adult dose.

Oral

Tapeworm infections

Adult: 5-25 mg/kg as a single dose.

Child: >4 yr: Same as adult dose.

Oral

Neurocysticercosis

Adult: 50 mg/kg/day, given in 3 divided doses for 14 days. Alternatively, 3 doses of 25 mg/kg every 2 hr.

Administration

Should be taken with food. (Swallow whole, do not chew/crush)

Contraindications

Hypersensitivity, ocular cysticercosis.

Special Precautions

Driving or operating machinery during or for 24 hr after treatment. Severe hepatic disease. Do not breastfeed during or for 72 hr after treatment.

Adverse Drug Reactions

Headache, drowsiness, dizziness, malaise, abdominal discomfort, nausea, vomiting, diarrhoea, urticaria, rashes, pruritus, fever, eosinophilia.

Drug Interactions

Reduced plasma concentrations when used with dexamethasone. Carbamazepine, phenytoin and chloroquinem ay reduce the bioavailability of praziquantel while cimetidine may increase the bioavailabilty of praziquantel.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Mechanism of Action

Praziquantel is an anthelmintic with a broad spectrum of activity against trematodes (flukes) and cestodes (tapeworms). It increases the cell permeability to Ca in schistosomes, causing strong contractions and paralysis of worm musculature leading to detachment of suckers from the blood vessel walls and to dislodgement.

Absorption: 80% of dose is rapidly absorbed from the GIT (oral); peak plasma concentrations after 1-3 hr.

Distribution: CSF, enters breast milk.

Metabolism: Rapid and extensive hepatic first-pass metabolism by hydroxylation.

Excretion: Via urine (as metabolites); elimination half-life: 1-1.5 hr (parent drug), 4 hr (metabolites).

CIMS Class

Anthelmintics

ATC Classification

P02BA01 - praziquantel; Belongs to the class of quinoline derivatives and related substances used as antirematodals.

*praziquantel information:
Note that there are some more drugs interacting with praziquantel
praziquantel further details are available in official CIMS India
praziquantel
praziquantel brands available in India
Always prescribe with Generic Name : praziquantel, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : CEST tab CYSTICIDE tab DISTOCIDE tab PRAZINE tab
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([all drugs])
prazosin
CIMS Class : (Other Antihypertensives)

prazosin

P - Contraindicated in pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related prazosin information

Indication & Dosage

Oral

Hypertension

Adult: As hydrochloride: Initially, 500 mcg bid-tid for 3-7 days, increased to 1 mg bid-tid for the next 3-7 days if tolerated, and gradually increased thereafter according to patient's response. Max dose: 20 mg daily.

Oral

Heart failure

Adult: As hydrochloride: Initially, 500 mcg bid-qid, gradually increased according to response. Maintenance: 4-20 mg daily.

Oral

Raynaud's syndrome

Adult: Initially, 500 mcg bid, increased to a maintenance dose of =2 mg bid.

Oral

Benign prostatic hyperplasia

Adult: Initially, 500 mcg bid, increased to a maintenance dose of =2 mg bid.

Administration

May be taken with or without food. (Starting dose is best taken w/ dinner, at least 2-3 hr before retiring. Maintenance doses may be taken w/ or without meals.)

Overdosage

Severe hypotension may occur. May be treated with activated charcoal if patient presents within 1 hr of ingestion.

Contraindications

Congestive heart failure due to mechanical obstruction. Hypersensitivity. Pregnancy.

Special Precautions

Angina pectoris. Ability to drive or operate machinery may be impaired. Phaeochromocytoma, abrupt withdrawal, impaired renal

and liver function. child <12 yr. Lactation. May develop tolerance in prolonged treatment. Intiate treatment with low doses.

Adverse Drug Reactions

Postural hypotension, syncope, palpitations, lack of energy, nausea, oedema, chest pain, dyspnoea, constipation, diarrhoea, vomiting, depression, nervousness, sleep disturbances, headache, lassitude, drowsiness, loss of consciousness, dizziness, vertigo, hallucinations, paraesthesia, nasal congestion, epistaxis, dry mouth, urinary frequency and incontinence, pruritus, rash.
Potentially Fatal: Rarely, hypotension may be life-threatening.

Drug Interactions

May increase plasma concentrations of digoxin. Antihypertensive effect enhanced by other antihypertensive drugs. Diuretics and alcohol. Risk of 1st dose hypotension is increased in patients receiving ß-blockers or calcium-channel blockers.

Lab Interference

May give false-positive results in screening tests for pheochromocytoma.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Prazosin competitively blocks postsynaptic a1-adrenoceptors of veins and arterioles causing vasodilation and reduction in blood pressure. The effect is seen in resistant vessels. There is no reflex tachycardia. Diastolic pressure reduced to a greater extent.

Absorption: Readily absorbed from the GIT; peak plasma concentrations after 1-3 hr (oral).

Distribution: Small amounts enter the breast milk. Protein-binding: High.

Metabolism: Extensively hepatic.

Excretion: Faeces (5-11% as unchanged drug; metabolites); urine (<10%); 2-4 hr (elimination half-life).

CIMS Class

Other Antihypertensives

ATC Classification

C02CA01 - prazosin; Belongs to the class of alpha-adrenoreceptor antagonists, peripherally-acting antiadrenergic agents. Used in the treatment of hypertension.

*prazosin information:
Note that there are some more drugs interacting with prazosin
prazosin
prazosin brands available in India
Always prescribe with Generic Name : prazosin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : CYBER-CR CR-cap CZOPRESS-XL ER-tab MINIPRESS XL tab PRAZOCIP XL tab PRAZOPRESS tab PRAZOPRESS-XL film-coated tab
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([all drugs])

prednicarbate

CIMS Class : (Topical Corticosteroids)

prednicarbate

P - Caution when used during pregnancy

L - Caution when used during lactation

related prednicarbate information

Indication & Dosage

Topical/Cutaneous

Corticosteroid-responsive dermatoses

Adult: Apply a thin film of 0.1-0.25% cream or ointment to affected area. Discontinue therapy when control is achieved.

Contraindications

Hypersensitivity. Primary infective skin conditions; rosacaea; perioral dermatitis.

Special Precautions

Periodic HPA axis evaluation if used in large amounts over prolonged periods; secondary dermatological infections;

pregnancy; lactation; infants; avoid contact with eyes and their immediate vicinity. Paraffin in prednicarbate crm prep can cause breaking or leaking of latex condoms. Avoid application to large areas, especially when the skin is broken or under occlusive dressings.

Adverse Drug Reactions

Burning sensation; in rare instances, rash, itching, paraesthesia, folliculitis or allergic features like reddening or weeping skin lesions may occur.

Mechanism of Action

Prednicarbate is a corticosteroid that possesses anti-inflammatory, antipruritic, vasoconstrictive and antiproliferative properties.

CIMS Class

Topical Corticosteroids

ATC Classification

D07AC18 - prednicarbate; Belongs to the class of potent (group III) corticosteroids. Used in the treatment of dermatological diseases.

*prednicarbate information:

prednicarbate

prednicarbate brands available in India

Always prescribe with Generic Name : prednicarbate, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : DERMATOP cream STEROTOP cream

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([all drugs])

prednisolone

CIMS Class : (Corticosteroid Hormones) , (Eye Corticosteroids) , (Ear Corticosteroids)

prednisolone

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related prednisolone information

Indication & Dosage

Oral

Allergic and inflammatory disorders

Adult: 5-60 mg daily, usually given in 2-4 divided doses. Usual maintenance dose range: 2.5-15 mg daily. Withdrawal should be gradual after long-term therapy.

Child: 1 mth-18 yr: For autoimmune inflammatory disorders: Initially, 1-2 mg/kg once daily, may reduce dose gradually after a few days if needed. Max: 60 mg daily. For autoimmune hepatitis: Initially, 2 mg/kg once daily, then reduce to minimum effective dose. Max: 40 mg daily.

Oral

Poorly controlled, moderate to severe asthma

Adult: For patients with at least 2 exacerbations/yr requiring oral corticosteroids: 40-60 mg daily in 1-2 divided doses; usually given as a short course treatment over 3-10 days until symptom resolution and patient achieves a peak expiratory flow (PEF) of at least 80% of his or her personal best. May be used with maintenance dosages of inhaled corticosteroid and a long-acting inhaled ß2-agonist bronchodilator.

Child: For patients with >3 exacerbations/yr in children =4 yr or at least 2 exacerbations/yr in children 5-11 yr: 1-2 mg/kg daily for 3-

5 days may be used with existing asthma treatment, dose may be given in 1-2 divided doses. Max: 60 mg daily.

Oral

Nephrotic syndrome

Child: 1 mth-18 yr: Initially, 60 mg/m2 (max: 80 mg) once daily for 4 wk until urine is protein-free followed by 40 mg/m2 every other day for 4 wk then withdraw dose gradually. For prevention of relapse: 0.5-1 mg/kg once daily every other day for 3-6 mth.

Oral

Rheumatoid arthritis

Adult: Initially, 5-7.5 mg daily adjusted as necessary.

Elderly: 5 mg daily.

Oral

Multiple sclerosis

Adult: 200 mg daily for 1 wk followed by 80 mg every other day for 1 mth.

Oral

Infantile spasms

Child: 1 mth?2 yr: Initially, 10 mg 4 times daily for 14 days; increase to 20 mg 3 times daily for 7 days if seizures are not controlled after 7 days; reduce dose slowly over 15 days until therapy is stopped. For patients taking 40 mg daily, reduce dose in steps of 10 mg every 5 days, then stop; patients taking 60 mg daily,

reduce dose to 40 mg daily for 5 days, then 20 mg daily for 5 days, then 10 mg daily for 5 days, then stop.

Oral

Idiopathic thrombocytopenic purpura

Child: 1-10 yr: 1-2 mg/kg daily (max: 14 days) or 4 mg/kg daily (max: 4 days).

Parenteral

Allergic and inflammatory disorders

Adult: Given as sodium phosphate ester: 5-60 mg prednisolone base daily IV inj/infusion or IM. Dose to be individualised based on the severity of the condition and patient's response.

Intra-articular

Joint inflammations

Adult: 5-25 mg (as acetate) or 2-30 mg (as phosphate) or 4-40 mg (as terbutate). The phosphate and tebutate may also be given intralesional or injected into soft tissue.

Ophthalmic

Conjunctivitis

Adult: As 1% acetate suspension or 0.12% acetate suspension: Instill 1-2 drops into the affected eye(s) 2-4 times daily. Higher frequency may be used during the initial 24-48 hr, if needed. Re-evaluate if there is no improvement after 2 days of treatment.

Otic/Aural

Allergic and inflammatory conditions of the ear
Adult: As acetate or phosphate: 0.5 or 1% drops.

Special Populations: May need to increase dose in patients with hyperthyroidism to achieve therapeutic effects.

Administration

Should be taken with food.

Overdosage

Treatment of acute overdose includes immediate gastric lavage or emesis followed by supportive and symptomatic therapy. For chronic overdose, the dosage of prednisolone may be reduced temporarily, or introduce alternate day treatment.

Contraindications

Hypersensitivity; live vaccines; herpes simplex keratitis, systemic infections.

Special Precautions

Patients with hypothyroidism, cirrhosis, ulcerative colitis, CHF, convulsive disorders, thrombophloebitis, peptic ulcer, elderly. DM, hypertension, psychological disturbances, osteoporosis; pregnancy, lactation. Adrenal suppression and infection. May cause irreversible growth retardation, glaucoma, corneal perforation.

Adverse Drug Reactions

Cushing's syndrome and growth retardation in childn; osteoporosis, fractures. Peptic ulceration; glaucoma, cataracts; hyperglycaemia, pancreatitis; increased appetite, obesity. Topical: Thinning and atrophy, systemic absorption with prolonged use over large surface, broken skin or under occlusive dressing. Intradermal/Intralesional: Local hypopigmentation of hyperpigmented lesions. Ophthalmic: Raised IOP and reduced visual function.

Potentially Fatal: Acute adrenal insufficiency precipitated by infection, trauma or surgery in patients on long-term therapy or following cessation of such therapy. CV collapse following rapid IV injection.

Drug Interactions

Increased requirement of insulin and oral hypoglycaemics. Actions blunted by barbiturates, phenytoin,rifampicin. Increased bioavailability with oestrogens and oral contraceptives. Increases plasma salicylate levels. Increased risk of convulsions when used with ciclosporin, increased clearance by carbimazole orcarbamazepine. Increased risk of GI bleeding and ulceration when used with NSAIDs. May decreasemethotrexate clearance.

Food Interaction

Limit caffeine.

Lab Interference

May interfere with response to skin test.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals

are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

in 1st trimester.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intra-articular: Store at 20-25°C. Ophthalmic: Store at 20-25°C. Oral: Store at 20-25°C. Otic/Aural: Store at 20-25°C. Parenteral: Store at 20-25°C.

Mechanism of Action

Prednisolone decreases inflammation by inhibition of migration of polymorphonuclear leukocytes and reversal of increased capillary permeability. It suppresses the immune system by reducing the activity and production of the lymphocytes and eosinophils.

Absorption: Readily absorbed from the GI tract with peak plasma concentrations after 1-2 hr (oral); initial absorption is affected by food.
Distribution: Inactivated as it crosses the placenta; enters the breast milk. Protein-binding: Extensive.
Excretion: Via urine (as free and conjugated metabolites); 1-2 hr (elimination half-life).

CIMS Class

Corticosteroid Hormones / Eye Corticosteroids / Ear Corticosteroids

ATC Classification

A07EA01 - prednisolone; Belongs to the class of corticosteroids acting locally. Used in the treatment of intestinal inflammation.
C05AA04 - prednisolone; Belongs to the class of products containing corticosteroids for topical use. Used in the treatment of hemorrhoids.
D07AA03 - prednisolone; Belongs to the class of weak (group I) corticosteroids. Used in the treatment of dermatological diseases.

D07XA02 - prednisolone; Belongs to the class of weak (group I) corticosteroids in other combinations. Used in the treatment of dermatological diseases.

H02AB06 - prednisolone; Belongs to the class of glucocorticoids. Used in systemic corticosteroid preparations.

R01AD02 - prednisolone; Belongs to the class of topical corticosteroids used as nasal decongestants.

S01BA04 - prednisolone; Belongs to the class of corticosteroids. Used in the treatment of inflammation of the eye.

S01CB02 - prednisolone; Belongs to the class of corticosteroids/antiinfectives/mydriatics combinations. Used in the treatment of eye diseases.

S02BA03 - prednisolone; Belongs to the class of corticosteroids used in the treatment of inflammation of the ear.

S03BA02 - prednisolone; Belongs to the class of corticosteroids used in ophthalmologic and otologic preparations.

*prednisolone information:

Note that there are some more drugs interacting with prednisolone

prednisolone further details are available in official CIMS India

prednisolone

prednisolone brands available in India

Always prescribe with Generic Name : prednisolone, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACTICORT tab ANESOLIN vial AQUAPRED eye drops DELSONE tab DELTACORTRIL tab DEPO-MEDROL inj DEPOSET vial DISPRED dispertab DISPRED DPS eye drops ELPRED FORTE susp ELPRED susp ELPRED tab ELPRED-20 tab EMSOLONE tab GB-PRED AC eye drops HOSTACORTIN H tab IMMUPRESS tab KIDPRED FORTE susp KIDPRED syr NISOLONE tab NUCORT tab NUCORT-P SYRUP syr OMNACORTIL DT-tab OMNACORTIL FORTE susp OMNACORTIL susp PARDI eye drops PENSONE 5/10/20/40 tab PLONE EYE DPS. eye drops PRADO tab PREDACE DPS eye drops PREDACE-LD eye drops PREDCIP tab PREDINGA tab PREDLONE tab PREDMET DPS eye drops PREDNICORT tab PREDNISOLONE ACETATE eye drops PREDONE DPS eye drops PREDONE FORTE SYRUP syr PREDONE syr PREDYL eye drops PREE-M inj PREE-M tab PRID tab RENISOL eye drops RENISONE eye drops RIVSOLE tab SANPRED eye drops SOLORIV tab SOL-U-PRED vial VEPRED eye drops WYSOLONE tab

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([all drugs])

pregabalin

CIMS Class : (Anticonvulsants) , (Drugs For Neuropathic Pain) , (Anxiolytics)

pregabalin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related pregabalin information

Indication & Dosage

Oral

Postherpetic neuralgia

Adult: 75-150 mg bid. May increase up to 600 mg/day in patients with ongoing pain and can tolerate 300 mg/day.

Renal impairment: Dosage adjustment is required. Patients undergoing haemodialysis should receive a supplementary dose of 25-100 mg immediately after each 4-hr haemodialysis session.

CrCl (ml/min)

Dosage Recommendation

30-60

Initiate at 75 mg, max dose: 300 mg/day.

15-30

Initiate at 25-50 mg, max dose: 150 mg/day.

<15

Initiate at 25 mg, max dose: 75 mg/day.

Oral

Adjunct in partial seizures

Adult: 150-600 mg/day. Should be given in 2-3 divided doses. Max dose: 600 mg/day,

Renal impairment: Dosage adjustment is required. Patients undergoing haemodialysis should receive a supplementary dose of 25-100 mg immediately after each 4-hr haemodialysis session.

CrCl (ml/min)

Dosage Recommendation

30-60

Initiate at 75 mg, max dose: 300 mg/day.

15-30

Initiate at 25-50 mg, max dose: 150 mg/day.

<15

Initiate at 25 mg, max dose: 75 mg/day.

Oral

Fibromyalgia

Adult: Initiate at 75 mg bid. May increase to 225 mg bid for patients who do not experience sufficient benefit with 300 mg/day.

Renal impairment: Dosage adjustment is required. Patients undergoing haemodialysis should receive a supplementary dose of 25-100 mg immediately after each 4-hr haemodialysis session.

CrCl (ml/min)

Dosage Recommendation

30-60

Initiate at 75 mg, max dose: 300 mg/day.

15-30

Initiate at 25-50 mg, max dose: 150 mg/day.

<15

Initiate at 25 mg, max dose: 75 mg/day.

Oral

Anxiety

Adult: Initiate at 150 mg daily. May increase at wkly intervals in steps of 150 mg. Max dose: 600 mg daily.

Renal impairment: Dosage adjustment is required. Patients undergoing haemodialysis should receive a supplementary dose of 25-100 mg immediately after each 4-hr haemodialysis session.

CrCl (ml/min)

Dosage Recommendation

30-60

Initiate at 75 mg, max dose: 300 mg/day.

15-30

Initiate at 25-50 mg, max dose: 150 mg/day.

<15

Initiate at 25 mg, max dose: 75 mg/day.

Administration

May be taken with or without food.

Contraindications

Hypersensitivity. Pregnancy, lactation. Driving or working with machines, or do other dangerous activities.

Special Precautions

Discontinue treatment if patients develop severe angioedema. Withdraw treatment gradually over at least 1 wk. May cause peripheral oedema. Regular vision check is recommended. May decrease platelet count and prolong PR interval.

Adverse Drug Reactions

Dizziness, drowsiness, visual disturbance (including blurred vision, diplopia), ataxia, dysarthria, tremor, lethargy, memory impairment, euphoria, wt gain, constipation, dry mouth, peripheral edema, depression, confusion, agitation, hallucinations, myoclonus, hypoaesthesia, hyperaesthesia, tachycardia, excessive salivation, sweating, flushing, rash, muscle cramp, myalgia, arthralgia, urinary incontinence, dysuria, thrombocytopenia, neutropenia, 1st ° heart block, hypotension, hypertension, pancreatitis, dysphagia, oliguria, rhabdomyolysis.

Drug Interactions

Concurrent use with oxycodone, lorazepam and ethanol may increase the CNS effects.

Storage

Oral: Store at 25°C.

Mechanism of Action

Pregabalin is an analog of the neurotransmitter GABA. It binds potently to the alpha2-delta subunit resulting in modulation of Ca channels and reduction in the release of several neurotransmitters, including glutamate, norepinephrine, serotonin, dopamine, and substance P.

Absorption: Rapidly absorbed after oral doses. Peak plasma concentrations are achieved within 1.5 hr.

Distribution: Not bound to plasma proteins.

Metabolism: Negligible metabolism.

Excretion: About 98% excreted unchanged in urine. Elimination half life: about 6.3 hr.

CIMS Class

Anticonvulsants / Drugs For Neuropathic Pain / Anxiolytics

ATC Classification

N03AX16 - pregabalin;

*pregabalin information:

Note that there are some more drugs interacting with pregabalin pregabalin further details are available in official CIMS India

pregabalin

pregabalin brands available in India

Always prescribe with Generic Name : pregabalin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ALNACOB-P cap CAPIN PLUS cap COBAL-PG cap DOLONEURON-PG cap ECOGAB tab GABAFIT cap GABAFIX M cap GABANEXT soft-gelatin caps GABA-PM cap GALINERVE cap GALINERVE M cap LEOGAB-M tab LYRICA cap MAHAGABA-M film-coated tab MAXGALIN cap MAXGALIN-M cap MECOBION-P cap MIOL-P cap MYGALIN cap NERVONIC-P tab NERVUP-PG soft-gelatin caps NEUGABA cap NEUPREG cap NEUPREG FORTE cap NEURICA-M 150 cap NEURICA-M 75 cap NEUTRON-OD cap NURAMED cap NUROMAX-PG cap PEVESCA cap PEVESCA PLUS cap POLAM 150 cap POLAM 75 cap PRECOB tab PREG tab PREGAB cap PREGABA cap PREGABA PLUS cap PREGABA-M cap PREGABID cap PREGABIN PLUS 150 tab PREGABIN PLUS 75 tab PREGABIN tab PREGACENT cap PREGACENT-M cap PREGACON cap PREGALIN cap PREGAMET cap PREGANERVE cap PREGANERVE-M cap PREGANERV-M cap PREGARIC cap PREGARIC-PLUS cap PREGASTAR cap PREGEB cap PREGEB-M cap PREGLAN inj PREGLAN

tab PREGSOFT-M soft-gelatin caps PREJUNATE cap PREJUNATE PLUS cap PRENEU tab PRENEU-M tab PROAGE cap PROAGE M cap PROGAB tab PROGAB-M tab RAGA-M cap SANEURON cap SANEURON-M cap SCOGABA-M cap ZYLIN cap

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([all drugs])

primaquine

CIMS Class : (Antimalarials)

primaquine

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related primaquine information

Indication & Dosage

Oral

Radical treatment of vivax or ovale malaria

Adult: A course of treatment with a blood schizontocide should be given first to kill any erythrocytic parasites. 15 mg daily for 14 days, increased to higher doses or longer course if resistance in P.vivax occurs.

Child: 250 mcg/kg daily for 14 days.

Oral

Prophylaxis of chloroquine-resistant malaria

Adult: 30 mg once daily; to be started 1-2 days before travel and continue for 7 days after departure from the malaria-endemic area. Child: 0.5 mg/kg once daily for 14 days. Max: 30 mg/day. Alternatively, for patients with mild G6PD deficiency: 45 mg once wkly for 8 wk.

Special Populations: For patients with G6PD deficiency: Adult: 30-45 mg/dose and children: 500-750 mcg/kg/dose. Dose to be taken once every 7 days for 8 wk.

Administration

Should be taken with food. (Take w/ meals to avoid GI discomfort.)

Contraindications

Hypersensitivity. Childn <1 yr. Acute flare-ups of systemic diseases (RA, SLE) having tendency for agranulocytopaenia, Pregnancy and lactation.

Special Precautions

G6PD deficiency; pregnancy; NADH methaemoglobin reductase deficient patients. Monitor Hb levels and blood counts routinely. Patients with systemic diseases that have an increased risk of granulocytopenia. Withdraw treatment if signs of haemolysis or methaemogloinaemia occur.

Adverse Drug Reactions

Nausea, vomiting, epigastric distress, abdominal cramps, leukopaenia, leucocytosis, agranulocytosis, methaemoglobinemia in NADH methaemoglobin reductase-deficient individuals.
Potentially Fatal: Haemolytic anaemia (G6PD deficient), thrombocytopaenia, leucopaenia, AV block.

Drug Interactions

Primaquine may inhibit metabolism of chloroquine. Avoid ethanol.
Potentially Fatal: Mepacrine may potentiate toxicity of primaquine. Potentially haemolytic drugs eg, sulphonamides, nitrofurans and bone marrow suppressants eg, methotrexate, phenylbutazone, chloramphenicol should not be co-admin with primaquine.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 25°C.

Mechanism of Action

Primaquine is an 8-aminoquinoline antimalarial which eliminates the exoerythrocytic forms of malarial parasiteP.vivax, P. falciparum by disrupting mitochondria and binding to DNA. By this action primaquine achieves radical cure of vivax malaria. It is also active against gametocytes of P.falciparum.

Absorption: Readily absorbed from the GIT; peak plasma concentrations after 1-2 hr (oral).

Distribution: Widely distributed throughout body tissues. Protein-binding: 98%

Metabolism: Hepatic; converted to carboxyprimaquine (major metabolite).

Excretion: Urine (as unchanged drug); 3-6 hr (elimination half-life).

CIMS Class

Antimalarials

ATC Classification

P01BA03 - primaquine; Belongs to the class of aminoquinoline antimalarials. Used in the management of malarial infections.

*primaquine information:
Note that there are some more drugs interacting with primaquine
primaquine further details are available in official CIMS India
primaquine
primaquine brands available in India
Always prescribe with Generic Name : primaquine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : LEOPRIME F-tab LEOPRIME KID-tab LEOPRIME tab MALIRID dispertab MALIRID tab MALQUINE tab PIMAQUIN tab PMQ tab PQINE tab PRIMACIP tab PRIMALEX tab

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([all drugs])

primidone

CIMS Class : (Anticonvulsants)

primidone

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related primidone information

Indication & Dosage

Oral

Generalised tonic-clonic seizures

Adult: Initially, 125 mg daily at bedtime, increased by 125 mg every 3 days if necessary up to 500 mg daily, given in 2 divided doses, may further increase by 250 mg every 3 days if needed. Maintenance: 0.75-1.5 g daily.

Child: Initial dose: 125 mg daily, may increase by 125 mg every 3 days if needed. Maintenance: >9 yr: Same as adult dose; 6-9 yr: 0.75-1 g daily; 2-5 yr: 500-750 mg daily; <2 yr: 250-500 mg daily.

Oral

Partial seizures

Adult: Initially, 125 mg daily at bedtime, increased by 125 mg every 3 days if necessary up to 500 mg daily, given in 2 divided doses, may further increase by 250 mg every 3 days if needed. Maintenance: 0.75-1.5 g daily.
Child: Initial dose: 125 mg daily, may increase by 125 mg every 3 days if needed. Maintenance: >9 yr: Same as adult dose; 6-9 yr: 0.75-1 g daily; 2-5 yr: 500-750 mg daily; <2 yr: 250-500 mg daily.
Oral
Essential tremor
Adult: Initially, 50 mg daily gradually increased over 2-3 wk if necessary. Max dose: 750 mg daily.

Administration

May be taken with or without food. (May be taken w/ food or milk to avoid stomach upset.)

Contraindications

Hypersensitivity. Porphyria, severe respiratory depression, pregnancy and lactation.

Special Precautions

Impaired hepatic, renal, resp function; abrupt withdrawal; elderly, debilitated and paed patients. May impair ability to drive or operate machinery. Monitor CBC regularly every 6 mth.

Adverse Drug Reactions

Drowsiness, ataxia; nausea, vomiting, visual disturbances, rashes, nystagmus, vertigo. Hypersensitivity.

Drug Interactions

Induces hepatic metabolism of many drugs; reduces efficacy of ß-blockers, chloramphenicol, cimetidine, corticosteroids, furosemide, oral contraceptives, TCAs, warfarin. Increased plasma concentrations when used with valproate or phenytoin. Increased risk of osteomalacia when used with acetazolamide. May decrease serum levels of quinidine.
Potentially Fatal: May potentiate CNS depressant effect of alcohol.

Pregnancy Category (US FDA)
Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite

the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Mechanism of Action

Primidone raises seizure thresholds and decreases excitability of neurons. It is partly metabolised to phenobarb which also exerts anticonvulsant activity.

Absorption: Readily absorbed from the GIT (oral).

Distribution: Widely distributed. Crosses the placenta; enters breast milk. Protein-binding: 20%

Metabolism: Hepatic; converted to phenylethylmalonamide and phenobarbital.

Excretion: Urine (as unchanged drug and metabolites); 10-15 hr (elimination half-life).

CIMS Class

Anticonvulsants

ATC Classification

N03AA03 - primidone; Belongs to the class of barbiturates and derivatives antiepileptics. Used in the management of epilepsy.

*primidone information:
Note that there are some more drugs interacting with primidone
primidone
primidone brands available in India
Always prescribe with Generic Name : primidone, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : MYSOLINE tab
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([all drugs])
probenecid
CIMS Class : (Hyperuricemia & Gout Preparations)
probenecid
P - Caution when used during pregnancy
L - Caution when used during lactation
Lab ¤ - Lab interference
related probenecid information
Indication & Dosage

Oral

Hyperuricaemia with gout

Adult: 250 mg bid for 1 wk increased to 500 mg bid. Dose may be increased up to 2 g daily by increments of 500 mg every 4 wk if needed.

Oral

Adjunct to antibacterial therapy

Adult: 500 mg 4 times daily. As a single dose treatment of gonorrhoea: 1 g as a single dose is given together with an oral antibacterial, or 30 min before an injected antibacterial.

Child: >2 yr weighing <50 kg: Initially, 25 mg/kg (700 mg/m2) followed by 10 mg/kg (300 mg/m2) every 6 hr.

Administration

Should be taken with food. (Take w/ meals or antacids. Ensure adequate fluid intake.)

Contraindications

Hypersensitivity, acute gout attack, history of uric acid nephrolithiasis, blood dyscrasias, childn <2 yr, as an antibacterial adjunct in patients with known renal impairment.

Special Precautions

Pregnancy and lactation; renal impairment, history of peptic ulcer, G6PD deficient individuals. Adequate fluid intake is recommended especially during the first few mth of treatment.

Adverse Drug Reactions

Seizures (overdosage), headache, anorexia; nausea, vomiting, urinary frequency, sore gums, dizziness, dermatitis, uric acid nephrolithiasis and pruritus.
Potentially Fatal: Hepatic necrosis, aplastic anaemia, anaphylaxis.

Drug Interactions

Pyrazinamide and salicylates antagonize uricosuric effects of probenecid. May reduce clearance ofmethotrexate, ganciclovir and aciclovir. Probenecid may increase the plasma concentrations of penicillins or ß-lactams.

Potentially Fatal: Reduced renal clearance of sulphonylurea antidiabetic and ketorolac.

Lab Interference

Interferes with the determination of urinary 17-ketosteroids and may give false-positive with both Benedict test and Clinitest for urine-sugar.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Probenecid increases excretion of uric acid by competitively blocking its reabsorption at the proximal convoluted tubule thus lowering serum uric acid levels and eventually reducing urate deposits in the tissues. It also causes plasma levels of weak organic acids (eg, penicillins and most cephalosporins) to increase by competitively inhibiting their renal tubular secretion.

CIMS Class

Hyperuricemia & Gout Preparations

ATC Classification

M04AB01 - probenecid; Belongs to the class of preparations increasing uric acid excretion. Used in the treatment of gout.

*probenecid information:
Note that there are some more drugs interacting with probenecid
probenecid further details are available in official CIMS India
probenecid
probenecid brands available in India
Always prescribe with Generic Name : probenecid, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : BENCID tab
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([all drugs])

procainamide

CIMS Class : (Cardiac Drugs)

procainamide

P - Caution when used during pregnancy

L - Contraindicated in lactation

related procainamide information

Indication & Dosage

Oral

Ventricular arrhythmias

Adult: 50 mg/kg daily in divided doses every 3-6 hr.

Child: 15-50 mg/kg daily in 4 divided doses.

Elderly: Dosage reduction or increase in dosing intervals is recommended.

Renal impairment: Dosage reduction or increase in dosing intervals is recommended.

Hepatic impairment: Dosage reduction is recommended.

Oral

Short-term management of severe or symptomatic arrhythmias

Adult: 50 mg/kg daily in divided doses every 3-6 hr.

Child: 15-50 mg/kg daily in 4 divided doses.

Elderly: Dosage reduction or increase in dosing intervals is recommended.

Renal impairment: Dosage reduction or increase in dosing intervals is recommended.

Hepatic impairment: Dosage reduction is recommended.

Intravenous

Short-term management of severe or symptomatic arrhythmias

Adult: Dilute in 5% glucose soln and given in doses of 100 mg every 5 min at a rate not exceeding 50 mg/min until arrhythmia has been suppressed or a max of 1 g has been reached. Alternatively admin by continuous infusion of 500-600 mg over 25-30 min with ECG monitoring followed by infusion at a rate of 2-6 mg/min.

Child: Loading dose of 10-12 mg/kg, followed by continuous infusion of 20-75 mcg/kg/min.

Elderly: Dosage reduction or increase in dosing intervals is recommended.

Max Dosage: Adult: 1 g.

Renal impairment: Dosage reduction or increase in dosing intervals is recommended.

Hepatic impairment: Dosage reduction is recommended.

Intravenous

Ventricular arrhythmias

Adult: Dilute in 5% glucose soln and given in doses of 100 mg every 5 min at a rate not exceeding 50 mg/min until arrhythmia has been suppressed or a max of 1 g has been reached. Alternatively admin

by continuous infusion of 500-600 mg over 25-30 min with ECG monitoring followed by infusion at a rate of 2-6 mg/min.
Child: Loading dose of 10-12 mg/kg, followed by continuous infusion of 20-75 mcg/kg/min.
Elderly: Dosage reduction or increase in dosing intervals is recommended.
Max Dosage: Adult: 1 g.
Renal impairment: Dosage reduction or increase in dosing intervals is recommended.
Hepatic impairment: Dosage reduction is recommended.

Administration

Should be taken on an empty stomach. (Best taken on an empty stomach 1 hr before or 2 hr after meals. May also be taken w/ food or milk to avoid stomach upset.)

Contraindications

Heart block, SLE, heart failure, hypotension, myasthenia gravis, digoxin toxicity, lactation.

Special Precautions

Myocardial damage or severe organic heart disease, asthma. Perform regular blood tests. Screen for lupus erythematosus. Serum antinuclear factor should be carried out before and regularly during therapy. Pregnancy, elderly, hepatic and renal impairment. May worsen torsade de pointes. Pre-treatment with digoxin may be necessary if procainamide is used in the treatment of atrial tachycardia. IV admin may cause severe hypotension, thus slow inj and monitoring of ECG and BP are recommended.

Adverse Drug Reactions

Severe hypotension, ventricular fibrillation and asystole with rapid IV admin. Drug-induced SLE syndrome; blood disorders; fever myocardial depression, heart failure, agranulocytosis after prolonged treatment, psychosis, angioedema, hepatomegaly; skin irritation; hypergammaglobulinaemia; GI disorders; CNS effects.

Drug Interactions

May enhance effects of antihypertensives, other antiarrhythmics, antimuscarinics and neuromuscular-blocking drugs and diminish those of parasympathomimetics. Increased clearance when used

with alcohol. Increased plasma concentrations and toxicity of procainamide when used with trimethoprim.
Potentially Fatal: Increased risk of arrhythmias with terfenadine and antipsychotics that prolong QT interval.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.
Mechanism of Action

Procainamide directly interferes with depolarization of the cell membrane by blocking the fast inward current of Na into cardiac cells. It slows the rate of change of the depolarization phase of the action potential, moderately prolong the PR, QRS and QT intervals on ECG monitoring. It also has local anesthetic properties.
Absorption: Readily and almost completely absorbed.
Distribution: Widely distrbuted and only about 15-20% bound to plasma proteins. Crosses the placenta and passes into the breast milk.
Metabolism: Hydrolysis and acetylation in the liver,

Excretion: Excreted in the urine via active renal secretion. About 30-70% as unchanged drug. Elimination half-life of procainamide is about 2.5-5 hr.

CIMS Class

Cardiac Drugs

ATC Classification

C01BA02 - procainamide; Belongs to class Ia antiarrhythmics used in the treatment of arrhythmia.

*procainamide information:
Note that there are some more drugs interacting with procainamide
procainamide
procainamide brands available in India
Always prescribe with Generic Name : procainamide, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : PRONESTYL tab

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([all drugs])

prochlorperazine

CIMS Class : (Antipsychotics) , (Antivertigo Drugs)

prochlorperazine

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related prochlorperazine information

Indication & Dosage

Oral

Prophylaxis of nausea and vomitting

Adult: As maleate or mesilate: 5-10 mg bid/tid. May also be given rectally.

Oral

Nausea and vomiting

Adult: As maleate or mesilate: 20 mg, further doses are given if needed. Recommended buccal dose: As maleate: 3-6 mg bid.

Oral

Psychoses

Adult: As maleate or mesilate: 12.5 mg bid for 7 days, adjusted gradually to 75-100 mg daily according to response. Usual maintenance dose: 25-50 mg daily.

Child: 1-5 yr: 1.25-2.5 mg; 5-12 yr: 2.5-5 mg. May be given up to tid, if necessary.

Oral

Adjunct in severe anxiety disorders

Adult: As maleate or mesilate: 5-10 mg, up to 3-4 times daily.

Oral

Vertigo

Adult: As maleate or mesilate: 15-30 mg daily, given in divided doses. May reduce gradually to 5-10 mg daily. Recommended buccal dose: 3-6 mg bid.

Intramuscular

Nausea and vomiting

Adult: As mesilate: 12.5 mg by deep IM. If required, may give further doses via oral admin.

Intramuscular

Psychoses

Adult: As mesilate: 12.5-25 mg by deep IM Inj bid/tid.

Intravenous

Severe nausea and vomiting

Adult: As edisilate: 2.5-10 mg via slow IV inj or infusion at a rate not exceeding 5 mg/minute. Not to exceed 40 mg daily.

Rectal

Nausea and vomiting

Adult: As base: 25 mg bid.

Rectal

Psychoses

Adult: As maleate: 25 mg bid/tid.

Administration

May be taken with or without food.

Contraindications

CNS depression, comatose patients. Bone marrow depression, phaechromocytoma, prolactin-dependent tumours, hypersensitivity. Childn <2 yr. Pregnancy and lactation.

Special Precautions

Extrapyramidal syndrome, hypotension, epilepsy, impaired hepatic, renal, CV, cerebrovascular or respiratory function, glaucoma. May

impair ability to drive or perform tasks requiring mental alertness or physical coordination. Parenteral use in children is not recommended. History of jaundice, parkinsonism, diabetes mellitus, hypothyroidism, myasthenia gravis, paralytic ileus, prostatic hyperplasia or urinary retention. Regular eye examinations are recommended in patients on long-term treatment.

Adverse Drug Reactions

Cholestatic jaundice, cardiac arrhythmias, orthostatic hypotension, leucopaenia, thrombocytopaenia, dry mouth, blurring of vision, glaucoma, urinary retention, constipation, galactorrhoea, gynaecomastia, amenorrhoea and impotence. Buccal: Transient numbness of gum and tongue.
Potentially Fatal: Bone-marrow suppression. Cardiac arrhythmias or aspiration.

Drug Interactions

Additive anticholinergic effects with antihistamines, tricyclic antidepressants and drugs used in parkinsonism. May reduce the antihypertensive effect of guanethidine and other adrenergic

neurone blockers. May also increase risk of arrhythmias when used with drugs that prolong QT interval.

Potentially Fatal: Potentiation of other CNS depressants including alcohol, sedatives, hypnotics, barbiturates, opioids, antihistamines and general anaesthetics.

Food Interaction

None reported.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intramuscular: Store below 30°C. Rectal: Store at 15-30°C.

Mechanism of Action

Prochlorperazine blocks both postsynaptic dopamine receptors as well as the medullary chemo receptor trigger zone. It depresses hypothalamic and hypophyseal hormone release and posssesses a-adrenergic and anticholinergic inhibitory activity.

CIMS Class

Antipsychotics / Antivertigo Drugs

ATC Classification

N05AB04 - prochlorperazine; Belongs to the class of phenothiazine antipsychotics with piperazine structure. Used in the management of psychosis.

*prochlorperazine information:
Note that there are some more drugs interacting with prochlorperazine
prochlorperazine further details are available in official CIMS India
prochlorperazine
prochlorperazine brands available in India
Always prescribe with Generic Name : prochlorperazine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BEMETIL tab BUKATEL BUC-tab COMPTIL amp COMPTIL tab EMEX inj EMEX tab EMIDOXYN FORTE tab EMIDOXYN tab EMIKIND tab INGAMETIL tab MEDITIL-5 tab MOTION PLUS tab NAUSETIL tab NUROFLOW tab SETIL tab STEMETIL inj STEMETIL MD-tab STEMETIL tab VERTEX tab VESTIL-5 tab VOMCLOR tab VOMETIL tab

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([all drugs])

procyclidine

CIMS Class : (Antiparkinsonian Drugs)

procyclidine

P - Caution when used during pregnancy

L - Caution when used during lactation

related procyclidine information

Indication & Dosage

Oral

Parkinsonism and drug-induced extrapyramidal syndrome

Adult: As hydrochloride: Initially, 2.5 mg tid, increased gradually by 2.5-5 mg every 2-3 days if required. Maintenance: 10-30 mg/day in

3-4 divided doses. Up to 60 mg daily may be required in some cases.

Elderly: Lower doses are required.

Oral

Dystonia in children

Child: 7-12 yr: 1.25 mg tid; 12-18 yr: 2.5 mg tid. For emergency cases, a single dose may be given via IM or IV inj: <2 yr: 0.5-2 mg; 2-10 yr: 2-5 mg and 10-18 yr: 5-10 mg.

Parenteral

Parkinsonism and drug-induced extrapyramidal syndrome

Adult: Emergency cases: IV admin: 5-10 mg, higher doses may be needed; IM admin: 5-10 mg as a single dose, may repeat after 20 minutes if needed, to a max of 20 mg daily.

Elderly: Lower doses are required.

Contraindications

Urinary outflow obstruction, prostatic hyperthrophy, narrow-angle glaucoma, paralytic ileus and pyloric stenosis.

Special Precautions

Patients with diarrhoea. May impair a patient's ability to perform skilled tasks e.g. driving. May precipitate psychotic episodes in patients with mental disorders. Thyrotoxicosis, heart failure, acute myocardial infarction, hypertension. Childn, elderly. Pregnancy and lactation. Avoid abrupt withdrawal.

Adverse Drug Reactions

Excitability, dizziness, hallucinations (seen on abuse), dry mouth, blurred vision, constipation, urinary retention, agitation, restlessness, confusion and convulsions.

Drug Interactions

Increased plasma concentrations when used with paroxetine. May counteract the GI effects of cisapride, domperidone and metoclopramide. May also reduce gastric motility, thus affecting the absorption of other drugs.
Potentially Fatal: Additive anticholinergic effects with antihistamines, opiate antagonists, phenothiazine, tricyclic antidepressants, quinidine.

Storage

Oral: Store at 15-25°C. Parenteral: Store at 15-25°C.

Mechanism of Action

Procyclidine is a tertiary amine antimuscarinic which acts by blocking excess acetylcholine at cerebral synapses. It also exhibits direct antispasmodic effect on smooth muscle.

Absorption: Bioavailability is about 75% after an oral dose.

Distribution: About one-fifth is metabolised in the liver, mainly by P450 isoenzymes.

Excretion: Mean elimination half-life: about 12 hr (oral and IV admin). A small amount of the drug is excreted unchanged in the urine.

CIMS Class

Antiparkinsonian Drugs

ATC Classification

N04AA04 - procyclidine; Belongs to the class of tertiary amines anticholinergic agents. Used in the management of parkinson's disease.

*procyclidine information:
Note that there are some more drugs interacting with procyclidine
procyclidine
procyclidine brands available in India
Always prescribe with Generic Name : procyclidine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : DINE amp DINE tab KEMADRIN tab PARKLID tab PICIDIN tab PRODINE tab
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([all drugs])
progesterone
CIMS Class : (Oestrogens & Progesterones & Related Synthetic Drugs)
progesterone
P - Contraindicated in pregnancy
L - Caution when used during lactation

Lab ¤ - Lab interference

related progesterone information

Indication & Dosage

Oral

Progestogen component of menopausal hormonal replacement therapy

Adult: 200 mg daily as a single daily dose at night for 12-14 days of each mth.

Oral

Dysfunctional uterine bleeding

Adult: 400 mg daily for 10 days.

Oral

Amenorrhoea

Adult: 400 mg daily for 10 days.

Intramuscular

Dysfunctional uterine bleeding

Adult: 5-10 mg daily for 5-10 days until 2 days prior to expected onset of menstruation.

Intramuscular

Amenorrhoea

Adult: 5-10 mg daily for 5-10 days until 2 days prior to expected onset of menstruation.

Intramuscular

Recurrent miscarriage with progesterone deficiency

Adult: 25-100 mg twice wkly from the 15th day of pregnancy until 8-16 wk. May increase to daily inj, if necessary.

Intrauterine

Contraception

Adult: Insert the device (containing 38 mg of progesterone) into the uterine cavity; efficacy can last up till 1 yr.

Vaginal

Dysfunctional uterine bleeding

Adult: 45 mg every other day from the 15th-25th day of the cycle. May increase dose to 90 mg in non-responders.

Vaginal

Amenorrhoea

Adult: 45 mg every other day from the 15th-25th day of the cycle. May increase dose to 90 mg in non-responders.

Vaginal

Premenstrual syndrome

Adult: 200 mg daily, may increase to 400 mg bid. Treatment is usually started on days 12-14 of the cycle and continues until onset of menstruation. Same doses may also be given rectally.

Contraindications

Hypersensitivity; thrombophloebitis; cerebral apoplexy; severe hepatic impairment; undiagnosed vag bleeding, incomplete abortion, hormone-dependent carcinoma, as a diagnostic test for pregnancy; pregnancy. History or current high risk of arterial disease.

Special Precautions

Discontinue medications if there is sudden partial or complete loss of vision, proptosis or diplopia; migraine and embolic disorders; epilepsy, migraine, asthma, cardiac or renal dysfunction. History of depression, glucose tolerance and diabetic patients. May impair ability to drive or operate machinery. Avoid sudden withdrawal of progesterone; lactation.

Adverse Drug Reactions

GI disturbances, appetite/wt change, fluid retention, oedema, acne, skin rash, urticaria, depression, headache, fever, fatigue, breast changes, hirsutism, changes in libido, altered menstrual cycles or irregular menstrual bleeding (rare).

Drug Interactions

Enhanced clearance with enzyme-inducing drugs eg, carbamazepine, griseofulvin, phenobarbital, phenytoinand rifam picin. Ketoconazole may increase serum levels of progesterone. May inhibit ciclosporin metabolism.

Lab Interference

May alter serum lipid profile and rarely, LFTs.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Mechanism of Action

Progesterone is the main hormone secreted by corpus luteum. It induces secretory changes in the endometrium, promotes mammary gland development, relaxes uterus, blocks follicular maturation and ovulation, and maintains pregnancy.

Absorption: Oral bioavailability is low.

Distribution: Highly bound to plasma proteins. Distributes into breast milk.

Metabolism: Hepatic; extensive 1st-pass effect.

Excretion: Via the urine (as sulfate and glucuronide conjugates).

CIMS Class

Oestrogens & Progesterones & Related Synthetic Drugs

ATC Classification

G03DA04 - progesterone; Belongs to the class of pregnen (4) derivative progestogens used in progestogenic hormone preparations.

*progesterone information:

Note that there are some more drugs interacting with progesterone progesterone

progesterone brands available in India

Always prescribe with Generic Name : progesterone, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ALGEST cap ALGEST inj ALPREG-SOFSULE cap ARIGEST amp ARIGEST softgel BELGEST softgel CAP VORANIN softgel CONEST tab CORION NP softgel CRINONE gel CYGEST soft-gelatin caps DELTRON inj DELTRON soft-gelatin caps DUBAGEST cap DUBAGEST inj DUROGEST amp E-GEST tab ENDOGEST amp ENDOGEST cap ETS cap ETS inj EVAGEST tab FEMICARE cap FEMIGEST soft-gelatin caps FIRM UP soft-gelatin caps FORGEST amp FORGEST softgel FULGEST soft-gelatin caps FYDOGEST-200 tab GES-ONE amp GES-ONE soft-gelatin caps GESRY softgel GESTER-NP amp GESTER-NP tab GESTOFIT amp GESTONE amp GESTONE cap GESTORIN inj GESTORIN softgel HEMA amp HEMA soft-gelatin caps HORPEG amp INJ VORANIN inj L.P.D inj LGP cap LUPIGESTRONE amp LUTACARE 200 soft-gelatin caps LUTACARE inj LUTACARE soft-gelatin caps MANOGEST cap MEDPRO soft-gelatin caps MENOXY N inj MENOXY N softgel MICPRO cap MICPRO vial MICROGEST softgel MICRONAT amp MICRONAT tab MIPROGEN INJ amp MIPROGEN pessary NAMGEM soft-gelatin caps NATPREG cap NATRON amp NATRON softgel NATUROGEST cap NEOGEST amp NEOGEST cap NIDAGEN soft-gelatin caps N-SANIGEST cap NT-NATAL MP softgel OGEST cap ONASTRONE

amp PARITON cap PEE-TONE inj PERITONE soft-gelatin caps PLACENTONE inj PLACENTONE softgel PRECARE amp PREGAT inj PREGLON amp PREGLON tab PREGNICURE inj PREGTAIN soft-gelatin caps PREGZED amp PRODEPOT inj PRODIP tab PROGESTERONE amp PROGEZ soft-gelatin caps PROGRO-M amp PROGRO-M soft-gelatin caps PROLIN CAP cap PROMOTO softgel PRONAT tab PRO-ONE cap PRO-ONE vial PROPEG cap PROPEG inj PROZY inj PROZY softgel PUREGEST soft-gelatin caps PYRTEX soft-gelatin caps PYRTEX vial RECOGEST-N inj REMENS inj REMENS soft-gelatin caps RIGEST inj RIGEST soft-gelatin caps RIVGEST-M tab SAYOPREG amp SHELTER amp SOFIA cap SOFTGEST cap SPEROGEST soft-gelatin caps SUGEST soft-gelatin caps SUGEST tab SUGESTERONE soft-gelatin caps SUSTEN gel SUSTEN inj SUSTEN soft-gelatin caps SYGEST amp TRUGEST tab UTERONE inj UTERONE softgel UTROGESTAN cap UTROVIN inj UTROVIN soft-gelatin caps VAGESTON cap VORANIN cap VORANIN inj WISRONE softgel ZYSTRONE amp ZYSTRONE cap

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([all drugs])

proguanil

CIMS Class : (Antimalarials)

proguanil

L - Caution when used during lactation

related proguanil information

Indication & Dosage

Oral

Prophylaxis of malaria

Adult: 200 mg daily when used with chloroquine or 100 mg daily when used with 250 mg atovaquone. Recommendation: Start prophylaxis 1 wk before exposure to malaria, or 1-2 days prior to travel. Continue admin throughout exposure and for at least 4 wk (or 1 wk if given with atovaquone) after leaving a malaria-infested area.

Child: Co-admin with chloroquine: =45 kg (=13 yr): Same as adult dose, 25-44.9 kg (8-12 yr): ¾ of adult dose, 16-24.9 kg (4-7 yr): ½ of adult dose, 10-15.9 kg (1-3 yr): 3/8 of adult dose, 6-9.9 kg (3-11 mth): ¼ of adult dose, <6 kg (0-12 wk): 1/8 of adult dose. Co-admin with atovaquone: =40 kg: Same as adult dose, 31-40 kg: ¾ of adult dose, 21-30 kg: ½ of adult dose, 11-20 kg: ¼ of adult dose.

CrCl (ml/min)

Dosage Recommendation

<10

50 mg once wkly.

10-19

50 mg every other day.

20-59

100 mg daily.

Oral

Uncomplicated falciparum malaria

Adult: 400 mg when used with 1 g of atovaquone as a single daily dose for 3 consecutive days.

Child: =40 kg: Same as adult dose, 31-40 kg: ¾ of adult dose, 21-30 kg: ½ of adult dose, 11-20 kg: ¼ of adult dose, 9-10 kg: 3/16 of adult dose, 5-8 kg 1/8 of adult dose.

CrCl (ml/min)

Dosage Recommendation

<10

50 mg once wkly.

10-19

50 mg every other day.

20-59

100 mg daily.

Administration

Should be taken with food. (Take after meals. Tab may be crushed & mixed w/ milk, honey or jam just before swallowing.)

Contraindications

Hypersensitivity. Severe renal failure; known resistance of Plasmodium spp.

Special Precautions

Renal impairment. Lactation.

Adverse Drug Reactions

GI disturbances, headache, vertigo, rash, haematological abnormality in persons with renal impairment, dermatological reactions.

Drug Interactions

May reduce bioavailability of cloxacillin. Absorption is reduced when used with magnesium trisilicate. Increased risk of mouth

ulcers when used with chloroquine. Fluvoxamine may reduce the metabolism of proguanil to its active metabolite, cycloguanil,

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Mechanism of Action

Proguanil is a biguanide derivative which has to be metabolised in the body to the active metabolite, cycloguanil. It acts by inhibiting plasmodial dihydrofolate reductase and preventing nucleic acid synthesis. It is active against pre-erythrocytic forms and is a slow blood schizontocide.

Absorption: Readily absorbed after oral admin.

Distribution: Distributes into breast milk.

Metabolism: In the liver to active metabolite, cycloguanil.

Excretion: About 40-60% excreted in urine, of which 60% unchanged and 30% cycloguanil.

CIMS Class

Antimalarials

ATC Classification

P01BB01 - proguanil; Belongs to the class of biguanide antimalarials. Used in the management of malarial infections.

*proguanil information:
Note that there are some more drugs interacting with proguanil
proguanil further details are available in official CIMS India
proguanil
proguanil brands available in India
Always prescribe with Generic Name : proguanil, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : PROGUNAL tab
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([all drugs])
promethazine

CIMS Class : (Antivertigo Drugs) , (Antihistamines & Antiallergics)

promethazine

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related promethazine information

Indication & Dosage

Oral

Allergic conditions

Adult: As hydrochloride: 25 mg at night inreased to 25 mg bid, if needed; alternatively, 10-20 mg bid or tid.

Child: As hydrochloride: 5-10 yr: 10-25 mg daily; 2-5 yr: 5-15 mg daily. Doses are given in 1 or 2 divided doses.

Renal impairment: Dose reduction may be required.

Oral

Nausea and vomiting

Adult: As teoclate: 25 mg at night, may be increased to 50 or 75 mg at night or to 25 mg bid/tid, if needed. Max: 100 mg daily.

Child: As teoclate: 5-10 yr: 12.5-37.5 mg daily.

Renal impairment: Dose reduction may be required.

Oral

Prophylaxis of motion sickness

Adult: As hydrochloride: 20 or 25 mg the night before travelling followed by a similar dose in the morning if needed. As teoclate: 25 mg at night or 25 mg 1-2 hr before travelling. Same doses (for HCI) may also be given via rectal route as suppositories.

Child: As hydrochoride: 5-10 yr: 10 mg; 2-5 yr: 5 mg; doses are given at night before travelling, repeated the following morning if needed. As teoclate: 5-10 yr: 12.5 mg daily starting either on the night before long journeys or 1-2 hr before short journeys. Same doses (for HCI) may also be given via rectal route as suppositories.

Renal impairment: Dose reduction may be required.

Oral

Short-term management of insomnia

Adult: As hydrochloride: 20-50 mg at night.

Child: As hydrochloride: 5-10 yr: 20-25 mg; 2-5 yr; 15-20 mg. Doses are taken at night. May also be given as suppository.

Renal impairment: Dose reduction may be required.

Parenteral

Allergic conditions

Adult: As hydrochloride: 25-50 mg, given via IM or slow IV inj or injected into the tubing of a freely running infusion at a concentration of not >25 mg/ml and infused at a rate of not >25 mg/min. Max dose: 100 mg.

Child: As hydrochloride: 5-10 yr: 6.25-12.5 mg by deep IM inj.

Renal impairment: Dose reduction may be required.

Parenteral

Nausea and vomiting

Adult: As hydrochloride: 12.5-25 mg repeated at intervals of not <4 hr. May be given via deep IM or slow IV inj. Max: 100 mg/24 hr.

Child: As hydrochloride: 5-10 yr: 6.25-12.5 mg by deep IM inj.

Renal impairment: Dose reduction may be required.

Administration

May be taken with or without food.

Overdosage

May lead to antimuscarinic, extrapyramidal and CNS effects.

Contraindications

Hypersensitivity, coma, porphyria, cardiac disease, hypokalaemia, intra-arterial or SC inj, neonates and young children, pregnancy, lactation.

Special Precautions

Elderly, glaucoma, epilepsy, CVS disease, impaired liver function, asthma, urinary retention, prostatic hyperplasia, pyloroduodenal obstruction. May cause drowsiness. For parenteral admin: Drug must be administered carefully and slowly; incorrect admin can lead to severe tissue injury.

Adverse Drug Reactions

CNS depression, paradoxical excitation in childn, dryness of mouth, blurring of vision, retention of urine, constipation, glaucoma, tachycardia, headache, hypotension, tinnitus.

Drug Interactions

Masks ototoxicity of aminoglycoside antibiotics. May enhance the sedative effects of CNS depressants likealcohol, hypnotics, barbiturates and opioids.
Potentially Fatal: Ventricular arrhythmias when used with drugs that prolong QT interval.

Lab Interference

May interfere with immunological urinary pregnancy tests giving false positive results. Alters intradermal allergen tests flare reponse. Increases serum glucose in glucose tolerance tests.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Promethazine, a phenothiazine derivative, blocks postsynaptic dopaminergic receptors in the brain and has a strong a-adrenergic blocking effect. It competitively binds to H1-receptors.

Absorption: Well absorbed (Oral, IM); peak plasma concentrations after 2-3 hr.

Distribution: Widely distributed: Brain, crosses the placenta, enters breast milk. Protein-binding: 76-93%.

Metabolism: Extensive hepatic 1st-pass metabolism; converted to promethazine sulfoxide, N-desmethylpromethazine.

Excretion: Via urine and bile (as metabolites); 5-14 hr (elimination half-life).

CIMS Class

Antivertigo Drugs / Antihistamines & Antiallergics

ATC Classification

D04AA10 - promethazine; Belongs to the class of topical antihistamines used in the treatment of pruritus.
R06AD02 - promethazine; Belongs to the class of phenothiazine derivatives used as systemic antihistamines.

*promethazine information:
Note that there are some more drugs interacting with promethazine
promethazine further details are available in official CIMS India
promethazine
promethazine brands available in India
Always prescribe with Generic Name : promethazine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AVOMINE tab AVOMINE-MD tab CEEDOKID PLUS syr CEEDOKID syr CROPHEN MILD SYR syr CROPHEN syr CROPHEN tab EMIN elixir EMIN tab EMISPAN PLUS syr EMISPAN syr EMISPAN-H syr FEVOMAX syr KELVIN-P syr KELVIN-P tab NIMKAIR-F liqd NORMAGAN P-syr PARATEL PLUS syr PHENA amp PHENA KID-syr PHENERGAN INJ amp PHENERGAN syr PHENERGAN tab PHENZEE elixir PRIMOZYN amp PRIMOZYN syr PRIMOZYN-P syr PROCOS-PLUS syr PROGENE-25 tab PROMASUN tab PROMAX liqd PROPARA syr PROPHEN drops PROPHEN syr STRIKE syr SYMOL-PLUS syr TIXYLIX linctus TOX EXP expectorant TUTU syr TYLE-P susp ZYMOL SYR syr

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([all drugs])

propafenone

CIMS Class : (Cardiac Drugs)

propafenone

P - Caution when used during pregnancy

L - Caution when used during lactation

related propafenone information

Indication & Dosage

Oral

Supraventricular and ventricular arrhythmias

Adult: Doses should be started under close monitoring of ECG and BP. For immediate-release tablet: Usual initial doses: 150 mg tid, may increase at intervals of 3-4 days up to 300 mg tid. Dose reduction is recommended in patients weighing <70 kg. For extended-release capsule: Initial doses: 225 mg every 12 hr; may increase dose at intervals of at least 5 days, up to 325-425 mg every 12 hr

Elderly: Dose reduction is recommended.

Hepatic impairment: Dose reduction is recommended.

Administration

Should be taken with food. (Take after meals. Swallow whole, do not chew/crush.)

Contraindications

Uncontrolled heart failure, marked hypotension, severe bradycardia and heart block, conduction abnormalities, cardiogenic shock, myasthenia gravis.

Special Precautions

Severe pulmonary obstructive diseases, CHF, cardiac pacemaker, impaired renal/hepatic function, pregnancy, lactation, elderly. Correct electrolyte disturbances before starting treatment. May worsen heart failure in patients with preexisting organic heart disease. May worsen or cause new severe ventricular arrhythmias e.g. ventricular tachycardia or fibrillation. May aggravate electrically induced ventricular tachycardia in some patients.

Adverse Drug Reactions

Dizziness, headache, visual disturbances, vertigo, dry mouth, GI disturbances, alteration in taste, allergic skin rashes, leucopenia, bradycardia and bitter or metallic taste.
Potentially Fatal: SA/AV or intraventricular blocks. Severe hypotension, especially in elderly.

Drug Interactions

Reduced plasma levels when used with enzyme inducers e.g. rifampicin. Increased plasma levels when used with enzyme

inhibitors e.g. cimetidine, fluoxetine, quinidine and HIV protease inhibitors. Absorption is reduced by orlistat. Increased risk of arrhythmias when used with antiarrhythmics/arrhythmogenic drugs. Increased serum levels of theophylline, metoprolol and propanolol when used concurrently. Increased risk of bradycardia and heart block when used with ß-blockers.

Potentially Fatal: Increased digoxin plasma levels. Potentiates anticoagulant effects of warfarin.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 25°C.

Mechanism of Action

Propafenone is a class 1C antiarrhythmic drug with local anaesthetic effects, and a direct stabilising action on myocardial

membranes. The electrophysiological effect manifests itself in a reduction of upstroke velocity (Phase 0) of the monophasic action potential. In Purkinje fibers, and to a lesser extent myocardial fibers, propafenone reduces the fast inward current carried by sodium ions. Diastolic excitability threshold is increased and effective refractory period prolonged. Propafenone reduces spontaneous automaticity and depresses triggered activity.

Absorption: Readily and well-absorbed from the GI tract (oral).

Distribution: Crosses the placenta and appears in breast milk. Protein-binding: 95%.

Metabolism: Hepatic; by the cytochrome P450 isoenzyme CYP2D6, glucuronidation.

Excretion: Urine and faeces (as metabolites); Elimination half-life: 2-10 hr (fast metabolisers); 10-32 hr (slow metabolisers).

CIMS Class

Cardiac Drugs

ATC Classification

C01BC03 - propafenone; Belongs to class Ic antiarrhythmics used in the treatment of arrhythmia.

*propafenone information:

Note that there are some more drugs interacting with propafenone

propafenone

propafenone brands available in India

Always prescribe with Generic Name : propafenone, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : RHYTHMONORM tab

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([all drugs])

propantheline

CIMS Class : (Antispasmodics) , (Other Drugs Acting on the Genito-Urinary System)

propantheline

P - Caution when used during pregnancy

L - Caution when used during lactation

related propantheline information

Indication & Dosage

Oral

Gastrointestinal tract spasm

Adult: 15 mg tid and 30 mg at bedtime. Doses up to 120 mg daily may be needed.

Child: For relief of GI spasm: 1 mth - 12 yr: 300 mcg/kg (max 15 mg), given 3-4 times daily.

Elderly: 7.5 mg tid. May increase to a max of 30 mg tid.

Oral

Adjunct in peptic ulcer

Adult: 15 mg tid and 30 mg at bedtime. Doses up to 120 mg daily may be needed.

Child: For relief of GI spasm: 1 mth - 12 yr: 300 mcg/kg (max 15 mg), given 3-4 times daily.

Elderly: 7.5 mg tid. May increase to a max of 30 mg tid.

Oral

Adult enuresis

Adult: 15-30 mg bid/tid.

Oral

Hyperhidrosis

Adult: 15-30 mg bid/tid.

Oral

Urinary incontinence

Adult: 15-30 mg bid/tid.

Administration

Should be taken on an empty stomach. (Take ½ hr before meals.)

Overdosage

Severe intoxication may result in convulsion, circulatory failure, coma, delirium, resp depression, restlessness and hallucinations. Treatment: Empty the stomach and administer activated charcoal. Supportive treatment (e.g. oxygen, admin of fluids and assisted ventilation) is recommended. In severe cases, the use of IV physostigmine may be considered.

Contraindications

Glaucoma, obstructive diseases of GI or urinary tract, severe ulcerative colitis or toxic megacolon, intestinal atony, hiatus hernia associated with reflux oesophagitis, unstable cardiovascular adjustment in acute bleeding, prostatic enlargement, myasthenia gravis, paralytic ileus, pyloric stenosis, angle-closure glaucoma.

Special Precautions

Hyperthyroidism, congestive heart failure, coronary heart disease, cardiac arrhythmias, acute MI, cardiac insufficiency, hypertension. Pregnancy and lactation; elderly. Patients with fever, diarrhoea, GI reflux disease or ulcerative colitis. Hepatic or renal impairment. Increased risk of fever or heat stroke in patients exposed to high environmental temperature. Caution when used in patients with Down's syndrome.

Adverse Drug Reactions

Dry mouth, thirst, difficulty in swallowing, skin dryness, flushing, reduced sweating, heat stroke, constipation, nausea and vomiting. Pupil dilatation with loss of accomodation and increased sensitivity to light; increased intra-ocular pressure. Bradycardia followed by tachycardia, arrhythmias and palpitations. Glaucoma, urinary hesitancy and retention, orthostatic hypotension especially in elderly.

Potentially Fatal: Toxic megacolon due to preexisting ulcerative colitis.

Drug Interactions

Additive anticholinergic effect with MAOIs, TCAs, phenothiazines, antihistamines and disopyramide. Delayed gastric emptying causes delayed absorption of other drugs. May antagonise the GI effects of domperidone, cisapride and metoclopramide. May reduce absorption of ketoconazole and levodopa. May increase absorption of nitrofurantoin. May increase serum levels of digoxin. May reduce effects of haloperidol and sublingual tablets of nitrates. May antagonise effects of parasympathomimetics.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Propantheline bromide is a quarternary ammonium antimuscarinic with antisecretory and antispasmodic effects.

Duration: About 6 hr.

Absorption: Incompletely absorbed.

Metabolism: Extensive metabolism in small intestines.

Excretion: Mainly in urine as metabolites and <10% excreted as unchanged drug.

CIMS Class

Antispasmodics / Other Drugs Acting on the Genito-Urinary System

*propantheline information:
propantheline
propantheline brands available in India
Always prescribe with Generic Name : propantheline, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : PRO-BANTHINE tab SPASTHELINE tab
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([all drugs])
propofol
CIMS Class : (Anaesthetics - Local & General)
propofol
P - Contraindicated in pregnancy
L - Contraindicated in lactation

related propofol information

Indication & Dosage

Intravenous

Induction and maintenance of general anaesthesia

Adult: Induction: 40 mg by inj or infusion every 10 sec. Usual dose: 1.5-2.5 mg/kg. Maintenance: 4-12 mg/kg/hr or intermittent bolus inj of 20-50 mg.

Child: >8 yr: Induction dose of 2.5 mg/kg. Maintenance dose: 9-15 mg/kg/hr by IV infusion or intermittent bolus inj.

Elderly: Including neurosurgical and debilitated patients: Infuse at a rate of 20 mg every 10 sec. Maintenance: 3-6 mg/kg/hr. Usual dose needed: 1-1.5 mg/kg.

Intravenous

Sedation

Adult: In diagnostic and surgical procedures: Initially, 6-9 mg/kg/hr by infusion given for 3-5 minutes or an alternative dose of 0.5-1 mg/kg by slow inj over 1-5 minutes. Maintenance: 1.5-4.5 mg/kg/hr infusion. Reduce maintenance dose by 20% for high-risk patients needing sedation. For ventilated patients: 0.3-4 mg/kg/hr by infusion. Monitor lipid concentrations if duration of sedation lasts >3 days.

Contraindications

Electroconvulsive therapy, obstetrics. Sedation in children =16 yr. Pregnancy, lactation.

Special Precautions

Paediatrics, elderly, hypovolaemia, epilepsy, lipid disorders, patients with increased intracranial pressure. Avoid rapid bolus doses in high risk patients. Emulsion formulation of propofol 2% should only be used in children >3 yr.

Adverse Drug Reactions

Involuntary muscle movements; nausea, vomiting, headache, fever; pain, burning or stinging at inj site.
Potentially Fatal: Apnoea, bradycardia, hypotension, convulsions; anaphylaxis.

Drug Interactions

Reduce dose if given with nitrous oxide or halogenated anaesthetics. Increased sedative, anaesthetic and cardiorespiratory effects when used with other CNS depressants.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Mechanism of Action

Propofol is a short-acting anaesthetic given for induction and maintenance of general anaesthesia.

Onset: 30 sec.

Duration: 3-10 min.

Distribution: Extensively redistributed from brain to other tissues; crosses the placenta and enters breast milk. Protein-binding: 95%

Metabolism: Extensively hepatic; converted to water-soluble sulfate and glucuronide conjugates.

Excretion: Urine (as metabolites); faeces. Elimination half-life:40 min (initial); 4-7 hr (terminal).

CIMS Class

Anaesthetics - Local & General

ATC Classification

N01AX10 - propofol; Belongs to the class of other agents used as general anesthetics.

*propofol information:
Note that there are some more drugs interacting with propofol
propofol
propofol brands available in India
Always prescribe with Generic Name : propofol, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : CELOFOL inj CLEOFOL vial CRITIFOL amp DIPRIVAN INJECTION inj FRESOFOL vial PROFOL 1% vial PROPOFOL INJ amp PROPOFOL INJ vial PROPOVAN vial RAPIFOL vial
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([all drugs])

propranolol

CIMS Class : (Beta-Blockers) , (Antimigraine Preparations)

propranolol

P - Contraindicated in pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related propranolol information

Indication & Dosage

Oral

Hypertension

Adult: As conventional tablet or oral solution: Initially, 40-80 mg bid. Usual range: 160-320 mg daily. As extended release tablet: Initially, 80 mg once daily. Usual range: 120-160 mg once daily. Max: 640 mg daily.

Child: Initially, 1 mg/kg daily in divided doses, may increase to 2-4 mg/kg daily in 2 divided doses.

Oral

Phaeochromocytoma

Adult: 60 mg daily given on the 3 days before the operation with a-blockade. Prolonged treatment of 30 mg daily may be given if tumour is inoperable.

Child: 250-500 mcg/kg 3-4 times daily.

Oral

Myocardial infarction

Adult: 40 mg 4 times daily for 2-3 days followed by 80 mg bid. Alternatively, 180-240 mg daily in divided doses. Doses to be given within 5-21 days of MI.

Oral

Cardiac arrhythmias

Adult: 30-160 mg daily in divided doses.

Child: 250-500 mcg/kg 3-4 times daily.

Oral

Prophylaxis of migraine

Adult: Initially, 40 mg bid-tid increased to 160 mg daily. Up to 240 mg daily may be necessary. Discontinue therapy if satisfactory response not obtained within 4-6 wk after reaching max dose.

Child: <12 yr: 20 mg bid-tid.

Oral

Portal hypertension

Adult: Initially, 40 mg bid increased up to 160 mg bid.

Oral

Angina pectoris

Adult: As conventional tablet or oral solution: 40 mg bid-tid, may increase to 120-240 mg daily, up to 320 mg daily may be required

in some patients. As extended release tablet: 80 mg once daily, increased as needed every 3-7 days, average dose 160 mg once daily, max: 320 mg daily.

Oral

Hypertrophic cardiomyopathy

Adult: 10-40 mg, given 3-4 times daily.

Oral

Hyperthyroidism

Adult: 10-40 mg, given 3-4 times daily.

Oral

Anxiety

Adult: 40 mg once daily, may increase to bid-tid.

Oral

Essential tremor

Adult: 40 mg bid-tid. May increase at wkly intervals to 160 mg daily. Up to 320 mg daily may be necessary.

Intravenous

Emergency treatment of cardiac arrhythmias

Adult: 1 mg injected over a period of 1 minute, repeated every 2 minutes, if needed. Max: 10 mg in conscious patients and 5 mg in patients under anaesthesia.

Child: 25-50 mcg/kg via slow inj, may be repeated 3-4 times daily.

Intravenous

Hyperthyroidism

Adult: 1 mg, given over 1 minute, may repeat at 2-minute intervals until response is observed or a max of 10 mg is used in conscious patients or 5 mg in patients who are under anaesthesia.

Administration

Cap: May be taken with or without food. (Take consistently either always w/ or always without meals.)
Tab: Should be taken on an empty stomach. (Take before meals.)

Overdosage

Severe and occasionally fatal CV depression.

Contraindications

Sinus bradycardia, cardiogenic shock, pulmonary oedema, severe hyperactive airway disease, compensated cardiac failure, Raynaud's disease, hypoglycaemia, severe haemorrhage, metabolic acidosis, severe peripheral arterial disease, 2nd or 3rd degree heart block. Pregnancy (2nd and 3rd trimesters).

Special Precautions

Compensated heart failure, peripheral vascular disease, diabetes. Switching from conventional to sustained-release preparations, elderly. Ischaemic heart disease, congestive cardiac failure, renal or hepatic dysfunction. Increased risk of bradycardia and hypotension in patients with underlying cardiac disorders. 1st degree heart block. May mask symptoms of hyperthyroidism and hypoglycaemia. May unmask myasthenia gravis. Abrupt withdrawal may lead to angina, MI, ventricular arrhythmias and death. Lactation.

Adverse Drug Reactions

Cold extremities, insomnia, fatigue, dizziness, vivid dreams, lassitude, nausea, constipation or diarrhoea, vomiting, anorexia, stomach discomfort, impotence. Weakness, paraesthesia, wheezing, pharyngitis, bronchospasm. CNS disturbances at higher doses and mood alterations. Thrombocytopenic purpura, agranulocytosis, nonthrombocytopenic purpura, thrombocytopenia. Depression, confusion, cognitive dysfunction, emotional lability, fatigue, hallucinations.

Potentially Fatal: Heart failure, heart block and bronchospasm.

Drug Interactions

Decreased effect with aluminum and calcium salts, NSAIDs, ampicillin, rifampicin. Concurrent use withchlorpromazine results in raised blood levels of both drugs and additive hypotensive effect. Hypotensive effect reduced by indometacin. Additive effect with other antihypertensives and diuretics. May reduce the clearance of bupivacaine. Plasma levels may be increased by hydralazine and propafenone. Increased serum levels ofthioridazine when used with propranolol.

Potentially Fatal: Marked hypertension and bradycardia with adrenaline. Rebound hypertension due to abrupt withdrawal of clonidine is potentiated. Severe bradycardia may occur with digitalis.

Lab Interference

Metabolite may interfere with bilirubin and metanephrine measurements.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

in 2nd & 3rd trimesters.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Store at 20-25°C. Oral: Store at 20-25°C.

Mechanism of Action

Propranolol competitively blocks ß1- and ß2-receptors resulting to decreased heart rate myocardial contractility, BP and myocardial oxygen demand. It only possesses membrane-stabilising properties. Absorption: Almost completely absorbed from the GI tract (oral); peak plasma concentrations after 1 hr.

Distribution: Crosses the blood-brain barrier and placenta, enters breast milk. Protein-binding: 90%.
Metabolism: Hepatic; yields 4-hydroxypropranolol (biologically active).
Excretion: Via urine (as metabolites and small amounts of unchanged drug); 3-6 hr (elimination half-life). May be removed by dialysis.

CIMS Class

Beta-Blockers / Antimigraine Preparations

ATC Classification

C07AA05 - propranolol; Belongs to the class of non-selective beta-blocking agents. Used in the treatment of cardiovascular diseases.

*propranolol information:
Note that there are some more drugs interacting with propranolol
propranolol further details are available in official CIMS India
propranolol
propranolol brands available in India

Always prescribe with Generic Name : propranolol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ARMINAL tab BETABLOC tab BETABUS tab BETACAP tab BETACAP TR tab CARDILAX tab CARNOL tab CIPLAR LA tab CIPLAR tab CORBETA tab CORBETAZINE tab INDERAL tab LOL tab LOL-SR SR-tab MANOPROLOL SR-tab MANOPROLOL tab MIGRABETA TR cap NORTEN tab NORTEN TR-cap PEELAR tab PEERAL tab PRANOSOL amp PROALP tab PROALP-80 tab PROLOL tab PROLOL-TR cap PRONOL tab PROPAL tab PROPEROL amp PROPRANOLOL vial PSYCOOL PLUS tab PSYCOOL tab TRILOL-20 SR-tab TRILOL-20 tab TRILOLSR tab

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([all drugs])

propranolol + hydrochlorothiazide

CIMS Class : (Beta-Blockers) , (Diuretics)

propranolol + hydrochlorothiazide

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related propranolol + hydrochlorothiazide information

Indication & Dosage

Oral

Hypertension

Adult: Propranolol HCl 40mg + Hydrochlorothiazide 25mg (tablets). Start with ½ to 1 tab bid. Increase gradually as required up to max of 4 tabs daily.

Contraindications

Cardiogenic shock, sinus bradycardia & > first-degree block, bronchial asthma, CHF (unless the failure is secondary to tachyarrhythmias treatable with propranolol), anuria patients, hypersensitivity to either component & sulfonamide allergy.

Special Precautions

Avoid abrupt discontinuation of therapy; diabetes mellitus, thyrotoxicosis; renal/hepatic impairment; beta-blockade may interfere with glaucoma screening test. Monitor serum electrolytes periodically; pregnancy & lactation.

Adverse Drug Reactions

Hypotension, intensification of A-V block, bradycardia, paraesthesia, depression, vivid dreams, visual disturbances, fatigue, lethargy, nausea, epigastric distress, constipation, diarrhoea, airway resistance, impotence, alopoecia, agranulocytosis, purpura, fever, photosensitivity, masking of hypoglycaemic symptoms; hyperglycaemia, hyperuricaemia, pancreatitis may occur.
Potentially Fatal: CHF, severe hypotension.

Drug Interactions

Alum hydroxide gel, ethanol reduce propranolol absorption, cimetidine inhibits propranolol hepatic clearance. Propranolol reduces theophylline clearance. Concurrent steroid use may cause hypokalemia.
Potentially Fatal: Exaggerated hypotension with catecholamine depletors & other antihypertensives. NSAIDs blunt antihypertensive effect. Insulin requirements in diabetics may be altered.

Food Interaction

Food may delay absorption of propranolol while it may increase absorption of thiazides; overall, bioavailability is increased.

Lab Interference

A propranolol metabolite may interfere with bilirubin measurements (diazo method) & with determination of metanephrine by pisano method. Prolonged thiazides may interfere with parathyroid function tests interpretation.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Propranolol is a non-selective ß-blocker which reduces heart rate, cardiac output and blood pressure. Hydrochlorthiazide increases renal excretion of sodium, chloride and water. There is a secondary loss of K and bicarbonate.

CIMS Class

Beta-Blockers / Diuretics

ATC Classification

C03AA03 - hydrochlorothiazide; Belongs to the class of low-ceiling thiazide diuretics. Used to promote excretion of urine.
C07AA05 - propranolol; Belongs to the class of non-selective beta-blocking agents. Used in the treatment of cardiovascular diseases.

*propranolol + hydrochlorothiazide information:
Note that there are some more drugs interacting with propranolol + hydrochlorothiazide
propranolol + hydrochlorothiazide
propranolol + hydrochlorothiazide brands available in India
Always prescribe with Generic Name : propranolol + hydrochlorothiazide, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : CIPLAR-H tab

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([all drugs])

propylthiouracil

CIMS Class : (Antithyroid Agents)

propylthiouracil

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related propylthiouracil information

Indication & Dosage

Oral

Hyperthyroidism

Adult: 150-450 mg daily in divided doses. For severe cases, initial doses of 600-1200 mg daily have been used. Maintenance dose for euthyroid patients: 50-150 mg daily. Treatment is usually continued for 1-2 yr.

Child: Neonates: 2.5-5 mg/kg bid; 1 mth-1 yr: 2.5 mg/kg tid; 1-5 yr: 25 mg tid; 5-12 yr: 50 mg tid; 12-18 yr: 100 mg tid.

CrCl (ml/min)

Dosage Recommendation

<10

Reduce dose by 50%.

10-50

Reduce dose by 25%.

Hepatic impairment: Dose reduction is recommended.

Administration

Should be taken with food.

Overdosage

Symptoms include nausea, vomiting, epigastric distress, headache, fever, arthralgia, pruritus, oedema and pancytopenia. Agranulocytosis is the most serious effect. Rarely, exfoliative dermatitis, hepatitis, neuropathies or CNS stimulation or depression may occur.

Contraindications

Hypersensitivity, pregnancy, lactation.

Special Precautions

Reserve use for patients unable to tolerate any other treatments e.g. methimazole, radioactive iodine or surgery. Inform patient of liver failure risk and to report any signs of liver dysfunction (e.g. loss of appetite, nausea, vomiting, pruritus, dark coloured urine, light coloured stools, jaundice, right upper-quadrant pain) or agranulocytosis (e.g. fever, sore throat) immediately. Stop treatment upon signs of agranulocytosis, aplastic anaemia, fever, liver injury, elevated LFT above 3 times the upper limit of normal, or exfoliative dermatitis. Regular monitoring of thyroid function and CBC is advisable. Monitor prothrombin time regularly during treatment, especially before surgical procedures.

Adverse Drug Reactions

Mild leukopenia, lupus-like syndrome, cutaneous vasculitis, thrombocytopenia. Skin rash, urticaria, arthralgia and fever. GI discomfort, vomiting, headache.
Potentially Fatal: Agranulocytosis, aplastic anaemia, liver injury and liver failure.

Drug Interactions

May potentiate activity of anticoagulants. Doses of ß-blockers, digitalis glycosides and theophylline may need to be reduced when patient becomes euthyroid.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Propylthiouracil inhibits the production of thyroid hormones by preventing iodine from being oxidised in the thyroid gland. It also blocks the peripheral deiodination of thyroxine to tri-iodothyronine.

Absorption: Rapidly absorbed. Bioavailability: about 50-75%.

Distribution: 80% bound to plasma proteins. Crosses the placenta and distributes into the breast milk.

Excretion: Elimination half-life: about 1-2 hr. Excreted in the urine as glucuronide conjugates.

CIMS Class

Antithyroid Agents

ATC Classification

H03BA02 - propylthiouracil; Belongs to the class of thiouracils. Used in the management of thyroid diseases.

*propylthiouracil information:
Note that there are some more drugs interacting with propylthiouracil
propylthiouracil further details are available in official CIMS India
propylthiouracil
propylthiouracil brands available in India
Always prescribe with Generic Name : propylthiouracil, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : PTU tab

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([all drugs])

protionamide

CIMS Class : (Anti-TB Agents)

protionamide

P - Caution when used during pregnancy

L - Caution when used during lactation

related protionamide information

Indication & Dosage

Oral

Tuberculosis

Adult: As 2nd line drug: 15-20 mg/kg daily as a single dose. Max: 1 g daily.

Child: As 2nd line drug: 10-20 mg/kg daily as a single dose. Max dose: 750 mg daily.

Contraindications

Hypersensitivity. Severe hepatic disease, porphyria.

Special Precautions

Difficulty in managing DM. Monitor blood glucose, thyroid and visual function. Perform LFT before and during treatment with protionamide. Caution in patients with psychiatric illness or depression. Pregnancy and lactation.

Adverse Drug Reactions

Anorexia, excessive salivation, metallic taste, nausea, vomiting, abdominal pain, diarrhoea. Peripheral and/or optic neuritis, psychiatric disturbances e.g. depression, anxiety, psychosis, postural hypotension. Jaundice, hepatitis. Thrombocytopenia, skin rashes, stomatitis, gynaecomastia.

Drug Interactions

Increased neurotoxic effects with cycloserine.
Potentially Fatal: Increased incidence of hepatotoxicity with rifampicin.

Mechanism of Action

Protionamide inhibits peptide synthesis. It is active against mycobacteria species. Bacteriostatic against M. tuberculosis. Also active against atypical mycobacteria e.g. M. kansasii and some strains of M. aviumcomplex, and M. leprae.
Onset: 30-60 min.
Duration: 12-16 hr.
Absorption: Readily absorbed form the GI tract (oral); peak plasma concentrations after 2 hr.
Distribution: Widely distributed into body fluids and CSF.
Metabolism: Converted to sulfoxide (active) and other metabolites.
Excretion: Via urine (<1% as unchanged).

CIMS Class

Anti-TB Agents

ATC Classification

J04AD01 - protionamide; Belongs to the class of thiocarbamide derivative antimycobacterials. Used in the treatment of tuberculosis.

*protionamide information:

Note that there are some more drugs interacting with protionamide protionamide

protionamide brands available in India

Always prescribe with Generic Name : protionamide, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : MDPRIDE film-coated tab MYCOTUF P tab PETHIDE tab PROMATE tab PROTHICID tab PROTHIOBIN tab PROTHIOCID tab PROTOKOX film-coated tab PROTOMID tab

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([all drugs])

pseudoephedrine

CIMS Class : (Cough & Cold Preparations)

pseudoephedrine

P - Caution when used during pregnancy

L - Caution when used during lactation

related pseudoephedrine information

Indication & Dosage

Oral

Nasal congestion

Adult: As hydrochloride or sulfate: 60 mg every 4-6 hr. Max: 4 doses in 24 hr. As modified-release preparation: 120 mg every 12 hr or 240 mg every 24 hr.

Child: As hydrochloride or sulfate: 2-6 yr: 15 mg 3-4 times daily; 6-12 yr: 30 mg 3-4 times daily.

Administration

May be taken with or without food.

Contraindications

Severe hypertension, phaeochromocytoma.

Special Precautions

Hyperthyroidism; ischaemic heart disease, arrhythmia or tachycardia; occlusive vascular disorders e.g. arteriosclerosis, hypertension or aneurysms; DM and closed-angle glaucoma; renal impairment, prostatic enlargement. Pregnancy; lactation.

Adverse Drug Reactions

Anginal pain; rebound congestion and rhinorrhoea; fear, anxiety, restlessness, tremor, insomnia, confusion, irritability and psychotic states; reduced appetite, nausea, vomiting; gangrene; cerebral haemorrhage and pulmonary oedema; reflex bradycardia, tachycardia and cardiac arrhythmias, palpitations and cardiac arrest, hypotension and dizziness, fainting and flushing. Tissue necrosis and sloughing; myocardial and arterial necrosis.

Drug Interactions

Increased risk of hypertension and arrhythmias if given with cardiac glycosides, quinidine or TCAs. Increased risk of vasoconstrictor effects if given with ergot alkaloids or oxytocin. Co-admin with MAOIs may cause hypertensive crisis. Anaesthetics e.g. cyclopropane, halothane and other halogenated anaesthestics; antihypertensive agents.

Mechanism of Action

Pseudoephedrine is both an a-and ß-adrenergic receptor agonist. It causes vasoconstriction via direct stimulation of a-adrenergic receptors of the respiratory mucosa. It also directly stimulates ß-

adrenergic receptors causing bronchial relaxation, increased heart rate and contractility.
Onset: Oral: 15-30 minutes.
Duration: As immediate-release tablet: 4-6 hr. As sustained-release preparation: 12 hr.
Absorption: Rapidly absorbed from the GI tract.
Distribution: Small amounts are distributed into breast milk.
Metabolism: Hepatic.
Excretion: Via the urine largely as unchanged drug with some of its hepatic metabolites. Half-life: about 5-8 hr.

CIMS Class

Cough & Cold Preparations

ATC Classification

R01BA02 - pseudoephedrine; Belongs to the class of systemic sympathomimetic preparations used as nasal decongestants.

*pseudoephedrine information:
Note that there are some more drugs interacting with pseudoephedrine

pseudoephedrine

pseudoephedrine brands available in India

Always prescribe with Generic Name : pseudoephedrine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACOLATE TAB tab ACTIFED tab ALLRITE-D tab ALTIVA-D tab BELRIN-D SYR syr BENYLIN COUGH SYRUP syr CIZ-LE-D tab CLARIDIN-D SR-tab CODYLEX-DMR tab COFVYN tab COLBID ER-tab COLDEEZ tab COLDFREE tab CORIMINIC PLUS tab CORIMINIC SYR syr COSCOLD SYR syr COSCOLD tab CZ-L cap DOLCY ER-tab Dr.SMYLE SYR syr DREX EXP expectorant DREX tab DYL-D tab EROSTIMIN 42 liqd EXIL-D syr FITIN-CF tab HANEX tab HATRIC-2 cap HATRIC-3 film-coated tab HISTAKOF liqd KAZICOLD syr LAVETA-D cap LCBIT-P tab LCN-PLUS SYR syr LCN-PLUS tab LECOPE-DX film-coated tab LEXZIN P tab LORATIN D tab LORFAST-D tab LORIDIN-D tab LORMEG-D tab LUPIHIST syr M&B syr MEDLER syr MEDLER TAB tab MEGATUSS P liqd NALDECON TAB tab NAM COLD PAED DPS drops NATCOLD PLUS tab NEOLORIDIN-D tab NOZY COLD syr NUCOLD DPS drops NUCOLD SYR syr NUCOLD tab PEDIA-3 liqd PIRITEXYL liqd RECOLD tab RESPREN tab RHINOREST tab RINZI LIQD

liqd RIZI-D tab ROLETRA-D film-coated tab SELPAR tab SINACT syr SINACT tab SIOKOF-P syr SOLVIN EXPECTORENT TAB tab SOLVIN TAB tab STARCET COLD film-coated tab SUDAFED syr SUDAFED tab SUDEX EXP expectorant SYMINE oralliqd TEZZ tab TUSSIVIL syr VIZCLEAR PLUS syr XECOF-KID dispertab XL-80 EXP expectorant XL-80 tab ZICOLD syr ZICOLD tab

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([all drugs])

pyrantel

CIMS Class : (Anthelmintics)

pyrantel

related pyrantel information

Indication & Dosage

Oral

Single or mixed infections due to susceptible worms

Adult: 10 mg/kg as a single dose.

Child: 10 mg/kg as a single dose.

Oral

Ascariasis

Adult: 5 mg/kg as a single dose. Max: 1 g/dose. For mass treatment programmes: 2.5 mg/kg as a single dose given 3-4 times a yr.
Oral
Necatoriasis
Adult: 10 mg/kg daily for 3-4 days or 20 mg/kg daily for 2 days.
Oral
Enterobiasis
Adult: 10 mg/kg repeated once after 2-4 wk. Max dose: 1 g/dose.
Oral
Trichinosis
Adult: 10 mg/kg daily for 5 days.

Administration

May be taken with or without food.

Special Precautions

Liver dysfunction, anaemia or severe malnutrition. Treat members in close contact with the patient.

Adverse Drug Reactions

Anorexia, nausea, vomiting, abdominal cramps, drowsiness, insomnia, diarrhoea, tenesmus, SGOT elevations, headache, dizziness, rash.

Mechanism of Action

Pyrantel is effective against roundworms (Ascaris), threadworms (Enterobius), hookworms and Trichostrongylus. Not effective against whipworm. Acts by paralysing the worms which get detached and are excreted by intestinal peristalsis.
Absorption: Minimally absorbed from the GI tract (oral).
Excretion: Via urine (7% as unchanged drug and metabolites), via faeces (>50% as unchanged).

CIMS Class

Anthelmintics

ATC Classification

P02CC01 - pyrantel; Belongs to the class of tetrahydropyrimidine derivative agents used as antinematodal.

*pyrantel information:

pyrantel

pyrantel brands available in India

Always prescribe with Generic Name : pyrantel, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : EXPENT susp EXPENT tab NEMOCID susp NEMOCID tab PA-PA susp PA-PA tab THELMEX susp THELMEX tab

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([all drugs])

pyrazinamide

CIMS Class : (Anti-TB Agents)

pyrazinamide

P - Contraindicated in pregnancy

related pyrazinamide information

Indication & Dosage

Oral

Tuberculosis

Adult: As part of a mulitdrug regimen, 20-25 mg/kg (max: 2 g) daily or 1.5-3 g 3 times wkly.

Child: As part of a mulitdrug regimen, 35 mg/kg daily or 50 mg/kg 3 times wkly or 75 mg/kg twice wkly. Max dose: 3 g daily.
Renal impairment: May need dose reduction.

Administration

Should be taken with food.

Contraindications

Hypersensitivity; existing liver disease; acute gout or hyperuricaemia. Porphyria. Pregnancy and lactation.

Special Precautions

Diabetes, renal failure, history of gout, children. Monitor liver function and serum uric acid regularly.

Adverse Drug Reactions

Hepatotoxicity (hepatomegaly, splenomegaly and jaundice may develop and in rare case fulminating acute yellow atrophy and

death). Anorexia, nausea, vomiting, arthralgia, malaise, fever, hyperuricaemia, abnormal LFT, skin rashes.
Potentially Fatal: Severe liver damage, fulminant hepatitis.

Drug Interactions

Excretion may be blocked by probenecid.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.
Storage

Oral: Store at 15-30°C.

Mechanism of Action

Pyrazinamide has bactericidal action against M. tuberculosis in acid environment present in macrophages and inflammed tissue.

Together with rifampicin provides greatest sterilising action with reduction in relapse rate. Reduces tubular secretion of uric acid.

Absorption: Readily absorbed from the GI tract (oral); peak plasma concentrations after 2 hr.

Distribution: Body fluids and tissues (wide), CSF, enters breast milk.

Metabolism: Hepatic; hydrolysed to pyrazinoic acid (active) then hydroxylated to 5-hydroxypyrazinoic acid (major excretory product).

Excretion: Via urine by glomerular filtration (70% as metabolites, 4-14% as unchanged); 9-10 hr (elimination half-life), removed by dialysis.

CIMS Class

Anti-TB Agents

ATC Classification

J04AK01 - pyrazinamide; Belongs to the class of other drugs used in the treatment of tuberculosis.

*pyrazinamide information:

Note that there are some more drugs interacting with pyrazinamide

pyrazinamide further details are available in official CIMS India

pyrazinamide

pyrazinamide brands available in India

Always prescribe with Generic Name : pyrazinamide, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACTIZID tab ANTIZIDE tab COPYRAZIN tab EUMIDE tab ISOMIDE tab MACROZIDE tab MONTOZIN tab PARAZID-500 tab PARAZID-750 tab PEEZA tab PIRALDINA tab P-MIDE tab PYRA tab PYRAZID tab PYZID tab PYZINA dispertab PYZINA tab PZA-CIBA dispertab PZA-CIBA susp PZA-CIBA tab P-ZIDE tab RIZAP tab TICIMIDE tab ZIN tab ZYPYRA tab

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([all drugs])

pyridostigmine bromide

CIMS Class : (Neuromuscular Disorder Drugs) , (Other Drugs Acting on the Genito-Urinary System)

pyridostigmine bromide

P - Caution when used during pregnancy

L - Caution when used during lactation

related pyridostigmine bromide information

Indication & Dosage

Oral

Myasthenia gravis

Adult: 0.3-1.2 g daily in divided doses.

Child: <6 yr: Initially, 30 mg, 6-12 yr: Initially, 60 mg. Dose may be gradually increased by 15-30 mg on a daily basis until a satisfactory response is observed.

Renal impairment: Dose reduction may be required.

Oral

Neonatal myasthenia gravis

Child: 5-10 mg given every 4-6 hr.

Oral

Paralytic ileus and postoperative urinary retention

Adult: Doses of 60-240 mg.

Intramuscular

Neonatal myasthenia gravis

Child: 50-150 mcg/kg, given every 4-6 hr.

Intravenous

Reversal of neuromuscular blockade

Adult: 10-20 mg with or preceded by 0.6-1.2 mg atropine sulfate to counteract any muscarinic effects.

Administration

Should be taken with food.

Overdosage

May cause a cholinergic crisis resulting in excessive sweating, lachrymation, increased peristalsis, involuntary defaecation and urination. Death may result from respiratory failure.

Contraindications

GI or urinary obstruction.

Special Precautions

Renal impairment, pregnancy and lactation, epilepsy, bronchial asthma, bradycardia, cardiac arrhythmias, recent coronary occlusion, vagotonia, hyperthyroidism, peptic ulcer, recent

bladder/intestinal surgery. Care should be taken in the use of atropine for counteracting side effects.

Adverse Drug Reactions

Muscarinic side effects e.g. nausea, vomiting, diarrhoea, abdominal cramps, increased peristalsis, increased salivation, increased bronchial secretions, miosis and diaphoresis. Nicotinic side effects include muscle cramps, fasciculation and weakness.

Drug Interactions

Quaternary ammonium ions are poorly absorbed and their absorption may be completely inhibited by bulk laxatives eg, methylcellulose. Quinidine, procainamide, propranolol block acetylcholine receptor and may aggravate myasthenia gravis. Antagonistic effects with atropine. Increased risk of bradycardia and hypotension when used with ß-blockers. Drugs with neuromuscular blocking activity e.g. aminoglycosides may reduce the efficacy of pyridostigmine.

Potentially Fatal: May inhibit the metabolism of suxamethonium, thus concurrent use is not recommended.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Pyridostigmine bromide is a potent reversible inhibitor of acetylcholinesterase, the enzyme responsible for destroying acetylcholine. Inhibiting the enzyme allows free transmission of nerve impulses across the neuromuscular junction. Pyridostigmine bromide has a carbonyl ester linkage that is hydrolysed by acetylcholinesterase but much more slowly than is acetylcholine itself.

Absorption: Poorly absorbed from the GI tract (oral).

Distribution: CNS (poor penetration); crosses the placenta and enters breast milk (small amounts).

Metabolism: Hepatic: Hydrolysed by cholinesterases.

Excretion: Excreted in the urine (as unchanged drug and metabolites).

CIMS Class

Neuromuscular Disorder Drugs / Other Drugs Acting on the Genito-Urinary System

*pyridostigmine bromide information:

Note that there are some more drugs interacting with pyridostigmine bromide

pyridostigmine bromide

pyridostigmine bromide brands available in India

Always prescribe with Generic Name : pyridostigmine bromide, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : DISTINON tab GRAVITOR SR-tab GRAVITOR tab MESILON tab MUSTONE tab MYESTIN tab PYRIDO tab PYRISTIG tab TROSTIGMIN film-coated tab

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([all drugs])

pyridoxine

CIMS Class : (Vitamin B-Complex / with C)

pyridoxine

Lab ¤ - Lab interference

related pyridoxine information

Indication & Dosage

Oral

Treatment and prophylaxis of vitamin B6 deficiency states

Adult: Up to 150 mg daily. May also be given via SC, IM or IV routes.

Oral

Sideroblastic anaemia

Adult: Up to 400 mg daily. May also be given via SC, IM or IV routes.

Administration

Should be taken with food. (Preferably taken w/ meals.)

Adverse Drug Reactions

Severe peripheral neuropathies (with long-term admin of large doses).

Drug Interactions

Isoniazid, penicillamine and oral contraceptives may result in greater requirement in pyridoxine dose. Reduces the effects of levodopa, phenobarbitone, altretamine and phenytoin.

Lab Interference

May result in false-positive results for urobilinogen in the spot test using Ehrlich's reagent.

Pregnancy Category (US FDA)

Category A: Controlled studies in women fail to demonstrate a risk to the foetus in the 1st trimester (and there is no evidence of a risk in later trimesters), and the possibility of foetal harm remains remote.

Mechanism of Action

Pyridoxine is a water-soluble vitamin which functions in the metabolism of carbohydrates, proteins and fats. It is essential in Hb formation and GABA synthesis within the CNS. It also aids in the release of glycogen stored in the liver and muscles.

Absorption: Well-absorbed from the GI tract following oral admin.

Distribution: Crosses the placenta and enters breast milk.

Metabolism: Converted to pyridoxal phosphate and pyridoxamine phosphate, which are stored and metabolised mainly in the liver.
Excretion: 4-pyridoxic acid and other active metabolites are excreted via the urine.

CIMS Class

Vitamin B-Complex / with C

*pyridoxine information:
Note that there are some more drugs interacting with pyridoxine
pyridoxine
pyridoxine brands available in India
Always prescribe with Generic Name : pyridoxine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ABIX tab BENADON tab B-LONG F tab B-LONG tab B-SIX-F tab INGAVIT B6 50 tab INGAVIT B6 tab MFRESH tab PYRIDOX vial PYRINATE tab SPERA 69 tab
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([all drugs])

pyritinol

CIMS Class : (Nootropics & Neurotonics)

pyritinol

related pyritinol information

Indication & Dosage

Oral

Cerebrovascular and mental function disorders

Adult: 600 mg daily, given in 3 divided doses.

Administration

Should be taken with food. (Take w/ a large glass of water. Swallow whole, do not chew/ crush.)

Special Precautions

Rheumatoid arthritis.

Adverse Drug Reactions

Epigastric distress; anorexia; nausea; vomiting; headache; insomnia; pruritus and rash; restlessness.

Potentially Fatal: Acute pancreatitis, severe cholestatic hepatitis.

Drug Interactions

Concomitant therapy with gold, levamisole or D-penicillamine.

Mechanism of Action

Pyritinol improves cerebral function in patients with cerebral dysfunction. Memory and coordination improved. Promotes glucose reuptake by the brain and has been used in various cerebrovascular disorders.

CIMS Class

Nootropics & Neurotonics

ATC Classification

N06BX02 - pyritinol; Belongs to the class of other agents used as CNS stimulant.

*pyritinol information:

pyritinol

pyritinol brands available in India

Always prescribe with Generic Name : pyritinol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ENCEPHABOL susp ENCEPHABOL tab

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([all drugs])

quetiapine

CIMS Class : (Antipsychotics)

quetiapine

P - Caution when used during pregnancy

L - Caution when used during lactation

related quetiapine information

Indication & Dosage

Oral

Schizophrenia

Adult: Initially, 25 mg bid on day 1, increased to 50 mg bid on day 2, 100 mg bid on day 3 and 150 mg bid on day 4. Usual dose range: 300-450 mg daily. Max: 750 mg/day.

Elderly: Initially, 25 mg daily, increased in steps of 25-50 mg daily according to response.

Renal impairment: Initially, 25 mg daily, may increase in steps of 25-50 mg daily according to response.

Hepatic impairment: Dose adjustment may be required.

Oral

Bipolar disorder

Adult: Manic phase: 50 mg bid on day 1, 100 mg bid on day 2, 150 mg bid on day 3 and 200 mg bid on day 4. Usual range: 400-800 mg/day; adjust dose according to response. Dosage increments should be =200 mg/day. Depressive phase: Initially, 50 mg at bedtime on day 1; 100 mg on day 2, 200 mg on day 3, and 300 mg on day 4. May increase to 400 mg on day 5 and 600 mg on day 8, if needed.

Elderly: Initially, 25 mg daily, increased in steps of 25-50 mg daily according to response.

Renal impairment: Initially, 25 mg daily, may increase in steps of 25-50 mg daily according to response.

Hepatic impairment: Dose adjustment may be required.

Administration

May be taken with or without food.

Overdosage

Symptoms include drowsiness and sedation, tachycardia and hypotension.

Contraindications

Severe CNS depression, bone marrow suppression, coma.

Special Precautions

CV disease, cerebrovascular disease or conditions that predispose to hypotension. History of seizures; neuroleptic malignant syndrome; tardive dyskinesia. Monitor glycaemic control, especially in diabetics. Hepatic or renal impairment. Gradual withdrawal is recommended. Monitor for signs of clinical worsening, suicidality or unusual changes in behaviour. Pregnancy and lactation.

Adverse Drug Reactions

Headache, asthenia, abdominal pain, back pain, fever, chest pain, postural and orthostatic hypotension, hypertension, constipation, dry mouth, dyspepsia, diarrhoea, leucopenia, elevations in serum transaminase level, weight gain, myalgia, somnolence, dizziness, anxiety, rhinitis, rash, dry skin, ear pain, UTI, syncope, neuroleptic malignant syndrome, variations in WBC count, neutropenia, eosinophilia, elevations in nonfasting serum triglyceride level and total cholesterol, decrease in thyroid hormone levels, prolongation of the QTc interval.

Drug Interactions

Increased risk of drowsiness and postural hypotension when used with alcohol. CYP3A4 inducers eg.phenytoin and carbamazepine may decrease plasma levels of quetiapine while CYP3A4 inhibitors eg.ketoconazole and erythromycin may increase its plasma levels.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals

are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 25°C.

Mechanism of Action

Quetiapine is an antagonist at multiple neurotransmitter receptors in the brain: Serotonin 5-HT1A and 5-HT2, dopamine D1 and D2, histamine H1 and adrenergic a1 and a2 receptors. It is used in the treatment of schizophrenia and bipolar disorder.

Absorption: Well absorbed after oral doses.

Distribution: Widely distributed throughout the body. 83% bound to plasma proteins.

Metabolism: Extensively metabolised in the liver by sulfoxidation and oxidation.

Excretion: Excreted mainly as inactive metabolites. Elimination half-life: about 6-7 hr.

CIMS Class

Antipsychotics

ATC Classification

N05AH04 - quetiapine; Belongs to the class of diazepines, oxazepines and thiazepines antipsychotics. Used in the management of psychosis.

*quetiapine information:
Note that there are some more drugs interacting with quetiapine
quetiapine
quetiapine brands available in India
Always prescribe with Generic Name : quetiapine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ADEQUET SR-tab ADEQUET tab PINCALM tab PLACIDIN tab PSYNIL tab Q PIN tab Q-MIND tab QUEL tab QUEL-SR tab QUETICARE tab QUREA tab QUTACE film-coated tab QUTACE-SR film-coated tab QUTAN tab QUTICOOL tab QUTICOOL-SR tab QUTIPIN SR-tab QUTIPIN tab Q-WIN tab SEROQUIN film-coated tab SIZOQUIT tab SOCALM tab
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([all drugs])

quinidine

CIMS Class : (Cardiac Drugs) , (Antimalarials)

quinidine

P - Caution when used during pregnancy

L - Caution when used during lactation

related quinidine information

Indication & Dosage

Oral

Atrial and ventricular premature contractions

Adult: As sulfate: 200-300 mg 3-4 times daily.

CrCl (ml/min)

Dosage Recommendation

<10

Use 75% of normal dose.

Hepatic impairment: Dose reduction may be needed.

Oral

Uncomplicated falciparum malaria

Adult: As sulfate: 300-600 mg or 10 mg/kg every 8 hr for 5-7 days.

Child: As sulfate: 300-600 mg or 10 mg/kg every 8 hr for 5-7 days.

CrCl (ml/min)

Dosage Recommendation

<10

Use 75% of normal dose.

Hepatic impairment: Dose reduction may be needed.

Oral

Paroxysmal supraventricular tachycardia

Adult: 400-600 mg every 2-3 hr until paroxysm is terminated.

CrCl (ml/min)

Dosage Recommendation

<10

Use 75% of normal dose.

Hepatic impairment: Dose reduction may be needed.

Oral

Conversion of atrial fibrillation

Adult: 200 mg every 2-3 hr for 5-8 doses. Subsequent doses may be increased on a daily basis until normal sinus rhythm is achieved or toxicity occurs. Max: 3-4 g/day. Maintenance: 200-300 mg 3-4 times daily.

CrCl (ml/min)

Dosage Recommendation

<10

Use 75% of normal dose.

Hepatic impairment: Dose reduction may be needed.

Intravenous

Cardiac arrhythmias

Adult: As gluconate: IV admin: 800 mg diluted in 40 ml of 5% dextrose inj and infused at a rate of 0.25 mg/kg/min. Monitor ECG and BP continuously during infusion. To discontinue treatment if conversion to sinus rhythm has not occurred after reaching the max dose. Max dose: total IV dosage: 10 mg/kg.

CrCl (ml/min)

Dosage Recommendation

<10

Use 75% of normal dose.

Hepatic impairment: Dose reduction may be needed.

Intravenous

Malaria

Adult: Loading dose: Infuse 15 mg/kg (diluted in 250 mL normal saline) over 4 hr. Maintenance: To start 24 hr after the start of loading dose, infuse 7.5 mg/kg over 4 hr, every 8 hr for 7 days or until oral therapy can be used. Alternatively, infuse 10 mg/kg (diluted in 250 mL normal saline) over 1-2 hr. Maintenance: Infuse 0.02 mg/kg/min for up to 72 hr or until parasitemia is reduced to <1% or oral therapy can be used.

Child: Can be given via continuous infusion or intermittent inj. Continuous infusion: initial loading dose of 6.25 mg/kg of quinidine base, diluted in 5 ml/kg of normal saline, given by IV infusion over 1?2 hr, followed by a continuous maintenance infusion of 12.5 mcg/kg of base per min, given for at least 24 hr and until parasitemia is reduced to <1% and oral quinine sulfate can be substituted. Intermittent inj: initial loading dose of 15 mg/kg of quinidine base, diluted in 250 ml of normal saline and infused over 4 hr, followed 4 hr later by maintenance doses of 7.5 mg/kg of base, given by IV infusion over 4 hr at 8-hr intervals until 3 maintenance doses have been admin and parasitemia is reduced to <1% and oral quinine sulfate can be substituted.

CrCl (ml/min)

Dosage Recommendation

<10

Use 75% of normal dose.

Hepatic impairment: Dose reduction may be needed.

Administration

Should be taken with food. (Best taken at meal times.)

Overdosage

May result in ventricular arrhythmias and hypotension. Other symptoms include nausea, vomiting, tinnitus, blurred vision, confusion and delirium.

Contraindications

Hypersensitivity, complete heart block, history of thrombocytopenia during treatment with quinine or quinidine, digitalis intoxication.

Special Precautions

Test dose is recommended. Atrial flutter; widening QRS complex; incomplete AV block; uncompensated heart failure, myasthenia gravis, acute infections, fever, digitalised patients; hypokalaemia; acute MI; obstructive GI tract changes; renal or hepatic impairment; elderly. Prolonged QT interval, history of torsade de pointes, myocarditis, severe myocardial damage. Rapid infusion may result in hypotension and vascular collapse. Pregnancy and lactation.

Adverse Drug Reactions

Muscle weakness, nausea, vomiting, diarrhoea; cinchonism symptoms including impaired hearing, headache, blurred vision, dizziness and vomiting; urticaria and skin reactions.
Potentially Fatal: Asystole, syncope, ventricular fibrillation. Thrombocytopenia, exfoliative dermatitis, granulomatous hepatitis (hypersensitivity); CHF; heart block, ventricular arrhythmias, tachycardia, seizure, coma.

Drug Interactions

May enhance effects of antihypertensives, vasodilators, myocardiac depressants, oral anticoagulants and non-depolarizing muscle relaxants. Reduced clearance when used with drugs that alkalinise

the urine eg. thiazides. Increased plasma levels when used with cimetidine or amiodarone. Increased metabolism when used with enzyme inducers eg. phenobarbital, phenytoin and rifampicin. Decreased metabolism when used withverapamil. Increased serum levels of procainamide and haloperidol.
Potentially Fatal: Increases plasma digitalis concentration.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.
Storage

Intravenous: Store at 20-25°C. Oral: Store at 20-25°C.

Mechanism of Action

Quinidine is a class Ia antiarrhythmic. Its actions include depression of phase 0 action potential, decrease of myocardial excitability, conduction, velocity, sodium influx during depolarisation and potassium efflux in repolarisation. Quinidine

prevents calcium from diffusing across cell membrane. It reduces rate of depolarisation phase of cardiac action potential, slows depolarisation and prolongs refractory period. Exerts vagal blockade, controls atrial fibrillation, ventricular and supraventricular tachycardias.

Absorption: Rapidly absorbed from the GI tract.

Distribution: Crosses the placenta and enters breast milk. Protein-binding: 80-90%.

Metabolism: Hepatic: mainly by cytochrome CYP450 isoenzymes.

Excretion: Plasma half-life: 6-8 hr.

CIMS Class

Cardiac Drugs / Antimalarials

ATC Classification

C01BA01 - quinidine; Belongs to class Ia antiarrhythmics used in the treatment of arrhythmia.

*quinidine information:

Note that there are some more drugs interacting with quinidine

quinidine

quinidine brands available in India

Always prescribe with Generic Name : quinidine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : NATCARDINE tab QUINIDINE tab

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([all drugs])

quinine

CIMS Class : (Antimalarials) , (Muscle Relaxants)

quinine

P - Contraindicated in pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related quinine information

Indication & Dosage

Oral

Malaria

Adult: As sulfate: 648 mg given every 8 hr for 7 days.

Child: 10 mg/kg given every 8 hr for 7 days.

Renal impairment: Severe chronic renal failure (as sulfate): 648 mg followed 12 hr later by maintenance doses of 324 mg every 12 hr.

Oral

Nocturnal leg cramps

Adult: 200-300 mg once at night.

Oral

Babesiosis

Adult: As sulfate: 650 mg every 6-8 hr. To be taken with clindamycin for 7-10 days.

Child: 8 mg/kg (up to 650 mg) every 8 hr. To be taken with clindamycin for 7-10 days.

Intravenous

Malaria

Adult: As dihydrochloride: Initially, 20 mg/kg (max: 1.4 g) given over 4 hr. Start maintenance doses 8 hr after the start of the initial infusion. Maintenance: 10 mg/kg (up to 700 mg) given over 4 hr every 8 hr. Loading dose should not be given if patient has received quinine, quinidine, mefloquine or halofantrine during the previous 24 hr. If parenteral treatment is required for >48 hr, maintenance dose should be reduced to 5-7 mg/kg.

Administration

Should be taken with food.

Overdosage

Symptoms include GI effects, oculotoxicity, CNS disturbances and cardiotoxicity.

Contraindications

Hypersensitivity to quinine or quinidine. Myasthaenia gravis; haemolytic anaemia; quinine-resistant falciparum; patients with tinnitus or optic neuritis; patients who have suffered an attack of blackwater fever. Prolonged QT interval. Pregnancy.

Special Precautions

Lactation. CV diseases; G6PD deficient individuals.

Adverse Drug Reactions

Cinchonism characterised by tinnitus, impaired hearing, headache, nausea, vomiting, disturbed vision, vertigo, abdominal pain and diarrhoea; urticaria, pruritus, fever, angioedema, asthma,

dyspnoea, haemoglobinuria, thrombocytopenic purpura, hypoglycaemia, renal failure, hypoprothrombinaemia, agranulocytosis, Inj site irritation, pain and necrosis.
Potentially Fatal: Sinus arrest, AV block, ventricular fibrillation and sudden death especially with IV use.

Drug Interactions

Rifampicin accelerates quinine clearance; cimetidine inhibits quinine metabolism; quinine may enhance hypoglycaemic effects of oral antidiabetics. Concurrent admin with aluminium and/or magnesium containing antacids may decrease the absorption of quinine.
Potentially Fatal: Increases digitalis toxicity; hypoprothrombinaemic effect of warfarin enhanced by quinine. Increased risk of convulsions with mefloquine. Increased risk of ventricular arrhythmias with halofantrine or other arrhythmogenic drugs e.g., amiodarone, astemizole, terfenadine, cisapride and pimozide.

Lab Interference

Quinine may interfere with some methods of measuring 17-hydroxycorticosteroids, 17-ketogenic steroids and urinary catecholamines.

Pregnancy Category (US FDA)

Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.

Storage

Oral: Store at 25-30°C.

Mechanism of Action

Quinine is a cinchona alkaloid and a 4-methanol quinoline. It rapidly acts on blood schizontocide by interfering with lysosomal function or nucleic acid synthesis in the Plasmodia spp. It has no activity against exoerythrocytic forms. In the skeletal muscle, quinine increases the refractory period and excitability of the myoneural junction.

Absorption: Rapid and almost complete from the GIT; peak plasma concentrations after 1-3 hr (oral).
Distribution: Widely distributed; crosses the placenta; enters breast milk. Protein-binding: 70%.
Metabolism: Extensively hepatic.
Excretion: Urine; 11 hr (elimination half-life).

CIMS Class

Antimalarials / Muscle Relaxants

ATC Classification

P01BC01 - quinine; Belongs to the class of methanolquinoline antimalarials. Used in the management of malarial infections.

*quinine information:
Note that there are some more drugs interacting with quinine
quinine further details are available in official CIMS India
quinine
quinine brands available in India
Always prescribe with Generic Name : quinine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : 9Q tab CINKONA inj CINKONA tab FALCIMAX-Q tab FOQUIN tab KWINIL amp KWINIL tab MALGO tab MOSGARD tab NINE inj NINE susp NINE tab PBQUIN tab Q9 tab Q9-300 amp Q9-300 susp Q9-300 tab QINARSOL-300 amp QINARSOL-300 film-coated tab QSM enteric-coated tab QSM inj QSM susp QST amp QST susp QST tab QUIN-9 susp QUIN-9 tab QUINARSOL tab QUINER tab QUINEX susp QUINEX tab QUININE amp QUININE tab QUININGA tab QUINLEX tab QUINLUP inj QUINOGOLD susp QUINOGOLD tab QUINSUL film-coated tab QUNAGE tab QUOMORI inj QUOMORI susp QUOMORI tab QUTIL susp QUTIL-EC enteric-coated tab QUTOMAL inj QUTOMAL susp QUTOMAL tab REZ-Q film-coated tab REZ-Q inj REZ-Q susp REZ-Q tab REZQUIN amp REZQUIN susp REZQUIN tab RUBIQUIN inj RUBIQUIN tab SULQUIN tab WINMAL Q amp ZEQUIN tab

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([all drugs])

rabeprazole

CIMS Class : (Antacids, Antireflux Agents & Antiulcerants)

rabeprazole

P - Caution when used during pregnancy

Food ¤ - Food interaction

related rabeprazole information

Indication & Dosage

Oral

Gastro-oesophageal reflux disease

Adult: For erosive oesophagitis: 20 mg once daily in the morning for 4-8 wk. Maintenance: 10-20 mg once daily according to response. For non-erosive oesophagitis: 10 mg once daily for 4 wk, upon symptom resolution, may continue with 10 mg once daily when necessary.

Oral

Hypersecretory conditions

Adult: Initially, 60 mg daily adjusted according to response. Max dose: 120 mg daily.

Oral

Active peptic ulcer disease

Adult: 20 mg daily given for 4-8 wk for duodenal ulcer and 6-12 wk for gastric ulcer.

Oral

H.pylori infection

Adult: As a combination with two antibacterials: 20 mg bid combined with clarithromycin 500 mg bid and either amoxicillin 1 g bid or metronidazole 400 mg bid. To be taken for a wk.

Administration

Delayed-release: May be taken with or without food.

Overdosage

May result in drowsiness, headache and tachycardia.

Contraindications

Hypersensitivity.

Special Precautions

Severe hepatic impairment, gastric malignancy. May increase the risk of GI infections due to acid suppressive effects. Pregnancy.

Adverse Drug Reactions

Headache, diarrhoea, rash, infection and flu-like syndrome. Dizziness, fatigue, constipation, nausea and vomiting.
Potentially Fatal: Anaphylaxis, agranulocytosis.

Drug Interactions

May reduce absorption of ketoconazole and itraconazole. May prolong the elimination of diazepam, phenytoin and warfarin.

Food Interaction

Delayed absorption with high-fat meals.

Pregnancy Category (US FDA)
Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).
Storage

Oral: Store at 15-30°C.

Mechanism of Action

Rabeprazole is a PPI that suppresses gastric acid secretion by inhibiting the gastric H+/K+ ATPase at the secretory surface of the gastric parietal cell.

Onset: 1 hr.

Duration: 24 hr.

Absorption: Oral bioavailability: about 52% and peak plasma concentrations are reached about 3.5 hr after oral admin.

Distribution: Protein-binding: 97%.

Metabolism: Extensively metabolised in the liver by cytochrome P450 isoenzymes.

Excretion: Metabolites are mainly excreted in the urine (90%). Half-life: about 1 hr.

CIMS Class

Antacids, Antireflux Agents & Antiulcerants

ATC Classification

A02BC04 - rabeprazole; Belongs to the class of proton pump inhibitors. Used in the treatment of peptic ulcer and gastro-oesophageal reflux disease (GERD).

*rabeprazole information:

Note that there are some more drugs interacting with rabeprazole

rabeprazole further details are available in official CIMS India

rabeprazole

rabeprazole brands available in India

Always prescribe with Generic Name : rabeprazole, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ABRA tab ABRA-D tab ACERA cap ACIDOM tab ACISTAL tab ACISTAL-D cap ADEC tab AFFIRAB tab AFFIRAB-D tab ALBERA enteric-coated tab ALGIBRA tab ALTIRAB tab ALTIRAB-D tab ALTIRAB-DSR cap ANTUC tab ANTUC vial ANTUC-DSR tab APTASE-DSR HG-cap ARIBZOL tab ARIBZOL-D tab ASALT enteric-coated tab ASALT-D cap ASIRAB tab ASIRAB-D tab BELRAB vial BELRAB-DSR cap BIZO tab BIZO-D tab BIZO-DSR tab B-JOY PLUS cap B-JOY tab BRAZO tab BRAZO-D tab BROZOLE-D cap CIDRID cap CINRAB tab COMVINE cap COOLX tab COOLX-D

tab CURAB-D cap CYCLOCHEK cap CYRA tab CYRA-D cap DEGURGE-DSR cap DEPUMP tab DEXROBEL-DSR cap DIGERAB-D tab DIGERAB-DSR cap D-KOOL cap DOMRAB cap DORAFEM tab DRAB enteric-coated cap DURAB tab ELRAB tab ELRAB-D tab ELRAB-DSR cap ESOGA-RD cap FURAB inj FURAB tab FURAB-D tab FURAB-DSR cap GASORAB inj GASORAB tab GASORAB-DSR tab GASTRAZOLE tab GASTRAZOLE-D tab GENRAB tab GENRAB-D tab GENRAB-D-XR cap HAPPI tab HAPPI vial HAPPI-D cap HELIRAB tab HELIRAB-D cap HIRABEZOLE tab JEPRAB tab JEPRAB-D cap KONZOL tab KONZOL-D tab KOOLZON tab KURAB inj KURAB tab KURAB-D tab KURAB-DSR cap MAC-RD cap MEPRAZ tab MEPRAZ-D tab MEPRAZ-DSR cap NICID tab NOVORAB tab NOVORAB-D tab NOVORAB-DSR cap NUCID-D tab NULOC-D cap NURA tab NURA-D cap NURA-DSR cap ODIRAB tab ONCE tab ONCE-DSR tab OPPI-R tab ORPRO tab OSHZOL-D tab PARIT tab PEPCHEK cap PEPCIA tab PEPCIA-D cap PEPCIA-FF tab PEPRAZ inj PEPRAZ tab PEPRAZ-D cap PEPTARD tab PEPTARD-D cap PEPZERA enteric-coated tab PEPZERA-D cap PEPZER-D tab PERILAC-DSR cap PRAZOLE-DSR tab PRORAB tab PRORAB-D cap R.P.ZOLE-D SR-tab RAB tab RABCA-D tab RABCID-20 TAB tab RABCID-D TAB tab RAB-D tab RABDEN tab RABDEN vial RABDEN-D

tab RABDEN-DSR tab RABE tab RABECAS tab RABE-D tab RABEDAY enteric-coated tab RABEDIF cap RABEE enteric-coated tab RABEEN-DSR cap RABEFIC-D tab RABEFINE tab RABEFINE-DSR cap RABEHILL tab RABEHILL-D tab RABEKIND EC-tab RABEKIND-DM cap RABEKIND-DSR cap RABEKING D tab RABEL tab RABELEX tab RABELEX-D cap RABELOC tab RABELOC vial RABELOC-RD cap RABEMAC inj RABEMAC tab RABEMAC-DSR cap RABEMINT tab RABEMINT-DSR cap RABEP tab RABEP-D tab RABEP-DSR cap RABEPHEX enteric-coated tab RABEPHEX-D cap RABEPOL tab RABEPOL-D tab RABEPRO tab RABERA tab RABERA-DSR SR-cap RABERIV tab RABERIV-D SRtab RABESEC film-coated tab RABESOFT tab RABESOZ tab RABESOZ-D tab RABESOZ-DSR cap RABESPAN DSR cap RABESPAN tab RABEST tab RABESTAR tab RABESYM tab RABESYM-D tab RABESYM-DSR cap RABET tab RABETAC tab RABET-D tab RABET-DSR cap RABETO tab RABETO-D cap RABETOME tab RABETOME-DSR tab RABEZ enteric-coated tab RABEZ-D cap RABEZ-FR film-coated tab RABGY tab RABIBIT tab RABIBIT-D tab RABIBIT-DSR cap RABIC tab RABIC-D tab RABICIP tab RABICIP vial RABICOOL tab RABIFAST tab RABIFAST-DSR cap RABIFER-DSR cap RABIFIN tab RABIFIN vial RABIGERD tab RABIGERD-DSR cap RABIKUL DSR tab RABIMED-DSR

cap RABIMOR tab RABIMOR vial RABIMOR-DSR cap RABIN tab RABIN vial RABIN-DFX cap RABIN-DXR cap RABINET-D tab RABINOM tab RABINOM-DSR tab RABIO-D tab RABIPACE tab RABIPIP tab RABIPIP-DSR cap RABIPUMP D tab RABIPUMP tab RABIROS tab RABIROS-D cap RABISAFE tab RABISAFE-DSR cap RABISENA inj RABISIN D tab RABISIN inj RABISIN tab RABITAB enteric-coated tab RABITAGE cap RABITAL tab RABITAL-D tab RABITAL-DSR cap RABITEM tab RABITEM-D SR-cap RABITEM-M cap RABITOP tab RABIUM FAST tab RABIUM tab RABIUM-DSR cap RABIWIN cap RABIWIN-D cap RABIX tab RABIX-D tab RABIX-DSR cap RABIZOL tab RABLET tab RABLET vial RABLET-D cap RABLET-D tab RABOD tab RABOL inj RABOL tab RABOL-D cap RABOL-DSR cap RABON tab RABON-D tab RABON-DSR cap RABONIK tab RABONIK-DSR cap RABOWIN tab RABRAX-DM tab RABRAX-DSR cap RABSET tab RABSET-D tab RABSI tab RABSI-DSR cap RABSI-SD cap RABTER cap RABTER-SR cap RABTIC tab RABTIC-DSR cap RABTUL tab RABY tab RABY-D tab RABY-DSR cap RABZER tab RABZOLE tab RACIDOL tab RADO-TR cap RAIZOL tab RAIZOL-DSR cap RANTAC-PP tab RAPCO tab RAPCO-D cap RAPEED tab RAPEED-D cap RAPIROL tab RAPIROL-D tab RAPKAIR cap RAPKAIR inj RAPKAIR-D cap RAPKAIR-DSR cap RAPTAC

tab RAVER tab RAVER-D tab RAVER-DSR cap RAZ inj RAZ PLUS tab RAZ tab RAZ-DSR tab RAZEP inj RAZEP tab RAZEP-DXR tab RAZID tab RAZLE DM tab RAZLE tab RAZO enteric-coated cap RAZO enteric-coated tab RAZO vial RAZO-D cap RAZOGARD tab RB CARE tab R-BIT tab R-BIT-DM tab R-BIT-DSR cap RBZ tab R-CID PLUS cap R-CID tab RCLONAC cap RD-V cap REBEL D tab REBEST cap REBEST vial REBEST-DSR cap REBETOME-DM tab REBIBIT-DSR tab REBIBLT tab REBIBLT-DM tab REBILEX tab REBILEX-DM tab REBILEX-DSR cap REBZY tab REBZY-DM tab REDOXIN CAP cap REDURA tab REDURA-D tab REDURA-DSR cap REEB tab REEB-D tab REEB-DSR cap REF-RD cap REKOOL tab REKOOL-D cap REORAB inj REORAB tab REORAB-D tab REORAB-DSR cap REPRACURE tab REPRAL tab REPRAL-D enteric-coated cap REPRAZ tab REWARD tab REWARD-D tab REWARD-DSR cap REZOL-D cap REZOLE tab REZOLE vial REZOLE-D tab REZOLE-DSR cap RIBACE tab RIFCID tab RIFCID-D tab RIFCID-DSR cap RIFKOOL vial RIFKOOL-DSR cap RIOZ tab RIOZ-DMP tab RIVE cap RIVE-D cap ROLANT tab ROLANT vial ROLANT-D cap ROLES enteric-coated tab ROLES-SF captab ROLL tab ROLL-D cap ROMYSHA tab ROPEZ tab ROPEZ vial ROPEZ-DSR cap ROPPI tab ROPPI-D tab ROSEPRA-D tab ROZE tab ROZE-DSR cap ROZEN vial ROZEX tab ROZEX

vial ROZEX-D tab ROZEX-DSR SR-cap ROZY-D tab ROZY-DSR cap R-PPI enteric-coated tab RPRAZ tab RPRAZ-D cap RPZ enteric-coated tab RPZ-D cap RUBEUS-D tab RUBIX tab RUBIX-DSR cap RUGBI-DM tab RULCER enteric-coated tab RULCER-DSR cap RULCER-ON cap RYPRAZ tab RYPRAZ-D tab SAFE ACID cap SAMURAI enteric-coated cap SIARAB tab SIARAB-D tab SIZEFIRE inj STOMECK enteric-coated tab STOMECK-D SR cap TALCID tab TALCID-DSR cap TIVAZOL tab TIVAZOL-D tab TOPORAB-DSR cap TRAPCID enteric-coated tab TYROB tab TYROB-D tab ULCIGARD FORTE cap ULCIREB tab ULCIREB-D tab ULCIREB-DSR cap ULGO enteric-coated tab UNIRAB tab UNIRAB vial VALUE film-coated tab VELOZ enteric-coated tab VELOZ INJ vial VELOZ-D cap VELOZ-M cap VENORAB tab WOWRAB tab WYRAB tab WYRAB-D tab ZEN-PRAZOLE tab ZINIRAB tab ZIPPI-DSR cap ZOLOVER tab ZOLOVER-DSR cap ZOMITAC-DSR cap

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([all drugs])

rabeprazole + itopride

CIMS Class : (Antacids, Antireflux Agents & Antiulcerants)

rabeprazole + itopride

P - Caution when used during pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related rabeprazole + itopride information

Indication & Dosage

Oral

Gastro-oesophageal reflux disease

Adult: Per capsule contains rabeprazole 20 mg and itopride 150 mg: 1 capsule once daily.

Contraindications

Hypersensitivity; lactation.

Special Precautions

Itopride should be used with caution because it enhances the action of acetylcholine Rabeprazole should be used with caution in patients with severe hepatic impairment. Pregnancy.

Adverse Drug Reactions

Headache, diarrhoea, dizziness, rash.

Potentially Fatal: Anaphylaxis, agranulocytosis.

Drug Interactions

Rabeprazole increase elimination T1/2 of digoxin, decreases effects with aminoglutethimide, carbamazepine, phenytoin and rifampin and reduces absorption of ketoconazole and itraconazole.
Anticholinergic agents reduces the action of itopride.

Food Interaction

Avoid alcohol (may irritate gastric mucosa). Rabeprazole has delayed absorption but unaltered Cmax and AUC with high-fat meals.

Mechanism of Action

Rabeprazole is a PPI that suppresses gastric acid secretion by inhibiting the gastric H+/K+ ATPase at the secretory surface of the gastric parietal cell. Itopride increases acetylcholine (ACh) concentrations by inhibiting dopamine D2 receptors and acetylcholinesterase. Higher ACh increases GI peristalsis, increases the lower oesophageal sphincter pressure, stimulates gastric

motility, accelerates gastric emptying, and improves gastro-duodenal coordination.

CIMS Class

Antacids, Antireflux Agents & Antiulcerants

ATC Classification

A02BC04 - rabeprazole; Belongs to the class of proton pump inhibitors. Used in the treatment of peptic ulcer and gastro-oesophageal reflux disease (GERD).

*rabeprazole + itopride information:
Note that there are some more drugs interacting with rabeprazole + itopride
rabeprazole + itopride
rabeprazole + itopride brands available in India
Always prescribe with Generic Name : rabeprazole + itopride, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : ANTUC-IT cap BIZO-IT tab BRAZO-IT cap COOL RAB-IT cap FURAB-IT tab GASORAB-TXR tab ITOPLUS cap ITOPRAZ cap ITORAB cap ITORBE-SR cap MAC-IT cap NURA-IT cap PEPRAZ-I cap PEPTARD IT tab PEPZERA-IT cap RABEE-ISR cap RABETO PLUS cap RABEZ-IT cap RABIBIT-ISR cap RABICARE-IT cap RABICENT cap RABIMOR-ISR cap RABIN-IT cap RABIROS-IT cap RABIUM PLUS cap RABIWIN PLUS cap RABLET-IT cap RABOL PLUS cap RAPKAIR-I cap RAVER-IT SR-cap RAZEP-IT cap REBILEX-ISR cap REZOLE-IT cap RIVE-IT cap ROLES-IT cap RULCER-IT cap TOPORAB cap VELOZ-IT tab ZORITE cap

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([all drugs])

racecadotril

CIMS Class : (Antidiarrheals)

racecadotril

P - Caution when used during pregnancy

L - Caution when used during lactation

related racecadotril information

Indication & Dosage

Oral

Acute diarrhoea

Adult: 100 mg tid, up to 7 days.

Administration

May be taken with or without food.

Special Precautions

Renal insufficiency, pregnancy, lactation.

Adverse Drug Reactions

Vomiting, nausea, constipation, abdominal pain, thirst, vertigo and headache.

Mechanism of Action

Racecadotril increases the availability of endogenous opioids (enkephalins) by inhibiting the membrane-bound enkephalinase. These enkephalins activate d-opioid receptors in the GI tract. This leads to a reduction in cAMP mucosal levels, resulting in a reducted secretion of water and electrolytes in the intestinal lumen.

Onset: Within 30 min.

CIMS Class

Antidiarrheals

ATC Classification

A07XA04 - racecadotril; Belongs to the class of other preparations used in the treatment of diarrhea.

*racecadotril information:
racecadotril
racecadotril brands available in India
Always prescribe with Generic Name : racecadotril, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : AD-100 cap AD-DT dispertab AD-SACHET sachet AIDIA sachet AQUASEC cap CADOTRIL cap CADOTRIL sachet DIRASEC cap DIRASEC sachet DOTRIL cap DOTRIL sachet DOTVIL sachet EDITOR sachet ENUFF cap ENUFF DT dispertab ENUFF sachet ENUFF XTRA sachet EXDARA

cap FLORADOT cap HYDRAL cap LOMOREST cap LOMOREST sachet NODI cap PEDIDOT sachet RACEBASE-A cap RACEBASE-J sachet RACE-F cap RACE-F sachet RACELOC cap RACELOC PRO cap RACELOC sachet RACELOC-PRO sachet RACESTAT sachet RACET cap RACEX cap RACIGYL cap RACIGYL sachet RACOTIL cap RACOTIL sachet RACY cap RACY sachet REDOTIL cap REDOTIL sachet RONTAP cap RONTAP dispertab RUCKO cap TROTZ cap TROTZ sachet ZEDOTT cap ZEDOTT DT dispertab ZEDOTT PLUS sachet ZEDOTT sachet ZOMATRIL dispertab ZOMATRIL sachet

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([all drugs])

raloxifene

CIMS Class : (Agents Affecting Bone Metabolism)

raloxifene

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related raloxifene information

Indication & Dosage

Oral

Prophylaxis of postmenopausal osteoporosis

Adult: 60 mg daily.

Administration

May be taken with or without food.

Overdosage

May cause leg cramps and dizziness.

Contraindications

Hypersensitivity; active or past history of venous thromboembolic events including DVT, pulmonary embolism and retinal vein thrombosis; hepatic and severe renal impairment. Pregnancy, lactation.

Special Precautions

CHF or active malignancy; history of oestrogen-induced hypertriglyceridaemia; renal insufficiency.

Adverse Drug Reactions

Hot flushes, leg cramps, sweating, sleep disorders, peripheral oedema, vag bleeding; flu-like symptoms, rashes, GI disturbances, hypertension, headache, sinusitis, arthralgia.
Potentially Fatal: Endometrial carcinoma and thromboembolic events.

Drug Interactions

Cholestyramine reduces the absorption of raloxifene. Raloxifene with warfarin may reduce the prothrombin response and time. Caution when used in hghly protein-bound drugs such as diazepam, lidocaine and diazoxide.

Pregnancy Category (US FDA)
Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.
Storage

Oral: Store at 15-30°C.

Mechanism of Action

Raloxifene is a selective oestrogen receptor modulator that has both selective agonist or antagonist activities on oestrogen receptors. It acts as an agonist on bone by preventing bone loss and partially on cholesterol metabolism by decreasing total and LDL cholesterol levels but antagonises oestrogen effects leading to development of breast and uterine cancer.

Absorption: Well absorbed from the GI tract (oral).

Distribution: Protein-binding: Extensive to albumin and a1-acid glycoprotein.

Metabolism: Extensively hepatic; converted to glucuronide conjugates; undergoes enterohepatic recycling.

Excretion: Faeces; 27 hr (elimination half-life).

CIMS Class

Agents Affecting Bone Metabolism

ATC Classification

G03XC01 - raloxifene; Belongs to the class of selective estrogen receptor modulators. Used as other hormone preparations.

*raloxifene information:

Note that there are some more drugs interacting with raloxifene

raloxifene

raloxifene brands available in India

Always prescribe with Generic Name : raloxifene, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BONMAX tab BONTACT tab ESSERM tab ESTROACT tab EVOMATE tab FIONA tab GYNISTA tab OSRAL tab RALISTA film-coated tab RALOCIUM tab RALOFEN film-coated tab RALOSTO tab RALOTAB tab RALOX tab RALOXIFENE tembid RUFTUF tab STRONG KIT kit

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([all drugs])

ramipril

CIMS Class : (ACE Inhibitors)

ramipril

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related ramipril information

Indication & Dosage

Oral

Hypertension

Adult: Initially, 1.25 mg once daily given at bedtime. Maintenance: 2.5-5 mg daily as a single dose, up to 10 mg daily as needed.

CrCl (ml/min)

Dosage Recommendation

10-30

Initiate with 1.25 mg once daily. Max dose: 5 mg daily.

<10

Initiate with 1.25 mg once daily. Max dose: 2.5 mg daily.

Hepatic impairment: Initiate with 1.25 mg once daily.

Oral

Heart failure

Adult: Initially, 1.25 mg once daily. Max dose: 10 mg daily. Doses =2.5 mg may be given in 2 divided doses.

Max Dosage: 10 mg daily in 1-2 divided doses.

CrCl (ml/min)

Dosage Recommendation

10-30

Initiate with 1.25 mg once daily. Max dose: 5 mg daily.

<10

Initiate with 1.25 mg once daily. Max dose: 2.5 mg daily.

Hepatic impairment: Initiate with 1.25 mg once daily.

Oral

Post myocardial infarction

Adult: Initially, 2.5 mg bid increased after 2 days to 5 mg bid. Start treatment 3-10 days after infarction. Usual dose: 2.5-5 mg bid.

CrCl (ml/min)

Dosage Recommendation

10-30

Initiate with 1.25 mg once daily. Max dose: 5 mg daily.

<10

Initiate with 1.25 mg once daily. Max dose: 2.5 mg daily.

Hepatic impairment: Initiate with 1.25 mg once daily.

Oral

Prophylaxis of cardiovascular events in high-risk patients

Adult: Initially, 2.5 mg once daily increased to 5 mg once daily after 1 wk if tolerated. Maintenance: 10 mg once daily after a further 3 wk.

CrCl (ml/min)
Dosage Recommendation
10-30
Initiate with 1.25 mg once daily. Max dose: 5 mg daily.
<10
Initate with 1.25 mg once daily. Max dose: 2.5 mg daily.

Hepatic impairment: Initiate with 1.25 mg once daily.

Administration

May be taken with or without food.

Overdosage

May lead to severe hypotension. Normal saline infusion may be used for treatment.

Contraindications

Hypersensitivity, bilateral renal artery stenosis, or a single kidney with unilateral renal artery stenosis. Aortic stenosis or outflow tract obstruction. Pregnancy and lactation.

Special Precautions

Renal impairment, hypovolaemia, hyperkalaemia, valvular stenosis; before, during or immediately after anaesthesia. Severe resistant hypertension, elderly, peripheral vascular disease or generalised atherosclerosis. Monitor renal function before and during treatment. Use with caution in patients with history of idiopathic or hereditary angioedema. Regular monitoring of WBC in patients with vascular collagen disorders is recommended.

Adverse Drug Reactions

Nausea, vomiting, diarrhoea, dizziness, fatigue, headache, abdominal pain, cough. Rarely symptomatic hypotension. Angioneurotic oedema of face, lips, tongue, glottis and larynx, syncope, renal impairment, hypersensitivity reactions.
Potentially Fatal: Severe hypotension and renal failure, angioedema.

Drug Interactions

NSAIDs may increase risk of deterioration of renal function.
Potentially Fatal: Concomitant admin of diuretics may lead to serious hypotension. Severe hyperkalaemia may result when used with potassium-sparing diuretics, potasisum supplements and drugs that cause hyperkalaemia. May increase serum lithium concentration.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

in 2nd & 3rd trimesters.
Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Mechanism of Action

Ramipril is an ACE inhibitor which is metabolised into the active metabolite ramiprilat. It competitively inhibits angiotensin-converting enzyme (ACE) from converting angiotensin I to angiotensin II resulting in increased plasma renin activity and reduced aldosterone secretion. It also increases bradykinin levels. By these mechanisms, ramipril produces a hypotensive effect and a beneficial effect in CHF.

Absorption: 50-60% is absorbed from the GI tract (oral); peak plasma concentrations after 2-4 hr (ramiprilat).

Distribution: Protein-binding: 56%.

Metabolism: Hepatic: Converted to ramiprilat.

Excretion: Via urine (60% of the dose), via faeces (remaining dose); 13-17 hr (elimination half-life), may be prolonged in renal impairment.

CIMS Class

ACE Inhibitors

ATC Classification

C09AA05 - ramipril; Belongs to the class of ACE inhibitors. Used in the treatment of cardiovascular disease.

*ramipril information:
Note that there are some more drugs interacting with ramipril
ramipril further details are available in official CIMS India
ramipril
ramipril brands available in India
Always prescribe with Generic Name : ramipril, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ACEPRIL tab ACEPRIL TAB tab ACEPRIL-A tab ALVACE cap AMLOKOS-R tab CARDACE tab CARDACE-AM tab CARDIOPRIL cap CONRAM tab CORDIMIL cap CORPRIL cap CORPRIL-AM tab DEXACE tab ECATOR tab EMIPRIL tab ETORIL tab GOPRIL tab HECRIL tab HOPACE cap HOPACE tab HOPACE-AM tab HOPECARD 2.5-AM cap HOPECARD cap HOPERAM tab KAPRIL tab MEGAPRIL tab ODIPRIL HG- cap OLMY-R tab PREFACE tab PRILACE tab R.PRIL cap RACE cap RAMACE cap RAMACE TAB tab RAMCOR cap RAMEY cap RAMIC tab RAMICARD tab RAMIC-FORTE tab RAMICHEK tab RAMIC-M tab RAMIDIL cap RAMIHART film-coated

tab RAMIL tab RAMILACE tab RAMIPRES tab RAMIPRO cap RAMIRIL cap RAMISTAR cap RAMISTAR-A cap RAMIVIK tab RAMM tab RAMPRIL cap RAMPRIL-AM tab RAMSHO tab RAMTEL tab RAMVAS cap RAMZE tab R-CORD cap RIL cap RIL-A cap RIL-AA cap RIL-AH cap RL tab R-PRIL cap SCLERACE cap SERVACE AM cap SERVACE cap STAMACE cap TOPRIL AM cap TOPRIL cap VARIACE tab XYPRIL cap ZEDPRIL tab ZIGPRIL cap ZIPRIL tab ZIRAM cap ZIRAM-AM cap

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([all drugs])

ramipril + hydrochlorothiazide

CIMS Class : (ACE Inhibitors) , (Diuretics)

ramipril + hydrochlorothiazide

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related ramipril + hydrochlorothiazide information

Indication & Dosage

Oral

Essential hypertension

Adult: Per tablet contains ramipril 2.5 mg and hydrochlorthiazide 12.5 mg: 1 tablet daily up to a max of 4 tablets daily.

Contraindications

Anuria, hypersensitivity, history of angioedema, bilateral renal artery stenosis, unilateral renal artery stenosis

Special Precautions

Severe renal disease, impaired hepatic, allergy or bronchial asthma, systemic lupus erythematosus, acute gout, diabetes mellitus, elderly, collagen vascular diseases, should be discontinued before carrying out tests for parathyroid function. Pregnancy and lactation.

Adverse Drug Reactions

Pancreatitis, jaundice, diarrhoea, nausea, vomiting, cramps, constipation, gastric irritation, anorexia, aplastic anaemia, agranulocytosis, leukopaenia, haemolytic anaemia, thrombocytopaenia, vasculitis, resp distress, including pneumonitis and pulmonary oedema, photosensitivity, fever, urticaria, rash,

hyperglycaemia, glycosuria, hyperuricaemia, muscle spasm, vertigo, paraesthesias, dizziness, headache, restlessness, renal failure, renal dysfunction, interstitial nephritis, erythema multiforme including Stevens-Johnson syndrome, exfoliative dermatitis including toxic epidermal necrolysis, alopoecia, transient blurred vision, xanthopsia, impotence, dizziness, fatigue, headache, abdominal pain, cough, rarely symptomatic hypotension, angioneurotic oedema of face, lips, tongue, glottis and larynx, syncope, renal impairment, hypersensitivity reactions.
Potentially Fatal: Anaphylactic reactions, electrolyte imbalance, hypotension.

Drug Interactions

Hydrochlorthiazide in combination with alcohol, barbiturates, or narcotics potentiates orthostatic hypotension. When coadministered with other antihypertensive gives additive effect. Absorption is reduced withcholestyramine and colestipol resins. Hypokalemia is observed with corticosteroids, tubocurarine responsiveness to the muscle relaxant is increased. It decreases the renal clearance of lithium and increases the risk of lithium toxicity. Non-steroidal anti-inflammatory agents can reduce the diuretic and natriuretic effect of hydrochlorthiazide. Ramipril with potassium-

sparing diuretics results in severe hyperkaelemia. May increase serum lithium concentration, NSAIDs may reduce the effect of the drug and cause deterioration of renal function.

Food Interaction

Absorption delayed. Not significant.

Mechanism of Action

Ramipril is a long-acting ACE inhibitor which is metabolised into the active metabolite ramiprilat. Supine and standing blood pressures (BP) are reduced witho reflex tachycardia. Ventricular hypertrophy is reversed and renal blood flow increased. In CHF (CHF), pulmonary artery pressure and pulmonary capillary wedge pressure are reduced. Cardiac function is improved. Hydrochlorothiazide is a thiazide diuretic. It increases excretion of Na and chloride in approx equiv amounts. Natriuresis may be accompanied by some loss of K and bicarbonate. The rationale behind this combination is that these have a synergistic effect in lowering BP and offer an advantage of once-daily dosing convenience.

CIMS Class

ACE Inhibitors / Diuretics

ATC Classification

C03AA03 - hydrochlorothiazide; Belongs to the class of low-ceiling thiazide diuretics. Used to promote excretion of urine.
C09AA05 - ramipril; Belongs to the class of ACE inhibitors. Used in the treatment of cardiovascular disease.

*ramipril + hydrochlorothiazide information:
Note that there are some more drugs interacting with ramipril + hydrochlorothiazide
ramipril + hydrochlorothiazide
ramipril + hydrochlorothiazide brands available in India
Always prescribe with Generic Name : ramipril + hydrochlorothiazide, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : CARDACE-H tab CONRAM H tab DEXACE-H tab ECATOR-H 5MG tab ECATOR-H tab HOPACE-H

cap HOPACE-H5 cap HOPECARD 2.5-H cap KAPRIL-H tab ODIPRIL-H HG-cap PREFACE-H tab RACE-H5 tab RACHET tab RAMACE-H tab RAMIDIL-H tab RAMIPRES-H tab RAMIRIL-H cap RAMISTAR-H cap RAMIVIK-H tab RAMPRIL-H tab RAMSHO-H tab RAMTEL-H tab R-CORD-H tab RL-HT tab SERVACE H cap THIAZIDE-R tab TOPRIL H tab XYPRIL-H cap ZIPRIL-H tab

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([all drugs])

ranitidine

CIMS Class : (Antacids, Antireflux Agents & Antiulcerants)

ranitidine

P - Caution when used during pregnancy

L - Caution when used during lactation

related ranitidine information

Indication & Dosage

Oral

Benign gastric and duodenal ulceration

Adult: Initially, 300 mg as a single daily dose at bedtime or 150 mg bid; 300 mg bid for 4 wk may be used in duodenal ulcer to improve healing). Treatment duration: 4-8 wk for benign gastric and

duodenal ulceration; up to 8 wk in NSAID-associated ulceration. For prevention of NSAID-associated ulceration: 150 mg bid.

Child: 3-12 yr: 2-4 mg/kg (max: 150 mg) bid for 4-8 wk.

Renal impairment: Dosage reduction is required in severe renal impairment.

CrCl (ml/min)

Dosage Recommendation

=20

Dosage should be halved.

Oral

H.pylori infection

Adult: 300 mg once daily or 150 mg bid in combination with amoxicillin 750 mg tid and metronidazole 500 mg tid given for 2 wk. Treatment with ranitidine may be continued for a further 2 wk.

Renal impairment: Dosage reduction is required in severe renal impairment.

CrCl (ml/min)

Dosage Recommendation

=20

Dosage should be halved.

Oral

Gastro-oesophageal reflux disease

Adult: 150 mg bid or 300 mg at bedtime for up to 8 wk, may increase to 150 mg four times daily for 12 wk in severe cases.

Child: 5-10 mg/kg daily, given in 2 divided doses.

Renal impairment: Dosage reduction is required in severe renal impairment.

CrCl (ml/min)

Dosage Recommendation

=20

Dosage should be halved.

Oral

Hypersecretory conditions

Adult: Initially, 150 mg bid/tid increased to 6 g daily if necessary.

Renal impairment: Dosage reduction is required in severe renal impairment.

CrCl (ml/min)

Dosage Recommendation

=20

Dosage should be halved.

Oral

Acid aspiration during general anaesthesia

Adult: 150 mg given 2 hr before induction of anaesthesia and preferably, an additional dose on the previous evening.

Renal impairment: Dosage reduction is required in severe renal impairment.

CrCl (ml/min)

Dosage Recommendation

=20

Dosage should be halved.

Oral

Dyspepsia

Adult: 75 mg repeated if necessary up to 4 doses daily. Max: 2 wk of continuous use at each time. For chronic episodic dyspepsia: 150 mg bid for up to 6 wk.

Renal impairment: Dosage reduction is required in severe renal impairment.

CrCl (ml/min)

Dosage Recommendation

=20

Dosage should be halved.

Parenteral

Prophylaxis of acid aspiration during general anaesthesia

Adult: 50 mg IV/IM given 45-60 minutes before the induction of anaesthesia.

Renal impairment: Dosage reduction is required in severe renal impairment.

CrCl (ml/min)

Dosage Recommendation

=20

Doses should be halved.

Intravenous

Hypersecretory conditions

Adult: Initially, 1 mg/kg/hr IV infusion, may increase by increments of 0.5 mg/kg/hr starting after 4 hr if necessary.

Renal impairment: Dosage reduction is required in severe renal impairment.

CrCl (ml/min)

Dosage Recommendation

=20

Dosage should be halved.

Intravenous

Stress ulceration of upper gastrointestinal tract

Adult: 50 mg by slow IV Inj as priming dose followed by 125-250 mcg/kg/hr as continuous IV infusion then transfer to oral dose of 150 mg bid once oral feeding is resumed.

Renal impairment: Dosage reduction is required in severe renal impairment.

CrCl (ml/min)

Dosage Recommendation

=20

Dosage should be halved.

Administration

May be taken with or without food.

Overdosage

May lead to muscular tremors, vomiting and rapid respiration.

Contraindications

Porphyria.

Special Precautions

Exclude malignancy before treating gastric ulcer. Renal and hepatic impairment. Infants, pregnancy and lactation.

Adverse Drug Reactions

Headache, dizziness. Rarely hepatitis, thrombocytopaenia, leucopaenia, hypersensitivity, confusion, gynaecomastia, impotence, somnolence, vertigo, hallucinations.
Potentially Fatal: Anaphylaxis, hypersensitivity reactions.

Drug Interactions

Antacids may interfere with absorption. May decrease the GI absorption of ketoconazole. Smoking may decrease the plasma levels of ranitidine. May cause an increase in the bioavailability of furosemide.

Pregnancy Category (US FDA)
Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not

confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Mechanism of Action

Ranitidine blocks histamine H2-receptors in the stomach and prevents histamine-mediated gastric acid secretion. It does not affect pepsin secretion, pentagastrin-stimulated factor secretion or serum gastrin.

Absorption: 50% with peak plasma concentrations after 2-3 hr (oral); rapid with peak plasma concentrations after 15 min (IM).

Distribution: Widely distributed. Crosses the placental barrier and enters breast milk. Protein-binding: 20%

Metabolism: Hepatic; converted to N-oxide, S-oxide and desmethylranitidine.

Excretion: Urine (as unchanged drug) within 24 hr; faeces; 2-3 hr (elimination half-life).

CIMS Class

Antacids, Antireflux Agents & Antiulcerants

ATC Classification

A02BA02 - ranitidine; Belongs to the class of H2-receptor antagonists. Used in the treatment of peptic ulcer and gastro-oesophageal reflux disease (GERD).

*ranitidine information:

Note that there are some more drugs interacting with ranitidine

ranitidine further details are available in official CIMS India

ranitidine

ranitidine brands available in India

Always prescribe with Generic Name : ranitidine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACIDOM-O tab ACILOC inj ACILOC tab ACILOC-RD film-coated tab ACISPAS tab ACTIRAN tab ACTIRAN-D tab ACTISPAS-R tab ALCIRID-O tab ALOTAC tab AVISPAS tab AZTEC amp AZTEC tab AZTEC vial AZTEC-D tab BECOTAC amp CONSEC tab CYCLORAN tab DIN tab EMTEC inj ENTAC inj GIRAN tab HEALCER tab HELKOSS inj HELKOSS tab HELKOSS-D tab HISTAC amp HISTAC effervescent tab HISTAC tab HYTIDE tab INTAC inj INTAC tab KAMTAC tab LANTAC amp LANTAC tab LYDIN tab MANOTAC inj MANOTAC PLUS inj MANOTAC tab MEDITIN inj MEDITIN

PLUS tab MEDITIN tab NILCER tab NITIN tab PENTAC amp PENTAC inj PEPLOC tab RADIC tab RAK-MD tab RAK-OM tab RANCER tab RANEE-M tab RANIAL tab RANICOM tab RANIDOM tab RANIDOM-O film-coated tab RANIDOM-O INJ inj RANIDOM-O TAB tab RANIGLO tab RANIGLO vial RANISPAS film-coated tab RANISUN tab RANISUN-D tab RANISYM tab RANITIDINE inj RANITIDINE INJ amp RANITIN amp RANITIN tab RANIZAC tab RANLOC inj RANLOC tab RANNET tab RANOZ inj RANOZ tab RANTAC inj RANTAC tab RANTAC-D film-coated tab RDIN film-coated tab RELITIN tab RENITAB tab RENOL tab RENOL-O tab RIDCER inj RIDCER tab RINTID tab R-LOC inj R-LOC tab RT-DOM tab SIACID tab SPASMODIN tab SYNTAC-D tab TAB ACIDOM tab TAB ACIDOM-O tab TAK-D tab TAK-M tab TAK-MD tab TAURDIN inj TAURDIN tab TINADUM tab TYDIN tab UDIDINE tab ULCIDOME tab ULCISPAS tab ULFAST tab ULTAC inj ULTAC tab ZINETAC inj ZINETAC tab ZOMITAC tab ZORAN inj ZORAN tab ZYNOL tab

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([all drugs])

reboxetine

CIMS Class : (Antidepressants)

reboxetine

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related reboxetine information

Indication & Dosage

Oral

Depression

Adult: 4 mg bid, may increase to 10 mg daily after 3-4 wk if necessary. Max: 12 mg daily.

Elderly: 2 mg bid, may increase dose to 6 mg/day after 3 ww if required.

Renal impairment: Initiate with lower doses: 2 mg bid; may increase gradually according to tolerance.

Hepatic impairment: Initiate with lower doses: 2 mg bid; may increase gradually according to tolerance.

Administration

May be taken with or without food.

Special Precautions

Renal and hepatic impairment, benign prostatic hyperplasia, cardiac disorders, epilepsy, bipolar disorders, urinary retention, glaucoma. May impair ability to perform tasks requiring mental alertness, driving or operating machinery. Monitor for signs of clinical worsening eg. suicidal tendency especially during the initial phase of the treatment.

Adverse Drug Reactions

Insomnia, dizziness, increased sweating, impotence, dry mouth, constipation, urinary hesitancy, dry mouth, postural hypotension, dysuria, paraesthesia, hyponatraemia, tachycardia.
Potentially Fatal: Tachycardia.

Drug Interactions

Avoid concomitant admin with antiarrhythmics, antipsychotics, ciclosporin, imidazole and triazole antifungals, TCAs. Concurrent use with CYP3A4 inhibitors may increase plasma levels of reboxetine. Concurrent use with ergot derivatives may increase BP.
Potentially Fatal: Risk of hypertensive crisis when used with MAOIs.

Mechanism of Action

Reboxetine selectively and potently inhibits norepinephrine reuptake. It also has a weak effect on serotonin reuptake.
Absorption: Well absorbed; peak plasma concentrations about 2 hr after oral dose.
Distribution: Protein-binding: 97%.
Metabolism: Metabolised by CYP3A4. Dealkylation, hydroxylation, oxidation followed by glucuronide and sulfate conjugations.
Excretion: Mainly via urine (78%) with 10% as unchanged drug; 13 hr (elimination half-life).

CIMS Class

Antidepressants

ATC Classification

N06AX18 - reboxetine; Belongs to the class of other agents used in the management of depression.

*reboxetine information:
Note that there are some more drugs interacting with reboxetine

reboxetine

reboxetine brands available in India

Always prescribe with Generic Name : reboxetine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : NAREBOX tab REBOOT tab REBOTIN tab REBOXXIN tab

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([all drugs])

repaglinide

CIMS Class : (Antidiabetic Agents)

repaglinide

P - Caution when used during pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related repaglinide information

Indication & Dosage

Oral

Type 2 diabetes mellitus

Adult: Usual initial dose: 0.5 mg, taken within 30 minutes of main meals. Initial doses of 1 or 2 mg may be used in patients who have had previous hypoglycaemic treatment. May adjust dose at intervals of 1-2 wk, up to 4 mg before meals. Max dose: 16 mg daily.
Hepatic impairment: May require longer intervals between dosage adjustments.

Administration

Should be taken with food. (Usually taken within 15 mins of the meal but time may vary from immediately before to 30 mins before the meal.)

Overdosage

Severe hypoglycaemic reactions with coma, seizure and other neurological impairment may occur.

Contraindications

Diabetic ketoacidosis; severe hepatic impairment, type 1 diabetes; hypersensitivity. Lactation.

Special Precautions

Myocardial infarction, coma, trauma during surgery, elderly, malnourished and debilitated patients. Hepatic or severe renal impairment. Pregnancy.

Adverse Drug Reactions

Hypoglycaemia, nausea, diarrhoea, constipation, vomiting, dyspepsia, arthralgia, sinusitis, rhinitis, back pain; rash, pruritus, urticaria; visual disturbances.

Drug Interactions

Cytochrome P450 3A4 inducers eg. rifampicin, barbiturates and carbamazepine may increase repaglinide metabolism. NSAIDs and other highly protein bound drugs eg, salicylates, sulphonamides, phenylbutazone, oral anticoagulants and hydantoins may potentiate action of repaglinide. Ketoconazole, fluconazole,itraconazole and erythromycin may increase plasma conc of repaglinide. Antagonistic effect with drugs causing

hyperglycaemia. Concurrent use with gemfibrozil may lead to enhanced and prolonged blood glucose lowering effect.
Potentially Fatal: Increased risk of myocardial infarction when used with isophane insulin.

Food Interaction

Absorption may be affected when given with food.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.
Storage

Oral: Store below 25°C. Protect from moisture.

Mechanism of Action

Repaglinide stimulates release of insulin from pancreatic ß-cells by inhibiting K efflux via closure of ATP regulated K channels. This

results in depolarization of the cell and opening of voltage-dependent Ca channels, which increases influx of Ca into the beta cells and causes release of insulin.
Absorption: Rapid and complete; peak plasma concentrations after 1 hr (oral).
Distribution: Protein-binding: >98%.
Metabolism: Completely metabolised by oxidative biotransformation and direct conjugation with glucuronic acid.
Excretion: Urine (about 8%); faeces (90%).

CIMS Class

Antidiabetic Agents

ATC Classification

A10BX02 - repaglinide; Belongs to the class of other oral blood glucose lowering drugs. Used in the treatment of diabetes.

*repaglinide information:
Note that there are some more drugs interacting with repaglinide
repaglinide further details are available in official CIMS India
repaglinide

repaglinide brands available in India

Always prescribe with Generic Name : repaglinide, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : EUREPA tab NOVONORM tab PAGE tab RAPILIN tab REGAN tab REPA tab REPIDE tab

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([all drugs])

reserpine

CIMS Class : (Other Antihypertensives)

reserpine

Lab ¤ - Lab interference

related reserpine information

Indication & Dosage

Oral

Hypertension

Adult: Up to 500 mcg daily for about 2 wk, subsequently reduced to lowest dose necessary to maintain response. Maintenance: 100-250 mcg daily. Max dose: 500 mcg daily.

Oral

Psychoses

Adult: Up to 1 mg daily.

Administration

Should be taken with food.

Overdosage

Signs include CNS depression ranging from drowsiness to coma.

Contraindications

Active peptic ulcer or ulcerative colitis; depression; Parkinson's disease; pheochromocytoma; electroconvulsive therapy (ECT).

Special Precautions

Elderly or debilitated patients; epilepsy; renal insufficiency; gallstones; allergic conditions; cardiac arrhythmias; MI. Maintain an interval of at least 7-14 days between the last dose of reserpine and start of ECT.

Adverse Drug Reactions

Nasal congestion; headache; CNS disorders; GI disturbances; breast engorgement, galactorrhoea; gynaecomastia, decreased libido, impotence, Na retention, oedema, decreased or increased appetite; weight gain, miosis, dry mouth, sialorrhoea, dysuria, rashes, pruritus, thrombocytopaenic purpura.

Drug Interactions

Hypotensive effects enhanced by thiazide diuretics and other antihypertensives. May cause excitation and hypertension with MAOIs. May cause cardiac arrhythmias with digitalis or quinidine. Effects of CNS depressants may be enhanced. May decrease patient's response to levodopa.

Lab Interference

May cause a slight increase in urinary 5-hydroxyindoleacetic acid excretion. May also interfere with colorimetric assay procedures for the determination of urinary 17-hydroxycorticosteroids by the Glenn-Nelson technique and 17-ketosteroids by the Holtorff Koch modification of the Zimmerman reaction.

Storage

Oral: Store at 20-25°C.

Mechanism of Action

Reserpine is an antihypertensive drug that causes depletion of noradrenaline, catecholamine and serotonin stores resulting in a reduction in BP, bradycardia and CNS depression. Decrease in cardiac output and peripheral resistance result in hypotensive effect.

Absorption: Readily absorbed from the GI tract, bioavailability: about 50%.

Distribution: Crosses the blood brain barrier and appears in breast milk. 95% bound to plasma proteins.

Metabolism: Extensive metabolism.

Excretion: About 8% is excreted in urine as metabolites and about 60% is excreted in faeces, mainly unchanged.

CIMS Class

Other Antihypertensives

ATC Classification

C02AA02 - reserpine; Belongs to the class of rauwolfia alkaloids, centrally-acting antiadrenergic agents. Used in the treatment of hypertension.

*reserpine information:
Note that there are some more drugs interacting with reserpine
reserpine
reserpine brands available in India
Always prescribe with Generic Name : reserpine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ADELPHANE tab ADELPHANE-ESIDREX tab GENOPHANE tab SARPALZINO tab SERPASIL tab
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([all drugs])
retinol
CIMS Class : (Vitamins A, D & E) , (Acne Treatment Preparations) , (Psoriasis, Seborrhea & Ichthyosis Preparations)

retinol

P - Contraindicated in pregnancy

related retinol information

Indication & Dosage

Oral

Vitamin A deficiency

Adult: For severe deficiency with corneal changes: 500,000 units daily for 3 days, followed by 50,000 units daily for 2 wk and then 10,000-20,000 units daily for 2 mth as follow-up therapy. For cases with corneal changes: 10,000-25,000 units daily until clinical improvement occurs (usually 1?2 wk).

Child: In children with xerophthalmia: 5000 units/kg daily for 5 days or until recovery occurs.

Intramuscular

Patients with biliary cirrhosis or chronic cholestatic liver disease

Adult: 100,000 units every 2-4 mth.

Topical/Cutaneous

Acne

Adult: Apply as cream or ointment on affected areas.

Topical/Cutaneous

Psoriasis

Adult: Apply as cream or ointment on affected areas.

Contraindications

Hypervitaminosis A; pregnancy (dose exceeding RDA).

Special Precautions

Cholestatic jaundice; fat-malabsorption conditions. Monitor patients closely for toxicity. Liver impairment and children.

Adverse Drug Reactions

Hypervitaminosis A characterised by fatigue, irritability, anorexia, weight loss, vomiting and other GI disturbances, low-grade fever, hepatosplenomegaly, skin changes, alopoecia, dry hair, cracking and bleeding lips, SC swelling, nocturia, pains in bones and joints.

Drug Interactions

Decreased absorption with neomycin. Increased risk of hypervitaminosis A with synthetic retinoids eg, acitretin, isotretinoin and tretinoin. Increased risk of toxicity when used with alcohol.

Mechanism of Action

Retinol (vitamin A) is an essential cofactor in many biological processes for growth, development and maintenance of epithelial tissues and visual adaptation to darkness

Absorption: Well-absorbed from GI tract (except in the presence of fat malabsorption, low-protein intake, impaired hepatic or pancreatic function) after oral administration.

Distribution: Concentrated in the liver. Enters breastmilk.

Metabolism: Hydrolysed to retinol by pancreatic enzymes.

Excretion: Urine and faeces.

CIMS Class

Vitamins A, D & E / Acne Treatment Preparations / Psoriasis, Seborrhea & Ichthyosis Preparations

ATC Classification

D10AD02 - retinol; Belongs to the class of topical retinoid preparations used in the treatment of acne.

R01AX02 - retinol; Belongs to the class of other topical preparations used as nasal decongestants.
S01XA02 - retinol; Belongs to the class of other agents used as ophthalmologicals.

*retinol information:
Note that there are some more drugs interacting with retinol
retinol
retinol brands available in India
Always prescribe with Generic Name : retinol, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : AROVIT drops LIPOLOTION lotion MIXCAROTIN soft-gelatin caps VITAMIN-A chewable tab YUGARD cream
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([all drugs])
reviparin sodium
CIMS Class : (Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics))
reviparin sodium
L - Caution when used during lactation

related reviparin sodium information

Indication & Dosage

Subcutaneous

Prophylaxis of venous thromboembolism during moderate-risk surgical procedures

Adult: 1750 anti-Xa IU, given 2 hr prior to surgery. Continue once daily dosing until patient is fully mobile.

Subcutaneous

Prophylaxis of venous thromboembolism during high-risk surgical procedures

Adult: 4200 anti-Xa IU, given 12 hr before surgery. Continue once daily dosing until patient is fully mobile and for at least 14 days.

Subcutaneous

Thromboembolic disorders

Adult: Initiate treatment upon confirmation of diagnosis. 35-45 kg: 3500 anti-Xa IU; 46-60 kg: 4200 anti-Xa IU and >60 kg: 6300 anti-Xa IU. Doses to be given bid with an oral anticoagulant. Usual treatment duration with reviparin: 5-7 days.

Overdosage

Overdosage may lead to haemorrhage. Severe bleeding may be decreased by slow IV admin of protamine sulfate.

Contraindications

Patients at serious risk of haemorrhage including blood disorders, thrombocytopaenia, peptic ulcer disease, cerebrovascular disorders, bacterial endocarditis, severe hypertension, oesophageal varices, patients who have recently undergone surgery, severe renal or hepatic impairment. IM admin. Patients who have developed thrombocytopenia with heparin. Patients with prosthetic heart valves.

Special Precautions

Elderly (women in particular); lactation; children; renal failure; diabetes mellitus. Platelet count done before and during reviparin therapy. Monitor anti-factor-Xa activity in patients with increased risk of bleeding such as elderly, renally impaired patients and patients with active bleeding.

Adverse Drug Reactions

Vomiting, constipation, epistaxis, conjunctivitis, asthma, rhinitis. Bleeding from skin, mucosa, GI tract, wounds and genital tract; thrombosis; thromboembolism; consumption coagulopathy; Inj site necrosis; melena; petechiae; purpura; allergic features like pruritus, urticaria; nausea, headache, fever, body pain, dyspnoea and hypotension; transient alopoecia, hyperkalaemia, hypoaldosteronism; metabolic acidosis; priapism.
Potentially Fatal: Severe thrombocytopaenia with severe thromboembolic disorders and haemorrhage.

Drug Interactions

Nitroglycerin infusion may diminish reviparin effect. May displace propranolol from protein-binding sites. Increased risk of haemorrhage when used with aspirin. Increased risk of hyperkalaemia when used with ACE inhibitors or angiotensin II receptor antagonists.
Potentially Fatal: Serious GI bleeding may occur when used with ketorolac.

Pregnancy Category (US FDA)
Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in

pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Mechanism of Action

Reviparin sodium, like heparin, inhibits blood clotting in vitro and in vivo by enhancing the action of antithrombin III. Antithrombin III inhibits the activity of activated clotting factors including thrombin (factor IIa) and activated factor X (factor Xa).

Absorption: Absorbed from systemic circulation (SC); peak plasma concentrations after 3 hr. Bioavailability: about 95%.

Excretion: Excreted mainly in the urine. Elimination half-life: about 3 hr.

CIMS Class

Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics)

*reviparin sodium information:

Note that there are some more drugs interacting with reviparin sodium

reviparin sodium

reviparin sodium brands available in India

Always prescribe with Generic Name : reviparin sodium, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CLIVARINE PF-syringe CLIVARINE-MDV vial

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([all drugs])

ribavirin

CIMS Class : (Antivirals)

ribavirin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related ribavirin information

Indication & Dosage

Oral

Chronic hepatitis C

Adult: Dosing regimens depend on the product used and patient's body wt. Rebetol (Schering-Plough): when used with peginterferon alfa-2b, recommended dose is 800 mg daily; when used with interferon alfa-2b, recommended dose is 1 g daily (for patients =75

kg) or 1.2 g daily (for patients >75 kg). To be given in 2 divided doses. Usual treatment duration: 48 wk (treatment-naive patients) or 24 wk (patients who have failed interferon alfa-2b monotherapy). Copegus (Roche): Use in combination with peginterferon alfa-2a. Dosing regimens depend on hepatitis C viral genotype. For genotype 1 or 4: 1 g daily (patients <75 kg) or 1.2 g daily (patients =75 kg); for genotype 2 or 3: 800 mg daily. For coinfection with HIV, 800 mg daily (regardless of hepatitis C viral genotype). To be given in 2 divided doses. Usual treatment duration: 48 wk (genotype 1 or 4 or HIV coinfection) or 24 wk (genotype 2 or 3).

Child: =3 yr: recommended dosing regimen (Rebetol (Schering Plough)): 15 mg/kg daily, given in 2 divided doses. Used in combination with interferon alfa-2b. For patients =25 kg or unable to swallow capsules, oral solution should be used. Capsules should not be used in patients <5 yr. Usual treatment duration: 48 wk (treatment-naive patients) or 24 wk (patients who have failed interferon alfa-2b monotherapy).

CrCl (ml/min)

Dosage Recommendation

<50

Avoid usage.

Hepatic impairment: Avoid in severe impairment.

Inhalation

Respiratory syncytial viral infections

Child: Usual dose: Mist containing 190 mcg/L delivered to the patient via the SPAG-2 aerosol generator and an oxygen hood, face mask, or oxygen tent at a rate of about 12.5 L of mist per minute continuously for 12?18 hr daily for 3?7 days.

CrCl (ml/min)

Dosage Recommendation

<50

Avoid usage.

Hepatic impairment: Avoid in severe impairment.

Special Populations: Reduce dose in patients with low Hb concentrations.

Reconstitution: Reconstitute by using at least 75 ml of sterile water for inj or inhalation into a vial containing 6 g of ribavirin. The final concentration should be 20 mg/ml.

Administration

Tab: Should be taken with food.
Cap: May be taken with or without food. (Take consistently w/ respect to meals, either always with or always without meals.)

Contraindications

Hypersensitivity. Pregnancy and lactation. Unstable cardiac disease, haemoglobinopathies or CrCl <50 ml/min. Severe hepatic impairment or decompensated liver cirrhosis. Men whose female partners are pregnant. Children and adolescents with a history of, or existing psychiatric disorders.

Special Precautions

Patients with extensive hepatic fibrosis; renal impairment; anaemias. Monitor CBC at the start of, and regularly during treatment. Ensure contraception during treatment and for at least 6 mth after treatment cessation in women and female partners of male patients. Increased risk of fatal and nonfatal MI in patients with anaemia.

Adverse Drug Reactions

Oral: Increased serum bilirubin and uric acid, haemolytic anaemia, reticulocytosis, anorexia, dyspepsia, nausea, irritability, dyspnoea, pharyngitis, skin rashes, pruritus and headache, abdominal cramps, fatigue, metallic taste, increased thirst, GI complaints, mood changes, insomnia. High dose may cause reduction in haemoglobin, haematocrit and RBC count. Aerosol: Deterioration in pulmonary function, bacterial pneumonia and pneumothorax, BP fall, cardiac arrest, anaemia, reticulocytosis, conjunctivitis, skin rash. Eye irritation due to deposited drug (infrequent).

Drug Interactions

May worsen neutropenia induced by interferon alfa. May increase risk of adverse effects when used with nucleoside reverse transcriptase inhibitors.

Potentially Fatal: Risk of fatal hepatic failure, peripheral neuropathy and pancreatitis when used withdidanosine. Increased risk of severe neutropenia and anaemia when used with zidovudine.

Pregnancy Category (US FDA)

Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.

Storage

Inhalation: Lyophilised drug powder may be stored at 25°C. Reconstituted solution may be stored at 20-30°C for 24 hr. Oral: Capsule/tablet: Store at 15-30°C. Oral solution: Store at room temperature or refrigerate at 2-8°C.

Mechanism of Action

Ribavirin is a synthetic nucleoside which has inhibitory action against respiratory syncytial virus, influenza virus and herpes simplex virus. The mechanism of action is not clear. It may act at several sites including cellular enzymes to interfere with viral nucleic acid synthesis. The mono- and triphosphate derivatives are known to be responsible for the antiviral action of the compound.

Absorption: Rapidly absorbed from the GI tract; peak plasma concentrations after 1-2 hr (oral). Oral bioavailability: about 45-65%. Absorbed from the resp tract (inhalation).
Distribution: Crosses the blood-brain barrier; present in sperm and RBC (high concentrations).
Metabolism: Extensively hepatic via phosphorylation; converted to the mono-, di- and triphosphate derivatives.
Excretion: Mainly in the urine (as unchanged drug and metabolites). Elimination half-life: 2 hr (ß phase), 20-50 hr (terminal phase).

CIMS Class

Antivirals

ATC Classification

J05AB04 - ribavirin; Belongs to the class of nucleosides and nucleotides excluding reverse transcriptase inhibitors. Used in the systemic treatment of viral infections.

*ribavirin information:
Note that there are some more drugs interacting with ribavirin

ribavirin further details are available in official CIMS India

ribavirin

ribavirin brands available in India

Always prescribe with Generic Name : ribavirin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : REBETOL cap RIBAMAC cap RIBAVIN cap RIBAVIN syr RIVIRIN cap VIRAZIDE syr VIRAZIDE tab

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([all drugs])

rifampicin

CIMS Class : (Anti-TB Agents) , (Antileprotics) , (Other Antibiotics)

rifampicin

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related rifampicin information

Indication & Dosage

Oral

Tuberculosis

Adult: 10 mg/kg daily or 2-3 times wkly. Max: 600 mg/day.

Child: 10-20 mg/kg daily or 2-3 times wkly. Max: 600 mg/day.

Hepatic impairment: Dosage reduction may be necessary.

Oral

Leprosy

Adult: 600 mg once mthly.

Child: 10-14 yr: 450 mg once mthly; <10 yr: 300 mg once mthly.

Hepatic impairment: Dosage reduction may be necessary.

Oral

Prophylaxis against meningococcal meningitis

Adult: 600 mg bid for 2 days.

Child: 1-12 yr: 10 mg/kg; <12 mth: 5 mg/kg, doses to be given bid for 2 days.

Hepatic impairment: Dosage reduction may be necessary.

Oral

Prophylaxis against meningitis due to Haemophilus influenzae

Adult: 600 mg daily for 4 days.

Child: 1-3 mth: 10 mg/kg/day; >3 mth: 20 mg/kg/day. Doses to be taken once daily for 4 days. Max: 600 mg/day.

Hepatic impairment: Dosage reduction may be necessary.

Oral

Staphylococcal infections

Adult: 600-1200 mg daily, in divided doses. May also be given via IV infusion.

Child: =1 yr: 5-10 mg/kg bid; 1-18 yr: 10 mg/kg (max: 600 mg) bid. May be given via mouth or IV infusion.

Hepatic impairment: Dosage reduction may be necessary.

Oral

Legionnaire's disease

Adult: 600-1200 mg daily, in divided doses. May also be given via IV infusion.

Child: =1 yr: 5-10 mg/kg bid; 1-18 yr: 10 mg/kg (max: 600 mg) bid. May be given via mouth or IV infusion.

Hepatic impairment: Dosage reduction may be necessary.

Oral

Brucellosis

Adult: 600-1200 mg daily, in divided doses. May also be given via IV infusion.

Child: =1 yr: 5-10 mg/kg bid; 1-18 yr: 10 mg/kg (max: 600 mg) bid. May be given via mouth or IV infusion.

Hepatic impairment: Dosage reduction may be necessary.

Administration

Should be taken on an empty stomach. (Best taken on an empty stomach 1 hr before or 2 hr after meals.)

Overdosage

May lead to nausea, vomiting, abdominal pain, pruritus, headache and lethargy. Hypotension, ventricular arrhythmias, seizures and cardiac arrest may occur in fatal cases.

Contraindications

Hypersensitivity, jaundice, severe hepatic disease. IM/SC admin. Porphyria. Not to be used for treatment of meningococcal disease.

Special Precautions

Impaired hepatic or renal function. Elderly, malnourished or very young patients. Alcoholic patients. Monitor blood counts and liver function regularly. Body fluids may colour orange-red. Discontinue use if thrombocytopenia or purpura occurs. Pregnancy and lactation. Care should be taken during IV admin to prevent extravasation.

Adverse Drug Reactions

GI disturbances, pseudomembranous colitis (rare), abnormalities of liver function, fatalities in those with liver disorders, influenza-like symptoms, skin reactions, eosinophilia, transient leucopenia, thrombocytopenia, purpura, shock, drowsiness, headache, ataxia, visual disturbances, menstrual irregularities. Reddish coloured urine and tears. IV: Thrombophloebitis; extravasation following local irritation and inflammation.
Potentially Fatal: Hepatitis or shock-like syndrome with hepatic involvement.

Drug Interactions

Increased metabolism of chloramphenicol, clofibrate, dapsone, digoxin, hexobarbitone, ketoconazole andquinidine. Absorption may be decreased when taken with antacids, anticholinergics, opioids and ketoconazole. Increased metabolism of losartan and its active metabolite, diazepam and nitrazepam. Reduces serum levels of aprepitant, atovaquone, bisoprolol, carvedilol, metoprolol, propanolol, buspirone, bunazosin,diltiazem, nifedipine and verapa mil. Increased risk of transplant rejection when used

with ciclosporin. Decreases effects of tolbutamide, clofibrate, coumarin anticoagulants, diazepam and oral contraceptives.
Potentially Fatal: May reduce efficacy of corticosteroids in Addison's disease and induce an addisonian crisis.

Lab Interference

Interferes with colorimetric tests, including bromsulphothalein tests of liver function and bilirubin assays. Erroneous low readings of vitamin B12 and folates may occur.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.
Storage

Oral: Avoid excessive heat and protect from light.

Mechanism of Action

Rifampicin has a broad-spectrum bactericidal action which inhibits bacterial RNA synthesis by binding to the ß subunit of DNA-dependent RNA polymerase, thus blocking RNA transcription. It is commonly used in the treatment of tuberculosis, leprosy and opportunistic atypical mycobacterial infections.

Absorption: Readily absorbed from the GI tract (oral); peak plasma concentrations after 2-4 hr. May be reduced and delayed in the presence of food.

Distribution: Body tissues and fluids, CSF (increased during meningitis), crosses the placenta and enters into breast milk. Protein-binding: 84-91%

Metabolism: Hepatic; converted to 25-O-desacetylrifampicin.

Excretion: Via faeces (60% of the dose).

CIMS Class

Anti-TB Agents / Antileprotics / Other Antibiotics

ATC Classification

J04AB02 - rifampicin; Belongs to the class of antibiotics. Used in the treatment of tuberculosis.

*rifampicin information:

Note that there are some more drugs interacting with rifampicin

rifampicin further details are available in official CIMS India

rifampicin

rifampicin brands available in India

Always prescribe with Generic Name : rifampicin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : COXID-450 cap EUFACIN cap FAMCIN cap KEMORIFA tab LS RIF cap MACOX cap MONOCIN film-coated tab MONTOMYCIN cap R-CIN cap R-CIN susp RIFACEPT cap RIFACILIN cap RIFALONE cap RIFAMPILA cap RIFAMYCIN cap RIFAPLUS CAPS cap RIMACTANE cap RIMACTANE syr RIMACTANE tab RIMPACIN cap RIMPIN cap RIPHARMED cap RIPHARMED syr SCC-2 film-coated tab TAURIF tab TICIN susp TICIN tab ZUCOX cap ZUCOX tab

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([all drugs])

risedronic acid

CIMS Class : (Agents Affecting Bone Metabolism)

risedronic acid

P - Contraindicated in pregnancy

Lab ¤ - Lab interference

Food ¤ - Food interaction

related risedronic acid information

Indication & Dosage

Oral

Paget's disease of bone

Adult: 30 mg once daily for 2 mth, repeat if necessary after 2 mth interval.

CrCl (ml/min)

Dosage Recommendation

<30

Avoid use.

Oral

Treatment and prophylaxis of postmenopausal or corticosteroid-induced osteoporosis

Adult: 5 mg daily. To minimize GI effects, take with at least 200 ml of water in an upright position on an empty stomach, at least 30 min before breakfast and any other oral medication. Remain upright after taking the tab for at least 30 min. Do not take at bedtime or before rising. Alternatively, for postmenopausal

osteoporosis, 35 mg once wkly or 75 mg on 2 consecutive days of each mth or 150 mg once a mth may be given.

CrCl (ml/min)
Dosage Recommendation
<30
Avoid use.
Oral
Increase bone mass in men with osteoporosis
Adult: 35 mg once wkly.

CrCl (ml/min)
Dosage Recommendation
<30
Avoid use.
Overdosage

May decrease serum calcium and phosphorus levels. Antacids or milk containing calcium may be given to decrease the absorption of the drug.

Contraindications

Acute upper GI inflammation, pregnancy, hypocalcaemia and CrCl <30 ml/min.

Special Precautions

Correct hypocalcaemia prior to therapy. Monitor hepatic and renal function and WBC. Renal impairment; inability to remain in an upright position for at least 30 min after oral intake.

Adverse Drug Reactions

Electrolyte disturbances; GI disturbances; musculoskeletal pain; headache; hypersensitivity reactions; blood disorders; liver enzyme disturbances. Bone, joint and/or muscle pain.

Drug Interactions

Co-admin with calcium, antacids or oral medications containing divalent cations may affect the absorption of risedronate. May have additive calcium lowering effects when used with aminoglycosides.

Food Interaction

Impaired absorption.

Lab Interference

May interfere with the use of bone-imaging agents.

Storage

Oral: Store at 20-25°C.

Mechanism of Action

Risedronic acid inhibits bone resorption by inhibiting osteoclasts. It also prevents formation and dissolution of hydroxyapatite crystals, and therefore may interfere with bone mineralisation.
Absorption: Poor absorption after oral admin.
Distribution: Protein binding: about 24%.
Metabolism: Not metabolised.
Excretion: About half of the absorbed portion is excreted in the urine within 24 hr. Unabsorbed drug is eliminated in the faeces.

CIMS Class

Agents Affecting Bone Metabolism

ATC Classification

M05BA07 - risedronic acid; Belongs to the class of bisphosphonates. Used in the treatment of bone diseases.

*risedronic acid information:
Note that there are some more drugs interacting with risedronic acid
risedronic acid
risedronic acid brands available in India
Always prescribe with Generic Name : risedronic acid, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ACTONEL tab FOSSICAL tab GEMFOS tab RISOFOS film-coated tab
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([all drugs])
risperidone
CIMS Class : (Antipsychotics)

risperidone

P - Caution when used during pregnancy

related risperidone information

Indication & Dosage

Oral

Schizophrenia

Adult: Initially, 2 mg daily, may increase to 4 mg daily on the 2nd day, adjusted further in increments or decrements of 1-2 mg daily at wkly intervals. Doses may be given in 1-2 divided doses. Maintenance: 4-6 mg daily. Max: 16 mg/day.

Elderly: Initially, 0.5 mg bid gradually increased in increments of 0.5 mg bid. Maintenance: 1-2 mg bid.

Renal impairment: Initially, 0.5 mg bid, may increase in steps of 0.5 mg bid, up to 1-2 mg bid. Dose increments above 1.5 mg bid should be made at intervals of at least 1 wk.

Hepatic impairment: Initially, 0.5 mg bid, may increase in steps of 0.5 mg bid, up to 1-2 mg bid. Dose increments above 1.5 mg bid should be made at intervals of at least 1 wk.

Oral

Acute manic episodes of bipolar disorder

Adult: Initially, 2-3 mg once daily. May increase by 1 mg daily at intervals of at least 24 hr. Max: 6 mg daily.

Elderly: Initiate with lower doses.

Renal impairment: Initially, 0.5 mg bid, may increase in steps of 0.5 mg bid, up to 1-2 mg bid. Dose increments above 1.5 mg bid should be made at intervals of at least 1 wk.

Hepatic impairment: Initially, 0.5 mg bid, may increase in steps of 0.5 mg bid, up to 1-2 mg bid. Dose increments above 1.5 mg bid should be made at intervals of at least 1 wk.

Intramuscular

Schizophrenia

Adult: Give oral risperidone for a few days to assess tolerability prior to initiating inj. For patients not stabilised on oral risperidone: 25 mg every 2 wk. Patients stabilised on oral risperidone for at least 2 wk in doses =4 mg daily: 25 mg every 2 wk. Patients stabilised on oral risperidone for at least 2 wk in doses >4 mg daily: 37.5 mg every 2 wk. Continue oral risperidone for the 1st 3 wk after the 1st inj.

Elderly: Max dose: 25 mg every 2 wk.

Administration

May be taken with or without food.

Overdosage

May lead to tachycardia, hypotension and extrapyramidal symptoms. In cases of acute overdosage, maintain airway and ensure sufficient oxygenation and ventilation. Gastric lavage and admin of activated charcoal with a laxative may be considered. Monitor ECG and CV status.

Special Precautions

Preexisting CV diseases; discontinue use if signs and symptoms of tardive dyskinesia occur; renal and hepatic impairment, elderly, epilepsy; parkinsonism; pregnancy. May cause drowsiness and orthostatic hypotension. Gradual withdrawal is recommended. Monitor blood glucose in diabetics and patients at risk of developing diabetes.

Adverse Drug Reactions

Agitation, anxiety, dizziness, headache, somnolence; orthostatic hypotension; constipation, dyspepsia, nausea, vomiting, abdominal pain, blurred vision, erectile dysfunction, priapism, rhinitis, rash and allergy, galactorrhoea, gynaecomastia, menstrual disorders,

extrapyramidal symptoms (rarely). weight gain, oedema, tardive dyskinesia.

Potentially Fatal: Neuroleptic malignant syndrome may occur rarely; seizures. May cause increased mortality in elderly with dementia-related psychosis.

Drug Interactions

May antagonise the effects of levodopa and dopamine agonists. May increase serum levels of clozapine when used together. Increased serum levels of carbamazepine when used concurrently. Carbamazepine may also decrease the serum levels of risperidone. Increased risk of neuroleptic malignant syndrome when used with indinavir and ritonavir.

Potentially Fatal: Risperidone may enhance the hypotensive effect of certain antihypertensives.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 15-25°C.

Mechanism of Action

Risperidone is an atypical antipsychotic. Its activity is mediated through a combination of dopamine (D2) and serotonin (5-HT2) receptor antagonism. It also exhibits affinity to adrenergic (a1 and a2) and histamine (H1) receptors. It is less likely to cause extrapyramidal effects than conventional antipsychotics.

Absorption: Readily absorbed from the GI tract (oral); peak plasma concentrations after 1-2 hr.

Distribution: Protein-binding: 90% (risperidone), 70% (9-hydroxyrisperidone).

Metabolism: Extensively hepatic by hydroxylation.

Excretion: Mainly in the urine and, to a lesser extent in the faeces.

CIMS Class

Antipsychotics

ATC Classification

N05AX08 - risperidone; Belongs to the class of other antipsychotics. Used in the management of psychosis.

*risperidone information:

Note that there are some more drugs interacting with risperidone

risperidone

risperidone brands available in India

Always prescribe with Generic Name : risperidone, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CINRIS FORTE tab CINRIS tab DON FORTE tab DON PLUS tab DON-LS tab ETORES-TR tab GENREST PLUS tab GENREST tab GENREST-LS tab PERIDON tab PSYDON tab PSYDYL film-coated tab R-DON FORTE tab R-DON PLUS tab R-DON T tab R-DON tab REGRACE film-coated tab REGRACE FORTE tab REGRACE PLUS tab RESISTAR FORTE tab RESISTAR PLUS tab RESPIDON tab RIDON tab RISCALM FORTE tab RISCALM tab RISCALM-LS tab RISCALM-PLUS tab RISCLAM tab RISDONE PLUS tab RISDONE susp RISDONE tab RISIPE tab RISNIA FORTE tab RISNIA PLUS tab RISNIA syr RISNIA tab RISOLLA tab RISPERDAL film-coated

tab RISPERDAL soln RISPERIV tab RISPID film-coated tab RISPID liqd RISPOND film-coated tab RISPOND FORTE film-coated tab RISPOND PLUS film-coated tab RISTAB tab RITEX tab ROZIDAL tab SIZODON FORTE tab SIZODON PLUS tab SIZODON soln SIZODON tab SIZODON-MD tab SIZOMAX-T3 tab SPERIDON PLUS tab SPERIDON tab SYCODONE tab SYNCODONE PLUS tab ZEPID tab ZISPER FORTE MD-tab ZISPER PLUS MD-tab ZISPER-LS MD-tab ZISPER-MD tab ZODON tab

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([all drugs])

ritodrine

CIMS Class : (Drugs Acting on the Uterus)

ritodrine

P - Contraindicated in pregnancy

L - Caution when used during lactation

related ritodrine information

Indication & Dosage

Oral

Uncomplicated premature labour

Adult: Start oral therapy 30-60 mins before termination of IV infusion at 10 mg every 2 hr for 24 hr. Subsequently, 10-20 mg every 4-6 hr according to patient's response. Max oral dose 120 mg daily.

Parenteral

Uncomplicated premature labour

Adult: Given as IV infusion, initially 0.05 mg/min. Increase by 0.05 mg/min every 10 min until patient responds. Usual rate: 0.15-0.35 mg/min. As IM inj: 10 mg every 3-8 hr. Maintain for 12-48 hr after the contractions have stopped.

Overdosage

May lead to tachycardia, CNS stimulation, hypokalaemia and hyperglycaemia.

Contraindications

Antepartum haemorrhage, eclampsia and severe preeclampsia, intrauterine foetal death, cardiac disease. Threatened miscarriage, placenta praevia and cord compression.

Special Precautions

CV risk factors, concurrent steroids, hyperthyroidism, myocardial insufficiency, arrhythmias, hypertension, DM, bronchial asthma treated with beta-agonists, lactation. Monitor plasma glucose and potassium. Monitor maternal pulse throughout infusion; adjust rate to avoid maternal heart beat exceeding 140 beats/min. Monitor patient's hydration status to reduce risk of pulmonary oedema. Discontinue treatment if there are signs of pulmonary oedema.

Adverse Drug Reactions

Tachycardia, palpitation, headache, nervousness, anxiety, nausea, vomiting.
Potentially Fatal: Rarely, anaphylaxis, arrhythmia, pulmonary oedema, hypokalaemia.

Drug Interactions

May enhance neuromuscular blockade produced by pancuronium and vecuronium.
Potentially Fatal: Potassium-depleting drugs may increase risk of hypokalaemia.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Mechanism of Action

A selective ß2-adrenoceptor agonist with its main action on the uterus, causing relaxation. It reduces the intensity and frequency of contractions. Heart rate is also increased while diastolic pressure is reduced. May cause bronchial relaxation but this is not clinically significant in its usage.

Absorption: Rapid absorption from the GI tract (oral). Bioavailability: about 30% of an oral dose.

Distribution: Crosses the placenta.

Metabolism: Hepatic: By conjugation with glucuronic acid or sulfate.

Excretion: 70-90% of a dose is excreted in the urine within 10-12 hr.

CIMS Class

Note that there are some more drugs Acting on the Uterus

ATC Classification

G02CA01 - ritodrine; Belongs to the class of sympathomimetics. Used as labour repressants.

*ritodrine information:
ritodrine
ritodrine brands available in India
Always prescribe with Generic Name : ritodrine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : MIOLENE inj MIOLENE tab RISTORE tab RITODINE inj RITODINE tab RITOLAN tab RITROD inj RITROD tab TOCOPAR tab UTERELAX tab UTGARD inj UTGARD tab UTODIN amp UTODIN tab YUTOPAR amp YUTOPAR tab
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([all drugs])
ritonavir

CIMS Class : (Antivirals)

ritonavir

P - Caution when used during pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related ritonavir information

Indication & Dosage

Oral

HIV infection

Adult: Combined with other antiretrovirals: Initially, 300 mg bid for 1 day. May increase dose gradually by 100 mg bid over a period of up to 14 days to 600 mg bid.

Child: Combined with other antiretrovirals: >2 yr: 250 mg/m2 bid. Increase dose by 50 mg/m2 bid at 2-3 day intervals up to 400 mg/m2 bid. Max: 600 mg bid.

Hepatic impairment: Dosage reduction may be required.

Oral

As a pharmacokinetic enhancer

Adult: To enhance the efficacy of other protease inhibitors: 100-200 mg once or twice daily.

Administration

Should be taken with food.

Overdosage

Treatment includes general supportive measures such as vital sign monitoring and observation of clinical status of the patient.

Contraindications

Hypersensitivity; lactation; severe hepatic impairment.

Special Precautions

Pregnancy; child; hepatic impairment; DM; haemophilia; pancreatitis. Monitor glucose, lipid, uric acid and blood counts. Ensure adequate hydration to reduce risk of nephrolithiasis. Discontinue treatment if patient develops haemolytic anaemia.

Adverse Drug Reactions

Syncope, orthostatic hypotension; dry mouth, mouth ulcers, throat irritation, cough; dyspepsia, nausea, vomiting, diarrhoea, taste

disturbance, seizures, anxiety, sweating, fever, asthenia, fatigue, headache, dizziness, paraesthesia, myalgia, skin rashes, pruritus, renal insufficiency, anaemia, raised WBC, raised prothrombin time, lipodystrophy, pancreatitis, electrolyte imbalance.
Potentially Fatal: Hypersensitivity, anaphylaxis and Stevens-Johnson syndrome.

Drug Interactions

Decreased plasma conc with phenobarbital, carbamazepine, dexamethasone, phenytoin, rif abutin and rifampicn. Increased plasma conc of certain drugs highly metabolized by CYP3A. May increase serum levels ofsildenafil.
Potentially Fatal: Avoid concurrent admin of oral solution (contains alcohol) with disulfiram or metronidazole. Increased risk of myopathy when used with simvastatin or lovastatin. Concurrent use with alfuzosin may lead to serious hypotension. Increased risk of cardiac arrhythmias when used with amiodarone, cisapride,propafenone, quinidine, flecainide and pimozide. Risk of acute ergot toxicity when used with ergot derivatives. Increased risk of serious adverse reactions when used with midazolam or triazolam.

Food Interaction

Co-admin with St. John's wort may lead to a substantial decrease in the plasma levels of ritonavir.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Mechanism of Action

Ritonavir, a selectively competitive reversible inhibitor of HIV protease, interferes with the formation of essential proteins and enzymes. Afterwhich, the formation of immature and non-infectious viruses follows. It also interferes with the production of infectious HIV and limits further infectious spread of the virus.

Absorption: Peak plasma concentrations occur about 2-4 hr after oral admin.

Distribution: Protein binding: about 98%.

Metabolism: Extensively metabolised in the liver by CYP450 isoenzymes.
Excretion: Mainly excreted in the faeces. Half-life: 3-5 hr.

CIMS Class

Antivirals

ATC Classification

J05AE03 - ritonavir; Belongs to the class of protease inhibitors. Used in the systemic treatment of viral infections.

*ritonavir information:
Note that there are some more drugs interacting with ritonavir
ritonavir
ritonavir brands available in India
Always prescribe with Generic Name : ritonavir, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : EMPETUS tab RITOMAX cap RITOMUNE soft-gelatin caps

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([all drugs])

rivastigmine

CIMS Class : (Neurodegenerative Disease Drugs)

rivastigmine

P - Caution when used during pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related rivastigmine information

Indication & Dosage

Oral

Mild to moderately severe dementia in Alzheimer's disease

Adult: Initially, 1.5 mg bid, increased according to response by 1.5 mg bid at intervals of at least 2 wk. If treatment is interrupted for >a few days, restart at 1.5 mg bid and increase dose accordingly, if required. Max: 6 mg bid.

Administration

Should be taken with food.

Overdosage

May result in cholinergic crisis. General supportive measures should be used.

Contraindications

Hypersensitivity to other carbamate derivatives. Severe hepatic impairment.

Special Precautions

Patients with sick sinus syndrome or conduction defects, resp diseases. Cholinergic stimulation may increase gastric acid secretion. May exacerbate urinary obstruction and seizures. Pregnancy. Renal impairment, mild to moderate hepatic impairment. Monitor body wt. Asthma or obstructive pulmonary disease. May worsen extrapyramidal symptoms. Lactation.

Adverse Drug Reactions

Accidental trauma, fatigue, asthenia, dizziness, headache, somnolence, agitation, insomnia, confusion, depression, nausea,

vomiting, diarrhoea, abdominal pain, loss of appetite, dyspepsia, upper respiratory tract infection, urinary tract infection. Rarely, angina pectoris, gastric and duodenal ulcers, GI haemorrhage; bradycardia, seizures, rashes and syncope.
Potentially Fatal: Serious GI reactions such as anorexia, vomiting and weight loss.

Drug Interactions

Not to be used with other cholinomimetic drugs that might interfere with the activity of anticholinergic medications. May exaggerate the effects of succinylcholine-type muscle relaxants during anaesthesia. Tobacco smoking may increase its clearance.

Food Interaction

Food delays absorption.

Pregnancy Category (US FDA)
Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not

confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store below 25°C.

Mechanism of Action

Rivastigmine reversibly inhibits hydrolysis of acetylcholine by cholinesterases thus increasing acetylcholine present in the CNS. It is selective for the CNS and is used for the symptomatic treatment of dementia in Alzheimer's disease and idiopathic Parkinson's disease.

Absorption: Readily absorbed from the GI tract (oral); peak plasma concentrations after 1 hr.

Distribution: Crosses the blood-brain barrier. Protein-binding: 40%.

Metabolism: Rapid and extensive; hydrolysis by cholinesterase.

Excretion: Via urine (90%), via faeces (<1%); 1 hr (elimination half-life).

CIMS Class

Neurodegenerative Disease Drugs

ATC Classification

N06DA03 - rivastigmine; Belongs to the class of anticholinesterases. Used in the management of dementia.

*rivastigmine information:
Note that there are some more drugs interacting with rivastigmine
rivastigmine further details are available in official CIMS India
rivastigmine
rivastigmine brands available in India
Always prescribe with Generic Name : rivastigmine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : EXELON cap RIVADEM cap RIVAMER cap RIVASMINE cap RIVERA tab ZEEMINE tab
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([all drugs])
rizatriptan
CIMS Class : (Antimigraine Preparations)

rizatriptan

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related rizatriptan information

Indication & Dosage

Oral

Acute migraine attacks

Adult: Initially, 10 mg. If ineffective, 2nd dose should not be taken for the same attack. If symptoms recur after initial response, a further dose of 10 mg may be given. Doses should be separated by at least 2 hr. Max: 20 mg/24 hr. If patient is also taking propanolol, initiate with 5 mg. Max: 10 mg/24 hr. Ensure that the 2 drugs are separated by at least 2 hr.

Renal impairment: For mild-moderate impairment, initate with 5 mg. Further dose of 5 mg may be taken after an interval of at least 2 hr. Max: 10 mg/24 hr. Avoid in severe impairment.

Hepatic impairment: For mild-moderate impairment, initate with 5 mg. Further dose of 5 mg may be taken after an interval of at least 2 hr. Max: 10 mg/24 hr. Avoid in severe impairment.

Administration

May be taken with or without food.
Orally disintegrating tab: May be taken with or without food. (Place on the tongue & allow to dissolve; it can then be swallowed w/ the saliva.)

Overdosage

May cause hypertension and CV symptoms. Gastric lavage using activated charcoal may be considered. Monitor ECG and clinical status of the patient.

Contraindications

History of MI, peripheral vascular disease, transient ishaemic attack, ischaemic heart disease or Prinzmetal's angina; uncontrolled hypertension; basilar or hemiplegic migraine; severe hepatic or renal impairment. Adolescent <18 yr.

Special Precautions

Elderly; mild to moderate hepatic or renal impairment; coronary artery disease; pregnancy, lactation. May cause drowsiness. History

of seizures. Ensure an interval of at least 24 hr after stopping an ergotamine compound and starting a serotonin (5-HT1) agonist.

Adverse Drug Reactions

Increased BP, chest pain, palpitation; skin flushing; dyspnoea; nausea, abdominal pain, dry mouth; dizziness, drowsiness, fatigue.
Potentially Fatal: Toxic epidermal necrolysis.

Drug Interactions

Increased serum concentrations with propranolol. Increased risk of vasospastic reactions when used withergotamine and methysergide. Concurrent use with SSRIs may increase risk of serotonin syndrome.
Potentially Fatal: Concurrent use with or within 2 wk of stopping MAOI treatment.

Food Interaction

Absorption delayed. Concurrent use with St John's wort may increase risk of adverse reactions.

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Rizatriptan is a selective serotonin (5-HT1) agonist in cranial arteries responsible for vasoconstriction and reduction of inflammation associated with antidromic neuronal transmission.
Absorption: Bioavailability: about 40-45%.
Distribution: Protein binding: 14%.
Metabolism: Primarily by monoamine oxidase type A.
Excretion: About 14% of an oral dose is excreted unchanged in the urine. Plasma half-life: about 2-3 hr.

CIMS Class

Antimigraine Preparations

ATC Classification

N02CC04 - rizatriptan; Belongs to the class of selective serotonin (5HT1) agonists preparations. Used to relieve migraine.

*rizatriptan information:

Note that there are some more drugs interacting with rizatriptan

rizatriptan

rizatriptan brands available in India

Always prescribe with Generic Name : rizatriptan, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : RITZA tab RIZACT tab RIZATAN tab

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([all drugs])

ropinirole

CIMS Class : (Antiparkinsonian Drugs)

ropinirole

P - Caution when used during pregnancy

L - Contraindicated in lactation

related ropinirole information

Indication & Dosage

Oral

As monotherapy in Parkinson's disease

Adult: Initially, 250 mcg tid, may increase by 750 mcg at wkly intervals for the first 4 wk. Subsequent increments can be made in steps of 1.5 mg at wkly intervals up to 9 mg/day, then in steps of 3 mg at wkly intervals. Usual dose ranges from 3-9 mg daily. Max: 24 mg/day. Higher dose may be necessary if used in conjunction with levodopa. Gradual withdrawal is recommended.
Hepatic impairment: Dosing adjustments may be necessary.
Oral
Restless leg syndrome
Adult: Initially, 250 mcg daily for 2 days, taken 1-3 hr before bedtime. May increase to 500 mcg daily for the next few days. Subsequent increments may be made in steps of 500 mcg at wkly intervals until 3 mg daily is reached. Max: 4 mg daily.
Hepatic impairment: Dosing adjustments may be required.

Administration

Should be taken with food. (Swallow whole, do not chew/crush.)

Overdosage

Symptoms include nausea, vomiting, visual hallucinations, hyperhidrosis, asthenia and nightmares. General supportive

measures and monitoring of vital signs are recommended. May consider gastric lavage.

Contraindications

Lactation.

Special Precautions

Pregnancy. May impair ability to drive or operate machinery. Withdrawal should be gradual. Hepatic or renal impairment. May cause daytime sleepiness or episodes of falling asleep during activities. May cause or worsen pre-existing dyskinesia.

Adverse Drug Reactions

Sudden onset of sleep with or without any prior feeling of drowsiness. Nausea, abdominal pain; dizziness, somnolence, headache, hallucinations; dyskinesias.

Drug Interactions

Inhibitors of CYP1A2 e.g. cimetidine, ciprofloxacin, erythromycin, fluvoxamine, isoniazid, ritonavir and zileuton may increase serum concentrations of ropinirole. Oestrogens and tobacco smoking may decrease clearance of ropinirole. Efficacy may be reduced by dopamine antagonists such as phenothiazines and metoclopramide.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 20-25°C.

Mechanism of Action

Ropinirole is a non-ergot dopamine D2-agonist with similar actions to those of bromocriptine. It is used in the management of Parkinson's disease, either alone or as an adjunct to levodopa.

Absorption: Rapidly absorbed from the GI tract after oral admin. Bioavailability: about 50%.
Distribution: Widely distributed. Plasma protein binding: 10-40%.
Metabolism: Extensively metabolised in the liver by CYP1A2.
Excretion: Excreted in the urine as inactive metabolites; <10% of the oral dose is excreted unchanged. Elimination half-life: about 6 hr.

CIMS Class

Antiparkinsonian Drugs

ATC Classification

N04BC04 - ropinirole; Belongs to the class of dopamine agonist. Used in the management of parkinson's disease.

*ropinirole information:
Note that there are some more drugs interacting with ropinirole
ropinirole further details are available in official CIMS India
ropinirole
ropinirole brands available in India

Always prescribe with Generic Name : ropinirole, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : PARKIROP tab ROPARK film-coated tab ROPIN tab ROPITOR tab

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([all drugs])

rosiglitazone

CIMS Class : (Antidiabetic Agents)

rosiglitazone

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related rosiglitazone information

Indication & Dosage

Oral

Type 2 diabetes mellitus

Adult: 4 mg daily, may increase after 8-12 wk of therapy according to response. Max: 8 mg daily.

Administration

May be taken with or without food.

Overdosage

Supportive treatment is recommended.

Contraindications

Hypersensitivity, symptomatic heart failure. Not to be used in patients with established NYHA (New York Heart Association) class III or IV heart failure. Pregnancy, lactation.

Special Precautions

CV disease; renal or hepatic impairment. Monitor liver function regularly. Patients with oedema.

Adverse Drug Reactions

Upper respiratory tract infections, headache, back pain, hyperglycaemia, fatigue, sinusitis, diarrhoea, hypoglycaemia, oedema, anaemia, weight gain.
Potentially Fatal: May cause or exacerbate congestive heart failure.

Drug Interactions

Increased effect with NSAIDs, pioglitazone, gemfibrozil, fluconazole, sulfonamides. Decreased effect with carbamazepine, phenytoin, secobarbital, phenobarbital and rifampicin. Increased risk of fluid retention when used with NSAIDs. Increased risk of hypoglycaemia when used with quinolones. Increased risk of fluid retention and hypoglycaemia when used with insulin.

Food Interaction

Decreased serum levels when used with St John's wort.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals

are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 25°C.

Mechanism of Action

Rosiglitazone is a thiazolidinedione antidiabetic agent which improves insulin sensitivity by lowering blood glucose level without increasing pancreatic insulin secretion. It is dependent on the presence of insulin. Rosiglitazone is a potent agonist for the peroxisome proliferator-activated receptor-gamma, which in turn regulates the transcription of insulin-responsive genes involved in the control of glucose production, transport and utilisation.

Onset: Delayed.

Duration: 12 wk.

Absorption: Well absorbed from the GI tract after oral admin. Peak plasma concentrations after 1 hr.

Distribution: Protein-binding: 99.8%.

Metabolism: Extensively metabolised by CYP2C8.

Excretion: Urine (64%); faeces (23%); 3-4 hr (elimination half-life).

CIMS Class

Antidiabetic Agents

ATC Classification

A10BG02 - rosiglitazone; Belongs to the class of thiazolidinediones. Used in the treatment of diabetes.

*rosiglitazone information:
Note that there are some more drugs interacting with rosiglitazone
rosiglitazone further details are available in official CIMS India
rosiglitazone
rosiglitazone brands available in India
Always prescribe with Generic Name : rosiglitazone, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ENSELIN tab REGLIT tab REZULT film-coated tab RISICON-G tab ROGLIN tab ROSICON film-coated tab ROSIGON tab ROSINORM tab ROSIZON tab ROSS tab ROZON film-coated tab SENZIA film-coated tab WINDIA tab

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([all drugs])

rosiglitazone + metformin

CIMS Class : (Antidiabetic Agents)

rosiglitazone + metformin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related rosiglitazone + metformin information

Indication & Dosage

Oral

Type 2 diabetes mellitus

Adult: Doses are expressed in terms of rosiglitazone/metformin. For drug-naive patients: Recommended starting dose: 2 mg/500 mg 1-2 times daily, may increase in steps of 2 mg/500 mg per day to a max of 8 mg/2000 mg per day in patients who are not adequately controlled after 4 wk. For patients who are inadequately controlled on rosiglitazone monotherapy: Usual starting dose: 1000 mg of metformin per day plus the dose of rosiglitazone patient is already taking. For patients who are inadequately controlled on metformin monotherapy: Usual starting

dose: 4 mg of rosiglitazone per day plus the dose of metformin patient is already taking. If control is inadequate, increments may be made in steps of 4 mg of rosiglitazone and/or 500 mg of metformin. Daily max: 8 mg/2000 mg.

Contraindications

Hypersensitivity; hepatic impairment; history of heart failure; concurrent admin with insulin; diabetic coma, diabetic ketoacidosis; severe renal impairment; recent MI, CHF; type 1 diabetes mellitus; severe infection; acute or chronic metabolic acidosis with or without coma; stress, trauma; severe impairment of thyroid function; dehydration, acute or chronic alcoholism. Pregnancy, lactation.

Special Precautions

Cardiovascular disease; monitor renal and liver function.

Adverse Drug Reactions

Rosiglitazone: Upper resp tract infections, headache, back pain, hyperglycaemia, fatigue, sinusitis, diarrhoea, hypoglycaemia,

oedema, anaemia, wt gain. Metformin: Anorexia, nausea, vomiting, diarrhoea, wt loss, flatulence, occasional metallic taste; weakness; hypoglycaemia; rash, malabsorption of vit B12<>.
Potentially Fatal: Lactic acidosis in presence of renal failure and alcoholism.

Drug Interactions

Rosiglitazone: Increased effect with NSAIDs, pioglitazone, gemfibrozil, fluconazole, sulfonamides. Decreased effect with carbamazepine, phenytoin, secobarbital, phenobarbital and rifampin. Metformin: Additive effect with sulphonylureas. Antagonistic effects with diuretics, corticosteroids, phenothiazines, thyroid products,oestrogens, oral contraceptives, phenytoin, nicotinic acid, sympathomimetics, Ca channel blockers and isoniazid.
Potentially Fatal: Lactic acidosis with alcohol and potentiation of hypoglycaemic effect. Cimetidine and furosemide may increase plasma-metformin levels. Drugs eliminated via renal tubular secretion may increase metformin levels.

Food Interaction

Absorption delayed.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 25°C.

Mechanism of Action

Rosiglitazone is a thiazolidinedione antidiabetic agent which targets insulin resistance by lowering blood-glucose level witho increasing pancreatic insulin secretion. Its action is dependent on the presence of insulin. Metformin improves glucose tolerance in patients with type 2 diabetes, lowering both basal and post-prandial blood glucose. It decreases hepatic gluconeogenesis, decreases intestinal absorption of glucose, and improves insulin sensitivity by increasing peripheral glucose uptake and utilisation.

CIMS Class

Antidiabetic Agents

ATC Classification

A10BA02 - metformin; Belongs to the class of biguanides. Used in the treatment of diabetes.
A10BG02 - rosiglitazone; Belongs to the class of thiazolidinediones. Used in the treatment of diabetes.

*rosiglitazone + metformin information:
Note that there are some more drugs interacting with rosiglitazone + metformin
rosiglitazone + metformin
rosiglitazone + metformin brands available in India
Always prescribe with Generic Name : rosiglitazone + metformin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ENSELIN MF FORTE tab ENSELIN MF tab MINTIDE-G2 tab MINTIDE-G4 tab OSIMET tab REZULT-M tab REZULT-M4 tab RGM tab RISICON-MF tab ROGLIN-M2 tab ROGLIN-M4

tab ROM G tab ROM tab ROSICON-MF film-coated tab ROSIMET tab ROSINORM-GM tab ROSINORM-M tab ROSIZON-MT tab SECRIN-R tab WINDAMET film-coated tab

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([all drugs])

rosuvastatin

CIMS Class : (Dyslipidaemic Agents)

rosuvastatin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related rosuvastatin information

Indication & Dosage

Oral

Hyperlipidaemias

Adult: Initially, 5-10 mg daily, may increase dose at 4-wkly intervals to 20 mg daily if necessary. Max: 40 mg daily. In patients receiving gemfibrozil, max: 10 mg once daily. For those receiving ciclosporin, max: 5 mg once daily.

CrCl (ml/min)

Dosage Recommendation

<60

Initially, 5 mg/day. Max: 20 mg/day.

<30

Avoid use.

Administration

May be taken with or without food.

Overdosage

Symptomatic and supportive treatment should be instituted as required.

Contraindications

Severe renal impairment, active liver disease, unexplained persistent elevations of serum transaminases; hypersensitivity. Pregnancy, lactation.

Special Precautions

Not to be used in patient with acute, serious condition suggestive of myopathy or predisposing to the development of renal failure

secondary to rhabdomyolysis e.g. sepsis, hypotension, major surgery, trauma, severe metabolic, endocrine and electrolyte disorders or uncontrolled seizures. History of liver disease and alcoholism. Discontinue treatment if there is marked or persistent increase in serum aminotransferase concentrations, significant increase in creatinine phosphokinase or evidence of myopathy.

Adverse Drug Reactions

Headache, dizziness, constipation, nausea, vomiting, abdominal pain, myalgia, chest pain, peripheral oedema, depression, insomnia, rash, paraesthesia, proteinuria and asthenia.
Potentially Fatal: Rhabdomyolysis with acute renal failure.

Drug Interactions

Increased risk of myopathy when used with gemfibrozil. May increase serum levels of warfarin and oral contraceptives. Concurrent admin with aluminium/magnesium hydroxide may lead to decreased bioavailability of rosuvastatin. Serum levels may be increased by fluconazole.
Potentially Fatal: Increased risk of serious myopathy and renal failure when used with ciclosporin.

Storage

Oral: Store at 20-25°C.

Mechanism of Action

Rosuvastatin is a selective and competitive inhibitor of HMG-CoA reductase, the rate-limiting enzyme in cholesterol synthesis. It increases the number of hepatic LDL receptors on the cell surface, enhancing uptake and catabolism of LDL. It also decreases apolipoprotein B, triglycerides and increases HDL.

Onset: 1 wk.

Absorption: Incompletely absorbed in the GI tract. Bioavailability: about 20%. Plasma concentrations peak 5 hr after oral admin.

Distribution: Protein-binding: 90%. Extensively taken up by the liver.

Metabolism: Limited metabolism by CYP2C9.

Excretion: Faeces (90% of an oral dose); 19 hr (elimination half-life).

CIMS Class

Dyslipidaemic Agents

ATC Classification

C10AA07 - rosuvastatin; Belongs to the class of HMG CoA reductase inhibitors. Used in the treatment of hyperlipidemia.

*rosuvastatin information:
Note that there are some more drugs interacting with rosuvastatin
rosuvastatin further details are available in official CIMS India
rosuvastatin
rosuvastatin brands available in India
Always prescribe with Generic Name : rosuvastatin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : BESTOR tab CRESTOR tab FORTIUS tab FORTIUS-20 tab LDNIL film-coated tab NOVASTAT tab RAZEL tab ROSTAR tab ROSUVAKARE tab ROSUVAS film-coated tab ROSUVASTAT tab ROSYN tab ROVALIP tab ROZAVEL tab ROZUCOR tab TURBOVAS tab ZYROVA tab
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([all drugs])

roxatidine

CIMS Class : (Antacids, Antireflux Agents & Antiulcerants)

roxatidine

P - Caution when used during pregnancy

L - Contraindicated in lactation

related roxatidine information

Indication & Dosage

Oral

Peptic ulcer

Adult: 150 mg at bedtime or 75 mg bid daily for 4-6 wk. Maintenance: 75 mg at bedtime.

CrCl (ml/min)

Dosage Recommendation

20-50

75 mg at bedtime.

<20

75 mg every 2 days.

Oral

Gastro-oesophageal reflux disease

Adult: 75 mg bid or 150 mg at bedtime for 6-8 wk.

CrCl (ml/min)

Dosage Recommendation

20-50

75 mg at bedtime.

<20

75 mg every 2 days.

Oral

Gastritis

Adult: 75 mg once daily in the evening.

CrCl (ml/min)

Dosage Recommendation

20-50

75 mg at bedtime.

<20

75 mg every 2 days.

Oral

Zollinger-Ellison syndrome

Adult: 75 mg bid.

CrCl (ml/min)

Dosage Recommendation

20-50

75 mg at bedtime.

<20

75 mg every 2 days.

Oral

Premedication before anaesthesia

Adult: 75 mg in the evening on the day before surgery and repeated 2 hr before induction of anaesthesia. Alternatively, 150 mg once on the night before surgery.

Intravenous

Upper gastrointestinal haemorrhage

Adult: 75 mg bid via slow inj or infusion.

Contraindications

Lactation. Porphyria.

Special Precautions

Renal and hepatic impairment, pregnancy. May mask the symptoms of gastric malignancy.

Adverse Drug Reactions

Occasional headache, GI disturbances, gynaecomastia, alopecia, blood dyscrasias, pancreatitis, sleep disturbances, restlessness, rarely dizziness. Hypersensitivity reactions e.g. rash and itching reported occasionally. Changes in pulse rate and transient impairment of sexual drive. Possible increase in liver enzyme activity. May reduce leucocytes and/or thrombocytes.

Drug Interactions

May affect serum levels of protease inhibitors.

Mechanism of Action

Roxatidine is a potent and selective inhibitor of basal and stimulated gastric acid secretion through competitive blockade of H2-receptors. Total pepsin secretion is reduced in a dose-dependent manner. There is an independent mucosal protection action.

Absorption: Absorbed rapidly and almost completely from the GI tract (oral); peak plasma concentrations after 1-3 hr.

Distribution: Enters breast milk (small amounts).

Metabolism: Liver, small intestines and serum; hydrolysed to the desacetyl metabolite.
Excretion: Via urine (90% as roxatidine and metabolites); 6 hr (elimination half-life).

CIMS Class

Antacids, Antireflux Agents & Antiulcerants

ATC Classification

A02BA06 - roxatidine; Belongs to the class of H2-receptor antagonists. Used in the treatment of peptic ulcer and gastro-oesophageal reflux disease (GERD).

*roxatidine information:
Note that there are some more drugs interacting with roxatidine
roxatidine
roxatidine brands available in India
Always prescribe with Generic Name : roxatidine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : ROTANE film-coated tab ROTANE tab ZORPEX SR-tab

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([all drugs])

roxithromycin

CIMS Class : (Macrolides)

roxithromycin

related roxithromycin information

Indication & Dosage

Oral

Susceptible infections

Adult: 150 mg bid or 300 mg once daily for 5-10 days in susceptible infections.

Child: 6-40 kg: 5-8 mg/kg daily.

Renal impairment: Dosage adjustment may be required.

Hepatic impairment: Usual daily doses should be halved in hepatic impairment.

Administration

Should be taken on an empty stomach. (Take before meals.)

Contraindications

Hypersensitivity. Porphyria.

Special Precautions

Hepatic impairment. Monitor liver function. Prolonged treatment increases risk of hepatotoxicity. History of arrhythmias.

Adverse Drug Reactions

Nausea, vomiting, abdominal pain, diarrhoea, weakness, malaise, anorexia, constipation, dyspepsia, flatulence; hepatitis; rashes, headache, dizziness, weakness, changes in blood counts; increased liver enzyme values; eosinophilia; rarely, acute pancreatitis.

Drug Interactions

May raise serum levels of ciclosporin and digoxin. Increased risk of rhabdomyolysis when used withsimvastatin.

Mechanism of Action

Roxithromycin inhibits protein synthesis by irreversibly binding to the 50s ribosomal subunits thus blocking the transpeptidation or translocation reactions of susceptible organisms resulting in stunted cell growth.

Absorption: Plasma concentrations peak after 2 hr (oral); reduced if taken after food. Bioavailability: about 50%.

Distribution: Widely distributed into body tissues and fluids. Protein-binding: 96% at trough concentrations.

Metabolism: Small amounts are metabolised in the liver.

Excretion: Mainly via the faeces as unchanged drug and metabolites, via the urine (7-12%) and the lungs (15%). Elimination half-life: 8-13 hr. May be prolonged in renal and hepatic impairment, children.

CIMS Class

Macrolides

ATC Classification

J01FA06 - roxithromycin; Belongs to the class of macrolides. Used in the treatment of systemic infections.

*roxithromycin information:

Note that there are some more drugs interacting with roxithromycin

roxithromycin further details are available in official CIMS India

roxithromycin

roxithromycin brands available in India

Always prescribe with Generic Name : roxithromycin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACTIROX P-tab ACTIROX tab AMBROXIT tab ARBID tab ARBID-A tab ARTIROX tab ARTIROX-SP tab ATROX dispertab ATROX tab AUROX 150 tab AUROX 50MG tab AUROX-KID dispertab AVIROX P-tab AVIROX tab AVIROX-AM tab AVIROX-ST tab BD-ROX film-coated tab BIOROX dispertab BIOROX drops BIOROX susp BIOROX tab BIO-THROX tab CANROX liqd CANROX-A tab C-ROX dispertab C-ROX susp C-ROX tab CUROX tab CYROX tab DEROX liqd DEROX P-tab DEROX tab EMROX tab EMROX-DT dispertab ENTROX P-tab ENTROX susp ENTROX tab E-ROX tab FLANZEN-RX tab GEEROX tab HIROX dispertab HYCIN P-tab HYCIN susp HYCIN tab INROX P-dispertab INROX tab KEVROX tab KEVROX-S tab KEVROX-SA tab LEOLIDE film-coated

tab LUPREX tab MACLONG P-tab MACLONG tab MACROX 150 tab MEDIROX KID-tab MEDIROX tab MEDIROX-A tab MGROX tab MYROX tab N-ROX tab NUROXY dispertab NUROXY tab ODIROX KID dispertab ODIROX susp ODIROX tab PD ROX tab R.T.CURE susp R.T.CURE tab RALROX KID-tab RALROX susp RALROX tab RALROX-A tab RMC tab ROKCIN FC-tab ROKCIN syr ROPIT tab ROSID PLUS tab ROSIX tab ROX KID-tab ROXCER tab ROXCURE dispertab ROXCURE dry syr ROXCURE SP tab ROXCURE tab ROXCURE-M tab ROXEE dispertab ROXEE drops ROXEE susp ROXEE tab ROXEM P-tab ROXEM susp ROXEM tab ROXEPTIN P-tab ROXEPTIN tab ROXEPTIN-ME tab ROXETOMIN P-tab ROXETOMIN tab ROXIBEST film-coated tab ROXIBID dispertab ROXIBID tab ROXICA tab ROXICARE tab ROXICOS tab ROXID drops ROXID film-coated tab ROXID liqd ROXID P-tab ROXIDASE tab ROXID-M tab ROXIKAB tab ROXIKIND film-coated tab ROXILIN P-tab ROXILIN tab ROXIMIC dispertab ROXIMIC syr ROXIMIC tab ROXIMIN P-tab ROXIMIN tab ROXIMOL P-tab ROXIMOL tab ROXINGA tab ROXINTA dispertab ROXINTA susp ROXINTA tab ROXIPIL tab ROXIPOWER susp ROXISARA susp ROXISARA tab ROXISARA-AM film-coated tab ROXISOLE tab ROXITAS KID-tab ROXITEC tab ROXITEM P-tab ROXITEM tab ROXITHRO P-

tab ROXITHRO tab ROXITIS susp ROXITIS tab ROXITIS-M tab ROXITRAC dispertab ROXITRAC tab ROXIVAR tab ROXIVISTA tab ROXIZ tab ROXIZED tab ROXMED KID-tab ROXMED tab ROXON susp ROXON tab ROXSUN tab ROXSYM tab ROXSYM-A tab ROXY P-tab ROXY susp ROXY tab ROXYLAB tab ROXYLAX-K tab ROXYMYCIN susp ROXYMYCIN tab ROXYROL film-coated tab ROXYROL P-film-coated tab ROXYROL-RT film-coated tab ROXZY tab RT-CURE susp RT-CURE tab RT-DASE film-coated tab R-THRO tab R-THROCIN 150 FC-tab RUBEN tab RUBIROX-AM tab RULIDE FC-tab RULIDE tab RUZYDE tab RXM tab SANOX tab SATROX dispertab SAYOXID tab SAYOXID-AM tab SIAROX tab SKYROX tab SKYROX-KID tab SOLOROX susp SOLOROX tab SOZIROX tab SYMROX tab SYNROX tab TAURIX D-syr TAURIX P-tab TAURIX tab THROX tab TROXID-A tab TROXY P-tab TROXY susp TROXY tab TWIROX FC-tab UNOROX tab WYROX susp XEROBECT-AX susp XEROBECT-AX tab ZEDAN P-tab ZEDAN susp ZEDAN tab ZOTHRA tab Z-THRO tab ZUROXY syr ZUROXY tab

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([all drugs])

rupatadine

CIMS Class : (Antihistamines & Antiallergics)

rupatadine

P - Caution when used during pregnancy

L - Caution when used during lactation

related rupatadine information

Indication & Dosage

Oral

Allergic rhinitis, Chronic idiopathic urticaria

Adult: 10 mg once daily.

Contraindications

Hypersensitivity. Avoid alcohol.

Special Precautions

Renal or hepatic insufficiency. May impair ability to drive or operate machinery. Pregnancy, lactation. Elderly, children <12 yr.

Adverse Drug Reactions

Headache, somnolence, fatigue/asthenia.

Drug Interactions

Increased CNS depressant effects when used with CNS depressants or alcohol.

Mechanism of Action

Rupatadine acts as a long-acting, non-sedative antagonist at histaminergic H1-receptors. Rupatadine also antagonises the platelet-activating factor (PAF). Both histamine and PAF cause bronchoconstriction and lead to an increase in the vascular permeability, acting as mediators in the inflammatory process.
Metabolism: Liver - mainly by CYP450.

CIMS Class

Antihistamines & Antiallergics

ATC Classification

R06AX28 - rupatadine; Belongs to the class of other agents used as systemic antihistamines.

*rupatadine information:

rupatadine

rupatadine brands available in India

Always prescribe with Generic Name : rupatadine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : LEVOSTAR-R tab RALIF tab RALZAL tab RUPAHIST tab RUP-AL tab RUPAMEG tab RUPANEX tab RUPASTAR tab RUPATIN tab RUPIZ tab SMARTI tab XURE tab

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([all drugs])

salbutamol

CIMS Class : (Antiasthmatic & COPD Preparations) , (Drugs Acting on the Uterus)

salbutamol

P - Caution when used during pregnancy

related salbutamol information

Indication & Dosage

Oral

Acute bronchospasm

Adult: 2-4 mg (up to 8 mg) 3-4 times daily. As modified-release tablet: 8 mg bid.

Child: 1 mth-2 yr: 100 mcg/kg (max: 2 mg), 2-6 yr: 1-2 mg, >6 yr: 2 mg. Doses to be taken 3-4 times daily.

Elderly: Initially, 2 mg 3-4 times daily.

Inhalation

Acute bronchospasm

Adult: As aerosol: 100 or 200 mcg (1-2 puffs) 3-4 times daily. 2 puffs may be given prior to exertion to prevent exercise-induced bronchospasm.

Inhalation

Acute severe asthma

Adult: As MDI: 4-6 inhalations may be given every 10-20 min via a large volume spacer.

Parenteral

Severe bronchospasm

Adult: 250 mcg (as a solution of 50 mcg/ml) via IV inj, or via IV infusion of a solution containing 5 mg in 500 ml at a rate of 3-20 mcg/min adjusted according to patient's need. Higher dosages may be used in respiratory failure. IM/SC: 500 mcg, repeated every 4 hr if necessary.

Intravenous

Uncomplicated premature labour

Adult: For arrest of preterm labor between 24 and 33 wk of gestation: Initially, 10 mcg/min using a dilute solution of 20 mcg/ml in glucose 5% (200 mcg/ml of salbutamol if using a syringe pump), increase rate gradually at 10-min intervals until there is response; then increase slowly until contractions cease. Maintain rate for 1 hr after contractions have stopped, then gradually reduce rate by 50% at intervals of 6 hr. Usual dose: 10-45 mcg/min. Avoid prolonged therapy.

Inhalation

Severe bronchospasm

Adult: Via nebuliser: 2.5-5 mg, may repeat up to 4 times daily. Alternatively, may be given continuously at a rate of 1-2 mg/hr. Patients with asthma may require supplemental oxygen.

Child: >18 mth: Via nebuliser: 2.5-5 mg, may repeat up to 4 times daily. Alternatively, may be given continuously at a rate of 1-2 mg/hr. Patients with asthma may require supplemental oxygen.

Administration

Should be taken on an empty stomach. (Take 1 hr before or 2 hr after meals.)

Overdosage

May lead to tachycardia, tremor, CNS stimulation, hypokalaemia and hyperglycaemia. Symptomatic treatment is recommended.

Contraindications

Eclampsia and severe pre-eclampsia; intra-uterine infection, intra-uterine foetal death, antepartum haemorrhage, placenta praevia and cord compression, threatened miscarriage, cardiac disease.

Special Precautions

Pregnancy; mild to moderate pre-eclampsia. Arrhythmias, hyperthyroidism, hypertension, DM, myocardial insufficiency, susceptibility to QT-interval prolongation. Monitor serum potassium levels. In women treated for premature labour, monitor hydration status, cardiac and respiratory function. Minimise volume of infusion fluid. Discontinue treatment if patient develops signs of pulmonary oedema.

Adverse Drug Reactions

Fine skeletal muscle tremor especially hands, tachycardia, palpitations, muscle cramps, headache, paradoxical bronchospasm, angioedema, urticaria, hypotension and collapse.
Potentially Fatal: Potentially serious hypokalaemia after large doses.

Drug Interactions

Diuretics, corticosteroids and xanthines may augment hypokalaemia. CV effects potentiated by MAOIs, TCAs, sympathomimetics. Increases absorption of sulfamethoxazole when used together. May markedly increase heart rate and BP when used with atomoxetine. Reduces serum levels of digoxin. Hypokalaemia induced by salbutamol increases the risk of digitalis toxicity. BP should be closely monitored if linezolid is used concurrently with salbutamol.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Inhalation: Store between 2-25°C (36-77°F). Intravenous: Store below 30°C. Protect from light. Oral: Store at 20-25°C (68-77°F). Parenteral: Store below 30°C. Protect from light.

Mechanism of Action

Salbutamol is a direct-acting sympathomimetic with ß-adrenergic activity and selective action on ß2 receptors, producing bronchodilating effects. It also decreases uterine contractility.
Onset: Inhalation: 5-15 min; oral: 30 min.
Duration: Inhalation: 3-6 hr; oral: 8 hr; modified-release preparation: 12 hr.
Absorption: Readily absorbed from the GI tract.
Metabolism: Hepatic and in the gut wall.
Excretion: Via the urine as metabolites and unchanged drug. Some excretion in the faeces.

CIMS Class

Antiasthmatic & COPD Preparations / Drugs Acting on the Uterus

ATC Classification

R03AC02 - salbutamol; Belongs to the class of adrenergic inhalants, selective beta-2-adrenoreceptor agonists. Used in the treatment of obstructive airway diseases.
R03CC02 - salbutamol; Belongs to the class of adrenergics for systemic use, selective beta-2-adrenoreceptor agonists. Used in the treatment of obstructive airway diseases.

*salbutamol information:
Note that there are some more drugs interacting with salbutamol
salbutamol further details are available in official CIMS India
salbutamol
salbutamol brands available in India
Always prescribe with Generic Name : salbutamol, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : AEROCORT inhaler AEROCORT rotacap AEROMIST soln AEROTAZ DISK inhaler AEROTAZ DISK tab AEROTIDE filcotab AEROTIDE tab ALBUTAMOL syr ALBUTAMOL tab ALKAREX-PD syr AMBOREX-GS syr AMBRIL-S syr AMBRIL-SG syr AMBROLAX-PD syr AMBROS-GM syr ASMANIL tab AST

EX syr ASTHALIN accuhaler ASTHALIN EXP liqd ASTHALIN HFA INHALER accuhaler ASTHALIN inhaler ASTHALIN Resp-amp ASTHALIN rotacap ASTHALIN syr ASTHALIN tab ASTHALIN-AX respules ASTHALIN-SA tab ASTHAVENT-BR syr ASTHOS tab BENYLIN-E syr BRONKO TAB extentab BRONKONAT inhaler BRONMIX syr BRONMIX tab BROSOL tab BUDESAL-0.5MG respules BUDESAL-1MG respules C-COLD syr COMBIMIST INHALER inhaler COMBIMIST RESPULES respules DERIHALER inhaler DERISONE RES-cap DUOLIN inhaler DUOLIN respules DUOLIN rotacap DURABEC BREATHALER inhaler DURASAL BREATHALER inhaler DURASAL-CR CR-cap EASCOF syr EFELIN tab ELKUF syr ETO-SALBETOL SYR syr ETO-SALBETOL tab GLAXO SALBUTAMOL INH inhaler INSTARYL expectorant INSTARYL-P syr LEVOLIN inhaler LEVOLIN respules LEVOLIN rotacap LEVOLIN syr LEVOLIN tab MEXOL-G tab MUCO ASTHALIN tab MUCOLINC EXP expectorant MUCOLINC TAB tab PEDEX-S syr REFID syr RHEOLIN inhalant SALBAIR B FORTE cap SALBAIR inhaler SALBAIR respules SALBAIR soln SALBAIR TR-cap SALBAIR-B inhaler SALBAIR-B TR-cap SALBAIR-I inhaler SALBAIR-I respules SALBAIR-I TR-cap SALBETOL tab SALBID EXP expectorant SALBID RTD-tab SALBID

tab SALBROX-XL syr SALBU cap SALBU syr SALBUSUN syr SALBUSUN tab SALBUTAMOL inhaler SALBUTAMOL Resp-soln SALMAPLON tab SAL-MUCOLITE syr SAL-MUCOLITE tab SALOXEN SYR syr SALPHYLLIN syr SALSOL inj SALVENT EASECAPS cap SERVENT inhalant SOBREX syr SPASMONYL syr SYMOVENT-BG syr SYMOVENT-PD syr SYNABRON F-tab SYNABRON tab VENT EASEcap VENT inhaler VENT PLUS cap VENT PLUS EASECAPS cap VENT PLUS inhaler VENTABROM liqd VENTAKOF liqd VENTCOS-BG syr VENTCOS-PD syr VENTILATE F-tab VENTILATE syr VENTILATE tab VENTIL-B FORTE tab VENTIPRA inhaler VENTIREX SYR syr VENTIREX tab VENTIREX-MB syr VENTORLIN CR-cap VENTORLIN EXP syr VENTORLIN inhaler VENTORLIN syr VENTOSYM-BG syr VENTSOLV syr VIFEX syr VISCODYNE-S syr XENTHAREX-S syr

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([all drugs])

salbutamol + theophylline

CIMS Class : (Antiasthmatic & COPD Preparations)

salbutamol + theophylline

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related salbutamol + theophylline information

Indication & Dosage

Oral

Emphysema, Chronic bronchitis, Asthma

Adult: Per tab contains salbutamol 2 mg and theophylline 100 mg: 1 or 2 tab 3-4 times daily.

Child: Child (under 6 yrs) salbutamol (0.5-1mg) + theophylline (25-50mg) t.i.d/q.i.d. SR (S 4mg+T 300mg) 1 tab b.i.d.

Contraindications

Hypersensitivity, thyrotoxicosis.

Special Precautions

Hepatic impairment, cardiac failure, hypertension, arrhythmias, pulmonary oedema, hyperthyroidism, diabetes mellitus, history of peptic ulcer and convulsive disorders, patients on MAOIs or tricyclic antidepressants, high fever, neonates and infants, pregnancy, lactation.

Adverse Drug Reactions

Seizures, tremor, muscle cramps, palpitation, hypokalaemia, headache, anorexia, nausea, anxiety, irritability, insomnia, rarely rash and angioedema.

Potentially Fatal: Arrhythmias including premature ventricular contractions.

Drug Interactions

Increased theophylline toxicity
with propranolol, cimetidine, erythromycin (7-5 days), quinolone antibiotics. Reduced efficacy
with rifampicin, phenobarbitone, phenytoin, carbamazepine, sulfinpyrazone and smoking. Increased risk of hypokalaemia with diuretics.

Potentially Fatal: With anaesthetics, pancuronium bromide and sympathomimetics (increased risk of arrhythmias).

Food Interaction

Absorption of theophylline reduced variably by different types of food.

Lab Interference

Theophylline may cause spurious elevations of serum uric acid and increase in urinary catecholamines.

Mechanism of Action

Salbutamol is a selective ß2-agonist. It causes bronchial smooth muscle relaxation via the cyclic adenyl cyclase (cAMP) system. Theophylline is a phosphodiesterase inhibitor. It enhances intracellular cAMP conc thereby contributing to bronchial smooth muscle relaxation. It also suppresses airway hyper-response to stimuli. Advantage of this combination is the additive effect allowing reduction of individual doses.

CIMS Class

Antiasthmatic & COPD Preparations

ATC Classification

R03AC02 - salbutamol; Belongs to the class of adrenergic inhalants, selective beta-2-adrenoreceptor agonists. Used in the treatment of obstructive airway diseases.

R03CC02 - salbutamol; Belongs to the class of adrenergics for systemic use, selective beta-2-adrenoreceptor agonists. Used in the treatment of obstructive airway diseases.

R03DA04 - theophylline; Belongs to the class of other systemic drugs used in the treatment of obstructive airway diseases, xanthines.

*salbutamol + theophylline information:

Note that there are some more drugs interacting with salbutamol + theophylline

salbutamol + theophylline

salbutamol + theophylline brands available in India

Always prescribe with Generic Name : salbutamol + theophylline, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AIROMOL liqd AIROMOL P-liqd AIROMOL tab BRONCHILET liqd BRONCHILET tab BRONCOPHYL PLUS tab BRONCORDIL P elixir BRONKO PLUS FORTE tab BRONKO

PLUS tab CARBASMA tab DURASALYN-CR cap EFELIN-PD syr SALBUSUN-T tab SALPHYLATE tab SALPHYLLINE-PD syr THEO SALBID tab THEO-ASTHALIN FORTE F-tab THEO-ASTHALIN SR SR-tab THEO-ASTHALIN syr THEO-ASTHALIN tab THEOSALBID tab VENT PD syr VENTIL FORTE tab VENTIPHYLLINE F-tab VENTIPHYLLINE tab VENTIREX PLUS syr VENTIREX PLUS tab XPUTUM PAED SYR syr XPUTUM TABS tab

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([all drugs])

salicylic acid

CIMS Class : (Acne Treatment Preparations) , (Keratolytics)

salicylic acid

related salicylic acid information

Indication & Dosage

Topical/Cutaneous

Hyperkeratotic and scaling skin conditions

Adult: As 2-6% preparation; may be applied up to tid.

Topical/Cutaneous

Acne

Adult: As 2-6% preparation; may be applied up to tid.

Topical/Cutaneous

Warts and calluses

Adult: Apply 60% salicylic acid preparation.

Special Precautions

Not for prolonged use in high concentrations and on large areas of the body. Impaired peripheral circulation or diabetes. Avoid broken skin, mouth, eyes, mucous membranes and anogenital region.

Adverse Drug Reactions

Irritation, sensitivity, excessive drying; systemic effects on prolonged use.

Mechanism of Action

Salicylic acid has a potent keratolytic action and a slight antiseptic action when applied topically. It softens and destroys the stratum corneum by increasing endogenous hydration which causes the horny layer of the skin to swell, soften, and then desquamate. At high concentrations, salicylic acid has a caustic effect. It also possesses weak antifungal and antibacterial activity.

CIMS Class

Acne Treatment Preparations / Keratolytics

ATC Classification

D01AE12 - salicylic acid; Belongs to the class of other antifungals for topical use. Used in the treatment of fungal infection.
S01BC08 - salicylic acid; Belongs to the class of non-steroidal antiinflammatory agents. Used in the treatment of inflammation of the eye.

*salicylic acid information:
salicylic acid
salicylic acid brands available in India
Always prescribe with Generic Name : salicylic acid, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : DERMAL oint DERSOL oint DUOFILM soln EREMIS Facewash FOLICA Hairtinct KERALIN oint SALACTIN paint SALEX-L soln SALICYLIX-SF cream SALILAC FACE WASH

wash SALILAC-SF 12% oint SALILAC-SF 6% oint SALTRIX oint SALVOSH GEL Face washgel SASLIC foam SASLIC-DS foam SASTID BAR bar SHALOXY-FW soln

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([all drugs])

salmeterol

CIMS Class : (Antiasthmatic & COPD Preparations)

salmeterol

P - Caution when used during pregnancy

related salmeterol information

Indication & Dosage

Inhalation

Chronic obstructive pulmonary disease, Chronic asthma

Adult: As metered-dose aerosol: 2 inhalations of 25 mcg bid up to 100 mcg bid. As dry powder inhalation: 50 mcg bid or 100 mcg bid if necessary.

Child: As metered-dose aerosol: =4 yr: 50 mcg bid.

Overdosage

May result in exaggeration of adverse effects e.g. tachycardia and arrhythmia.

Special Precautions

Pregnancy. Arrhythmias, hyperthyroidism, hypertension, DM, myocardial insufficiency, susceptibility to QT-interval prolongation. May cause paradoxical bronchospasm. Not to be used for treatment of acute bronchospasm or patients with deteriorating asthma. Monitor serum potassium concentrations in severe asthma.

Adverse Drug Reactions

Fine skeletal muscle tremor especially hands, tachycardia, palpitations, muscle cramps, headache, paradoxical bronchospasm, angioedema, urticaria, hypotension and collapse.

Drug Interactions

Diuretics, corticosteroids and xanthines may augment hypokalaemia. Risk of severe hypertension when used with MAOIs, TCAs and other sympathomimetics. Increased susceptibility to cardiac arrhythmias caused bydigoxin and other cardiac glycosides.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Inhalation: Store at 20-25°C.

Mechanism of Action

Salmeterol is a direct-acting sympathomimetic which relaxes bronchial smooth muscle by its selective action on ß2 receptors with little effect on heart rate.

Onset: Oral inhalation: 10-20 min.

Duration: 12 hr.

Absorption: Plasma concentrations are negligible after inhalation.

Distribution: About 96% bound to plasma proteins.

Metabolism: Hepatically hydroxylated.

Excretion: About 25% and 60% of the dose was eliminated in the urine and faeces respectively, over a period of 7 days.

CIMS Class

Antiasthmatic & COPD Preparations

ATC Classification

R03AC12 - salmeterol; Belongs to the class of adrenergic inhalants, selective beta-2-adrenoreceptor agonists. Used in the treatment of obstructive airway diseases.

*salmeterol information:
Note that there are some more drugs interacting with salmeterol
salmeterol further details are available in official CIMS India
salmeterol
salmeterol brands available in India
Always prescribe with Generic Name : salmeterol, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : AZROL inhaler SALMETER inhaler SALVENT dispersible cap SALVENT inhaler SEROBID inhaler SEROBID rotacap

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([all drugs])

salmeterol + fluticasone

CIMS Class : (Antiasthmatic & COPD Preparations)

salmeterol + fluticasone

P - Caution when used during pregnancy

L - Caution when used during lactation

related salmeterol + fluticasone information

Indication & Dosage

Inhalation

Asthma

Adult: As combination containing salmeterol 50 mcg and fluticasone propionate 100/250/500 mcg/dose of inhalation powder: 1 inhalation bid. As combination containing salmeterol 25 mcg and fluticasone propionate 50/125/250 mcg/dose of pressurised inhalation: 2 inhalation bid.

Child: 4-12 yr: As combination containing salmeterol 50 mcg and fluticasone propionate 100 mcg/ dose of inhalation powder: 1 inhalation bid; as combination containing salmeterol 25 mcg and fluticasone propionate 50 mcg/dose of pressurised inhalation: 2 inhalation bid. =12 yr: As combination containing salmeterol 50

mcg and fluticasone propionate 100/250/500 mcg/dose of inhalation powder: 1 inhalation bid; as combination containing salmeterol 50/125/250 mcg and fluticasone propionate 50 mcg/dose of pressurised inhalation: 2 inhalation bid.

Inhalation

Chronic obstructive pulmonary disease

Adult: As combination containing salmeterol 50 mcg and fluticasone propionate 500 mcg/dose of inhalation powder: 1 inhalation bid.

Contraindications

Not for primary treatment of status asthmaticus or other acute attacks of asthma.

Special Precautions

Pulmonary TB, severe cardiovascular disorders, heart rhythm abnormalities, DM, thyrotoxicosis, hypokalaemia. Patients at risk of decreased bone mineral content (e.g. smoking, old age, sedentary lifestyle, poor nutrition, family history of osteoporosis or long term use of drugs that may decrease bone mass (e.g. anticonvulsants and corticosteroids). Do not stop therapy abruptly; therapy should be

down titrated. Advise patient to rinse mouth after inhalation. Monitor height of children on prolonged therapy. Pregnancy, lactation.

Adverse Drug Reactions

Mouth and throat candidiasis, throat irritation, hoarseness/dysphonia, nasopharyngitis, lower respiratory tract infections (e.g. pneumonia and bronchitis), hypokalaemia, headache, tremors, palpitation, muscle cramps. Prolonged high dose use may cause Cushing's syndrome, Cushingoid features, adrenal suppression, retardation of growth in children and adolescents, bone mineral density decrease, cataract and glaucoma. Potentially Fatal: Paradoxical bronchospasm.

Drug Interactions

Increased fluticasone levels with CYP 3A4 inhibitors e.g ritonavir, ketoconazole, itraconazole. Additive effects with other ß-agonist.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Inhalation: Do not store >30 °C.

Mechanism of Action

Salmeterol, a long acting ß2-agonist which acts locally in the lung to mediate bronchodilation. Fluticasone, a corticosteroid with mainly glucocorticoid activity, reduce symptoms and exacerbations of asthma.

Onset: Bronchodilation: 10-20 minutes.

Duration: Bronchodilation: 12 hr

Absorption: Salmeterol: Negligible absorption after inhalation. Fluticasone: Poorly absorbed from the GI tract; oral bioavailability <1%; absolute bioavailability of inhaled fluticasone: 5-11% (depending on device used).

Distribution: Salmeterol: Protein binding: 96%. Fluticasone: Protein binding: 91%.

Metabolism: Salmeterol: Extensive hepatic metabolism by hydroxylation; terminal elimination half-lives: 5.5 hr. Fluticasone: Extensive first-pass metabolism by cytochrome CYP3A4.
Excretion: Salmeterol: Eliminated mainly in faeces; negligible amounts of unchanged salmeterol are detectable in urine or faeces. Fluticasone: Mainly excreted in faeces as metabolites and unchanged drug; <5% excreted in urine.

CIMS Class

Antiasthmatic & COPD Preparations

*salmeterol + fluticasone information:
Note that there are some more drugs interacting with salmeterol + fluticasone
salmeterol + fluticasone
salmeterol + fluticasone brands available in India
Always prescribe with Generic Name : salmeterol + fluticasone, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : COMBITIDE inhaler ESIFLO cap ESIFLO INHALER accuhaler FORAIR inhaler FORAIR NOVOCART powd FORAIR

rotacap RHEORAN SF 125 inhaler RHEORAN SF 250 inhaler RHEORAN SF 50 inhaler RHEORAN SF RHEOCAPS cap SERETIDE ACCUHALER accuhaler SERETIDE EVOHALER evohaler SEROFLO 100 MULTIHALER inhaler SEROFLO 250 MULTIHALER inhaler SEROFLO 500 MULTIHALER inhaler SEROFLO AUTOHALER autohaler SEROFLO-100 ROTACAPS rotacap SEROFLO-125 INHALER inhaler SEROFLO-250 AUTOHALER inhaler SEROFLO-250 INHALER inhaler SEROFLO-250 ROTACAPS rotacap SEROFLO-50 INHALER inhaler SEROFLO-500 ROTACAPS rotacap VENT SF EASECAPS cap

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([all drugs])

s-amlodipine

CIMS Class : (Calcium Antagonists)

s-amlodipine

P - Contraindicated in pregnancy

L - Caution when used during lactation

related s-amlodipine information

Indication & Dosage

Oral

Hypertension

Adult: 2.5 mg once daily.

Hepatic impairment: Dosage reduction may be required.

Overdosage

May lead to excessive peripheral vasodilation resulting in marked hypotension and reflex tachycardia.

Contraindications

Liver insufficiency. Pregnancy.

Special Precautions

Lactation. May increase frequency and/or severity of angina during treatment initiation or dosage increments. Heart failure or hepatic impairment.

Adverse Drug Reactions

Headache, fatigue, insomnia, nausea, abdominal pain, flushing, dizziness, pruritus, skin rash, dyspnoea, weakness, muscular spasm, dyspepsia, oedema.

Mechanism of Action

(S)-amlodipine is the active enantiomer of amlodipine. It blocks the passage of calcium ions into the vascular smooth muscle cells and myocardial cells during depolarisation resulting in relaxation of coronary vascular smooth muscle and coronary vasodilatation. It also helps to increase the delivery of oxygen to the myocardial tissues in patients with vasospastic angina.

CIMS Class

Calcium Antagonists

*s-amlodipine information:
s-amlodipine
s-amlodipine brands available in India
Always prescribe with Generic Name : s-amlodipine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ALIS-AT tab ALIS-R tab AMLOCARD-S tab ASOMEX tab ASOMEX-AT tab ASOMEX-D 5 tab ASOMEX-D tab ASOMEX-LT tab ASOMEX-R tab ATENOVA-SA cap ESAM AT tab ESAM LT tab ESAM R cap ESAM tab ESAMLO tab ESDIL AT tab ESDIL tab ESLO tab ESLO TAN tab ESLO-AT tab ESLO-RIL tab ESLOVA tab ESPIN tab ESPIN-AT tab ESPIN-LT tab LISTRIL-SM tab NUSAR-AM tab Q-SPIN tab RAMIPRO-A tab S-AMCARD tab SAMCARE tab S-AMLIP tab SAMLODON tab S-AMLONG tab S-AMLOVAS tab S-NUMLO tab

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([all drugs])

s-amlodipine + nebivolol

CIMS Class : (Calcium Antagonists) , (Beta-Blockers)

s-amlodipine + nebivolol

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related s-amlodipine + nebivolol information

Indication & Dosage

Oral

Hypertension

Adult: 1 cap [S-Amlodipine 2.5mg + Nebivolol 5mg] once daily.

Contraindications

Allergic to dihydropyridine Ca antagonist, hypersensitivity to the active substance or to any of the excipients, liver insufficiency or liver function impairment. Pregnancy, lactation.

Special Precautions

History of allergies, psoriasis, hyperthyroidism, peripheral arterial disease, diabetes, elderly.

Adverse Drug Reactions

Headache, fatigue, parasthesias and dizziness, insomnia, nausea, abdominal pain, flushing, pruritus, skin rash, dyspnea, weakness, muscular spasm, and dyspepsia.

Mechanism of Action

S-amlodipine is an enantiomer of amlodipine, which blocks Ca ion outside the cardiac muscle cells and vascular smooth muscle cells

via the Ca channel of cytomembrane. It directly dilates vascular smooth muscle, resisting hypertension. The mechanism of remitting angina pectoris is not yet determined completely. It can decrease myocardial ischemia through dilatation of the peripheral small artery, decreasing peripheral resistance, causing the reduction of energy consumption, and O2 requirement of cardiac muscle and dilating the coronary artery and coronary small artery at normal and ischemic areas, increasing the O2 supply of the cardiac muscle of the coronary spasm patients.

Nebivolol exerts its actions by exhibiting a high selectivity for beta-1 adrenergic receptors and also by reducing the peripheral vascular resistance by modulating NO release.

CIMS Class

Calcium Antagonists / Beta-Blockers

ATC Classification

C07AB12 - nebivolol; Belongs to the class of selective beta-blocking agents. Used in the treatment of cardiovascular diseases.

*s-amlodipine + nebivolol information:

Note that there are some more drugs interacting with s-amlodipine + nebivolol

s-amlodipine + nebivolol

s-amlodipine + nebivolol brands available in India

Always prescribe with Generic Name : s-amlodipine + nebivolol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AMLOVAS-SN tab NEBICARD-SM tab NEBIPRIL-SA tab NEBISTAR-SA tab NEBIVAS-SA tab NUBETA-SM tab NYFE SA tab

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([all drugs])

s-atenolol

CIMS Class : (Beta-Blockers)

s-atenolol

P - Caution when used during pregnancy

L - Caution when used during lactation

related s-atenolol information

Indication & Dosage

Oral

Hypertension

Adult: 50-100 mg once daily.

Renal impairment: Dosage adjustments may be required.

Oral

Angina pectoris

Adult: 50-100 mg once daily.

Renal impairment: Dosage adjustments may be required.

Oral

Prophylaxis of migraine

Adult: 50-100 mg daily.

Renal impairment: Dosage adjustments may be required.

Overdosage

May cause severe and fatal CV depression. Activated charcoal or gastric lavage may be considered if patient presents within 1 hr of ingestion.

Contraindications

Hypersensitivity, 2nd and 3rd degree heart block, cardiogenic shock, bronchospasm, history of obstructive airway disease,

metabolic acidosis, hypotension, severe peripheral arterial disease, sinus bradycardia.

Special Precautions

Renal failure, DM, children, pregnancy and lactation. May mask symptoms of hyperthyroidism and hypoglycaemia. Avoid abrupt withdrawal.

Adverse Drug Reactions

Fatigue, cold extremities, bradycardia, heart failure, headache, dizziness, hallucinations, confusion and sleep disturbances.

Drug Interactions

Disopyramide when given in combination with atenolol depresses myocardial contractility and may precipitate cardiac failure. Efficacy may be antagonised by NSAIDs.
Potentially Fatal: Concurrent use with verapamil may precipitate heart failure in patients with impaired left ventricular function. Simultaneous withdrawal of atenolol and clonidine may result in severe rebound hypertension.

Mechanism of Action

S-Atenolol selectively blocks the ß1 receptors, and it significantly reduces both maximal and submaximal exercise heart rates in a dose-related manner. Endocrine and metabolic actions of S-atenolol include lowering of plasma renin activity and free fatty acids.

CIMS Class

Beta-Blockers

ATC Classification

C07AB11 - s-atenolol; Belongs to the class of selective beta-blocking agents. Used in the treatment of cardiovascular diseases.

*s-atenolol information:
s-atenolol
s-atenolol brands available in India
Always prescribe with Generic Name : s-atenolol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ADBETA tab ADBETA-H tab ATPURE tab

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([all drugs])

satranidazole

CIMS Class : (Antiamoebics)

satranidazole

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related satranidazole information

Indication & Dosage

Oral

Amoebic liver abscess

Adult: 300 mg bid for 10 days.

Oral

Trichomoniasis

Adult: 600 mg as a single dose.

Oral

Giardiasis

Adult: 600 mg as a single dose.

Contraindications

Pregnancy, lactation.

Adverse Drug Reactions

Headache, dry mouth, weakness and dizziness.

Drug Interactions

May result in disulfiram-like reaction when used with alcohol.

Mechanism of Action

Satranidazole is a novel nitroimidazole possessing a C-N linkage at C2 of the imidazole ring. It damages DNA by reducing the nitro group.
Excretion: Half-life: 14 hr.

CIMS Class

Antiamoebics

*satranidazole information:

satranidazole

satranidazole brands available in India

Always prescribe with Generic Name : satranidazole, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : SATROGYL film-coated tab SATROGYL-O tab SATROMAX tab SATROMAX-O tab

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([all drugs])

secnidazole

CIMS Class : (Antiamoebics)

secnidazole

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related secnidazole information

Indication & Dosage

Oral

Severe invasive amoebiasis

Adult: 1.5 g daily as single or in divided doses for 5 days.

Child: 30 mg/kg daily for 5 days.

Oral

Trichomoniasis

Adult: 2 g as a single dose.

Child: 30 mg/kg as a single dose.

Oral

Amoebiasis

Adult: 2 g as a single dose.

Child: 30 mg/kg as a single dose.

Oral

Giardiasis

Adult: 2 g as a single dose.

Child: 30 mg/kg as a single dose.

Contraindications

Hypersensitivity; pregnancy (1st trimester) and lactation.

Special Precautions

Avoid alcohol and disulfiram. Avoid in patients with history of blood disorders.

Adverse Drug Reactions

Nausea, gastralgia, change of taste, metallic taste, stomatitis, urticaria, rashes, leucopenia. Rarely vertigo, moderate neurological, digestive disturbances.

Drug Interactions

Concurrent disulfiram admin may cause psychotic reactions. Disulfiram-like reactions with alcohol. Cimetidine may prolong half-life.
Potentially Fatal: May potentiate anticoagulant effect of warfarin and increase risk of haemorrhage.

Mechanism of Action

Secnidazole is active against E histolytica, G lamblia, T vaginalis, Clostridium spp, B fragilis, Gardnerellaspp. The drug enters the microorganisms by diffusion and is reduced intracellularly by low oxidation-reduction potential ferredoxin which then result in DNA damage.

CIMS Class

Antiamoebics

ATC Classification

P01AB07 - secnidazole; Belongs to the class of nitroimidazole derivatives antiprotozoals. Used in the treatment amoebiasis and other protozoal diseases.

*secnidazole information:
secnidazole
secnidazole brands available in India
Always prescribe with Generic Name : secnidazole, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : AMBIFORM tab AMITAB tab ENTOSEC tab ETISEC sachet FLAGENTYL tab PROZACTIN tab SECKAA tab SECNIL D-syr SECNIL FORTE tab SECNITOR tab SECTOP tab SECWIN FORTE tab SECZOL tab SNIDA tab
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([all drugs])

selegiline

CIMS Class : (Antiparkinsonian Drugs) , (Antidepressants)

selegiline

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related selegiline information

Indication & Dosage

Oral

Early parkinsonism

Adult: As conventional preparations: 10 mg daily either as a single dose in the morning or in 2 divided doses of 5 mg at breakfast and lunchtime. As oral lyophilisate tablets: Initially, 1.25 mg daily, may increase to 2.5 mg once daily after at least 6 wk if needed.

Elderly: Initially, 2.5 mg daily.

Transdermal

Depression

Adult: Initially, 6 mg/24 hr, dose may be increased in steps of 3 mg/24 hr at intervals of not <2 wk. Patients on doses =9 mg/24 hr should restrict intake of tyramine-rich foods during and for 2 wk after discontinuing the treatment. Patches should be changed every

24 hr and the new patch is applied to a different site. Max: 12 mg/24 hr.

Administration

Should be taken with food.

Overdosage

Symptoms may include dizziness, irritability, hyperactivity, agitation, hallucinations, convulsions and coma. Immediate hospitalisation, with continuous observation and monitoring is strongly recommended.

Contraindications

Active ulceration. Pregnancy and lactation.

Special Precautions

History of peptic ulcer, uncontrolled hypertension, arrhythmias, angina, psychosis. Severe liver or kidney dysfunction.

Adverse Drug Reactions

Hallucinations, dizziness, confusion, anxiety, dreams, palpitations, syncope, irritability, restlessness, nausea, dry mouth, sexual dysfunction, hypotension, arrhythmia, angina, tachycardia. Orthostatic hypotension, chest pain, insomnia, abnormal dreams. Transient elevations in liver enzymes.

Drug Interactions

Amantadine may increase BP when used together. Risk of hypertensive effect when used with dopamine. Concurrent use with dextromethorphan increases the risk of adverse effects.
Potentially Fatal: Risk of muscular rigidity, severe agitation and elevated temperature when used withmeperidine. Increased risk of toxicity when used with TCAs or SSRIs. Risk of orthostatic hypotension when used with bupropion.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals

are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 15-30°C. Transdermal: Store at 15-30°C.

Mechanism of Action

Selegiline increases dopaminergic activity by intervening with the re-uptake of dopamine at the synapse. It also irreversibly inhibits the MAO-B which is involved in the metabolism of dopamine.

Absorption: Readily absorbed from the GI tract (oral). Bioavailability is about 10%.

Distribution: Rapidly distributed throughout the body and crosses the blood-brain barrier.

Metabolism: Extensive hepatic first-pass effect; converted to L-(-)-desmethylselegiline, L-(-)-N-methylamfetamine and L-(-)-amfetamine.

Excretion: Mainly as metabolites in the urine; about 15% is excreted via faeces. Elimination half-life: about 10 hr.

CIMS Class

Antiparkinsonian Drugs / Antidepressants

ATC Classification

N04BD01 - selegiline; Belongs to the class of dopaminergic agents, monoamine oxidase B inhibitors. Used in the management of parkinson's disease.

*selegiline information:
Note that there are some more drugs interacting with selegiline
selegiline further details are available in official CIMS India
selegiline
selegiline brands available in India
Always prescribe with Generic Name : selegiline, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ELDEPRYL tab ELEGELIN tab JUMAX tab JUMEX tab SELERIN tab SELGIN tab
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([all drugs])
serrapeptase

CIMS Class : (Anti-inflammatory Enzymes)

serrapeptase

related serrapeptase information

Indication & Dosage

Oral

Inflammation and oedema

Adult: 5-10 mg tid.

Special Precautions

Severe hepatic or renal disorder.

Adverse Drug Reactions

Skin rash, diarrhoea, anorexia, GI disturbances, epistaxis (rare).

Mechanism of Action

Serrapeptase is a proteolytic enzyme of Serratia spp source. When taken orally, it relieves inflammation and oedema associated with trauma, infection or chronic venous insufficiency.

CIMS Class

Anti-inflammatory Enzymes

*serrapeptase information:

serrapeptase

serrapeptase brands available in India

Always prescribe with Generic Name : serrapeptase, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACTIS tab ADPEP tab ALDASE tab AMIDASE tab ASIDASE tab ASLERA tab ASLERA-D tab ASLERA-DP tab AVISERA FORTE tab AVISERA tab BIDANZEN FORTE tab BIDANZEN tab BIODASE-10 tab BIOSERA film-coated tab BIOSUGANRIL tab BRADYHIST tab CADPO-D tab CADPO-N tab CIPZEN tab COPRES-M enteric-coated tab C-SERRA tab CUZEN tab CUZEN-NM tab CYS tab DACNIS tab DAZE tab DAZEN tab DAZINA-FORTE tab DENSERA tab DENSERA-D tab DENSERA-N tab EDASE-D tab EDASE-N tab EMANZEN FORTE tab EMANZEN tab EMANZEN-N cap ENSERA enteric-coated tab ENSERA FORTE enteric-coated tab ERASAN tab EUDASE tab EUDASE-D tab EUDASE-DP tab EVERSER

tab FLANZEN enteric-coated tab FLASER FORTE tab FORSES tab GS tab INFLADASE enteric-coated tab INFLADASE FORTE tab INTASE FORTE tab INTASE tab KINETO FORTE tab KINEX tab LUPICT tab LYSER FORTE tab LYSER tab MAXILASE tab MICRODASE tab OPTASE tab PEPDOL tab PEPSER tab PEPSER-D tab PEPSUN tab PEPTISOJ tab PEPTISOJ-D tab PEPZEN tab PEPZEN-N FORTE cap PEVANASE tab PRIMEDASE-10 FORTE tab RATIO-D tab S-15 tab SAINZEN-K tab SANCER tab S-DOL tab SELUTRA tab SEPA film-coated tab SEPT tab SEPTIDASE FORTE tab SERABEL tab SERAIM tab SERAKAIR tab SERATAB tab SERATAUR tab SERATIO-P tab SERATO-M tab SERATOP tab SERAX tab SERAZEN tab SEREN tab SEREZON FORTE tab SEREZON tab SERIFO tab SERIMAX-DP tab SERO tab SEROSE-D tab SEROSE-DP tab SERRA enteric-coated tab SERRALEX tab SERRAN FORTE tab SERRLEX NM tab SERTO-D tab SESTEC-D tab SETRASE tab SHERIL tab SIADASE tab SPADE enteric-coated tab SRP-10 tab STALWAR tab STALWAR-D tab STALWAR-DX cap STARDASE tab SUDASE tab SUDASE-D tab SYNOTRIP-20 tab TAB SERRODASE tab TANZEN tab TOLPA tab TOTARYL tab TRIPS-S film-coated tab WALKY tab ZINASE FORTE tab ZINASE tab ZUPEP tab ZYPEP tab ZYS film-coated tab ZYSER tab

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([all drugs])

sertaconazole

CIMS Class : (Preparations for Vaginal Conditions) , (Topical Antifungals & Antiparasites)

sertaconazole

P - Caution when used during pregnancy

L - Caution when used during lactation

related sertaconazole information

Indication & Dosage

Vaginal

Vaginal candidiasis

Adult: 2% cream daily for 7 or 8 days or as a single dose of 300 or 500 mg pessary.

Topical/Cutaneous

Seborrhoeic dermatitis

Adult: 2% cream applied to affected area once daily for 2-4 wk.

Topical/Cutaneous

Dermatophytosis

Adult: 2% cream applied to affected area once daily for 2-4 wk.

Topical/Cutaneous

Superficial candidiasis

Adult: 2% cream applied to affected area once daily for 2-4 wk.

Topical/Cutaneous

Pityriasis versicolor

Adult: 2% cream applied to affected area once daily for 2-4 wk.

Contraindications

Hypersensitivity to imidazole antimycotics. Vaginal: Concurrent use of diaphragm contraceptive.

Special Precautions

Pregnancy; lactation. Avoid contact with eyes.

Adverse Drug Reactions

Transient erythema; burning sensation.

Storage

Topical/Cutaneous: Store at 25°C. Vaginal: Store at 25°C.

Mechanism of Action

Sertaconazole inhibits ergosterol synthesis. It is also active against gram-positive organisms.

CIMS Class

Preparations for Vaginal Conditions / Topical Antifungals & Antiparasites

ATC Classification

D01AC14 - sertaconazole; Belongs to the class of imidazole and triazole derivatives for topical use. Used in the treatment of fungal infection.

*sertaconazole information:
sertaconazole
sertaconazole brands available in India
Always prescribe with Generic Name : sertaconazole, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : ONABET CRM cream ONABET V1 tab

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([all drugs])

sertraline

CIMS Class : (Antidepressants)

sertraline

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related sertraline information

Indication & Dosage

Oral

Depression

Adult: Initially, 50 mg once daily, may increase in steps of 50 mg at wkly intervals. Max: 200 mg daily.

Child: For obsessive-compulsive disorder: 6-12 yr: Initially, 25 mg once daily; 13-17 yr: Initially, 50 mg once daily. May increase dose at intervals of at least 1 wk, to a max of 200 mg/day. If somnolence is noted, give at bedtime.

Hepatic impairment: Dosage reduction may be required.

Oral

Obsessive compulsive disorder

Adult: Initially, 50 mg once daily, may increase in steps of 50 mg at wkly intervals. Max: 200 mg daily.

Child: For obsessive-compulsive disorder: 6-12 yr: Initially, 25 mg once daily; 13-17 yr: Initially, 50 mg once daily. May increase dose at intervals of at least 1 wk, to a max of 200 mg/day. If somnolence is noted, give at bedtime.

Hepatic impairment: Dosage reduction may be required.

Oral

Panic disorder with or without agoraphobia

Adult: Initially, 25 mg daily, increased after 1 wk to 50 mg daily. May increase in steps of 50 mg at wkly intervals. Max: 200 mg daily.

Hepatic impairment: Dosage reduction may be required.

Oral

Posttraumatic stress disorder

Adult: Initially, 25 mg daily, increased after 1 wk to 50 mg daily. May increase in steps of 50 mg at wkly intervals. Max: 200 mg daily.

Hepatic impairment: Dosage reduction may be required.

Oral

Social anxiety disorder

Adult: Initially, 25 mg daily, increased after 1 wk to 50 mg daily. May increase in steps of 50 mg at wkly intervals. Max: 200 mg daily.

Hepatic impairment: Dosage reduction may be required.

Oral

Premenstrual dysmorphic disorder

Adult: Initially, 50 mg daily. May be given throughout the menstrual cycle or only during the luteal phase. May increase by 50 mg each cycle if needed. Max: 150 mg daily for continuous dosing or 100 mg daily for luteal phase-only dosing. Patients who require 100 mg daily for luteal phase-only dosing should always start with 50 mg daily for the 1st 3 days of each luteal phase dosing period.

Hepatic impairment: Dosage reduction may be required.

Administration

May be taken with or without food.

Overdosage

Symptoms include nausea, vomiting and CNS excitation. May lead to death.

Contraindications

Children <18 yr. Poorly controlled epilepsy.

Special Precautions

History of hypomania and seizure disorders, hepatic and renal impairment, cardiac disease, recent MI, history of bleeding disorders, DM and angle-closure glaucoma. Discontinue treatment if seizures develop or if there is an increase in seizure frequency. Withdrawal should be gradual. Monitor for signs of clinical worsening, suicidality and unusual changes in behaviour especially during the initial treatment period or when there are dosage adjustments. Pregnancy and lactation.

Adverse Drug Reactions

Nausea, anorexia, dyspepsia, constipation, diarrhoea, dry mouth, flatulence, vomiting, ejaculation failure, increased sweating, somnolence, agitation, insomnia, headache, dizziness, fatigue, anxiety, nervousness, tremor, paraesthesia, decreased libido, rash, hot flushes, blurred vision.

Drug Interactions

May increase risk of delirium when used with antimuscarinics. Increased risk of extrapyramidal symptoms and neuroleptic malignant syndrome when used with aripiprazole. Serum levels may be reduced bycarbamazepine. Concurrent use with dihydroergotamine or linezolid may lead to serotonin syndrome. May increase serum levels of lamotrigine and risk of toxicity. May increase serum levels of olanzapine, pimozide,risperidone, methadone, clozapine and amiodarone. Plasma levels may be increased by cimetidine andritonavir. May increase the anticoagulant activity of warfarin and acenocoumarol.

Potentially Fatal: Concomitant admin with MAOIs can result in serious serotonin syndrome.

Food Interaction

Co-admin with food increases peak plasma concentration of sertraline. Plasma levels are increased by grapefruit juice.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Sertraline has a potent and selective inhibitory action on CNS neuronal reuptake of 5-HT resulting in increased 5-HT concentrations at the synaptic clefts, leading to sustained activity at the postsynaptic receptor sites and improvement of depression. Reduction of serotonin turnover (in brain) also contributes to its action. Its long half-life allows once daily admin.

Absorption: Absorbed slowly from the GI tract (oral); plasma concentrations peak 4.5-8.5 hr after oral admin.

Distribution: Body tissues (wide), enters breast milk. Protein-binding: 98%.

Metabolism: Extensive hepatic first-pass metabolism; demethylation to N-desmethylsertraline (inactive) then to glucuronide conjugates.
Excretion: Via urine and faeces (as metabolites); elimination half-life: about 26 hr.

CIMS Class

Antidepressants

ATC Classification

N06AB06 - sertraline; Belongs to the class of selective serotonin reuptake inhibitors. Used in the management of depression.

*sertraline information:
Note that there are some more drugs interacting with sertraline
sertraline
sertraline brands available in India
Always prescribe with Generic Name : sertraline, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : ACTISER tab ADERTA tab CENSIR tab DAXID film-coated tab DAZOLIN tab DEPLIN tab DEPSERT tab EPISOD tab INOSERT FC-tab LINDEP tab LINE tab L-PEEZ S tab MEDISERT tab MENTOLIFT tab MENTOLIFT-PLUS tab OBZIN tab RELAX-S tab RESERT tab RESTALIN tab RETALIN tab SERDEP film-coated tab SERENATA tab SERJET tab SERLIFT tab SERLIN tab SERNE tab SERTA tab SERTACARE tab SERTACIN tab SERTAWIN tab SERTIL tab SERTIMA tab SERTRAC tab SERTRAX tab SETALIN film-coated tab SETEX tab SETEX-A tab SYMS tab TRALIN tab TRAS tab USER tab XSERT tab ZERT-OD tab ZOSERT tab ZOTRAL film-coated tab

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([all drugs])

sevelamer hydrochloride

CIMS Class : (Antidotes, Detoxifying Agents & Drugs Used in Substance Dependence)

sevelamer hydrochloride

P - Caution when used during pregnancy

L - Caution when used during lactation

related sevelamer hydrochloride information

Indication & Dosage

Oral

Hyperphosphataemia

Adult: Initially, 800-1600 mg tid, taken with each meal and based on serum phosphorus level: 5.5 to <7.5 mg/dL: 800 mg tid; 7.5 to <9 mg/dL: 1.2-1.6 g tid; =9 mg/dL: 1.6 g tid. Usual maintenance: 0.8-4 g with each meal. Patients switching from calcium acetate based on current dosage: 667 mg calcium acetate is equivalent to 800 mg sevelamer (carbonate/HCI).

Overdosage

Risk of systemic toxicity is low as it is not absorbed from the gut.

Contraindications

Hypophosphatemia or bowel obstruction.

Special Precautions

Dysphagia, swallowing disorders, severe GI motility disorders, or major GI tract surgery. Pregnancy and lactation. Monitor serum

levels of calcium, bicarbonate and chloride. To be taken with meals and tablets should be swallowed intact.

Adverse Drug Reactions

Headache, infection, pain, hypertension, hypotension, thrombosis, diarrhoea, flatulence, dyspepsia, nausea, vomiting, constipation and cough. Pruritus, rash and abdominal pain.

Drug Interactions

Concurrent admin decreases the absorption of ciprofloxacin. Not to be taken concurrently with oral medications in which the safety and efficacy would be significantly affected by its reduced bioavailability.

Storage

Oral: Store at 25°C.

Mechanism of Action

Sevelamer hydrochloride is a polymeric compound. It acts by binding to phosphate molecules in the gut, limiting its absorption and thus lowering serum phosphate levels without altering calcium, aluminum, or bicarbonate concentrations.
Absorption: Not systematically absorbed.

CIMS Class

Antidotes, Detoxifying Agents & Drugs Used in Substance Dependence

*sevelamer hydrochloride information:
Note that there are some more drugs interacting with sevelamer hydrochloride
sevelamer hydrochloride
sevelamer hydrochloride brands available in India
Always prescribe with Generic Name : sevelamer hydrochloride, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : FOSEAL tab RENAVAL tab
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([all drugs])

sibutramine

CIMS Class : (Anti-obesity Agents)

sibutramine

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related sibutramine information

Indication & Dosage

Oral

Obesity

Adult: Initially, 10 mg daily in the morning. Re-evaluate treatment in patients whose weight loss is <2 kg in the 1st 4 wk of treatment. May increase dose to 15 mg daily. Reassess 4 wk later. Discontinue treatment if weight loss is still <2 kg. Max: 15 mg daily.

Administration

May be taken with or without food.

Overdosage

Symptoms include: Tachycardia, hypertension, headache and dizziness. Treatment is supportive and symptomatic. ß-blockers may be used to control elevated BP and tachycardia.

Contraindications

History of cerebrovascular disease. History of CV disease, including history of coronary artery disease, history of stroke or transient ischaemic attack, history of heart arrhythmias, history of congestive heart failure, history of peripheral arterial disease and uncontrolled hypertension. History of eating disorders (e.g. anorexia nervosa and bulimia nervosa); bipolar disorder, Tourette's syndrome, hyperthyroidism, phaeochromocytoma, benign prostatic hyperplasia; history of drug or alcohol abuse. Pregnancy, lactation. Severe renal or hepatic impairment.

Special Precautions

Hypertension; narrow-angle glaucoma; seizures; history of gallstones; family history of motor or verbal tics. Should not drive or operate machinery. Mild-moderate renal impairment. History of depression. History of hypertension, coronary artery disease,

congestive heart failure, arrhythmias or stroke. Monitor BP and heart rate.

Adverse Drug Reactions

Dry mouth, drowsiness, dizziness, rhinitis, depression, emotional lability, migraine, skin rash, mydriasis, insomnia, constipation, diarrhoea, peripheral oedema, menstrual disorders.

Drug Interactions

Avoid concurrent admin with or within 2 wk of stopping MAOIs. Care should be taken with drugs that may raise BP or heart rate e.g. phenylpropanolamine, ephedrine or pseudoephedrine.
Increased serum levels when used with drugs that inhibit CYP3A4 e.g. ketoconazole and erythromycin. Decreased serum levels when used with rifampicin, phenytoin, carbamazepine and phenobarbital. Increased risk of serotonin syndrome when used with serotonergics such as SSRIs, sumatriptan, lithium and pethidine.

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Sibutramine acts by inhibitng the reuptake of norepinephrine and serotonin, and to a lesser extent, dopamine.
Absorption: Well absorbed from the GI tract (oral).
Distribution: Protein-binding: 97%
Metabolism: Extensive first-pass metabolism by CYP3A4. .
Excretion: Mainly in urine (as inactive metabolites). Plasma elimination half-life: About 14-16 hr.

CIMS Class

Anti-obesity Agents

ATC Classification

A08AA10 - sibutramine; Belongs to the class of centrally acting antiobesity products. Used in the treatment of obesity.

*sibutramine information:
Note that there are some more drugs interacting with sibutramine

sibutramine further details are available in official CIMS India

sibutramine

sibutramine brands available in India

Always prescribe with Generic Name : sibutramine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : FETRASIL cap LEPTOS cap OBEGO cap OBE-SLIM cap OBESTAT cap OBEWIN cap OBIRAX cap REDUCE tab REDUZE-OD cap SIBUSLIM cap SIBUTREX cap SIBUTRIM cap SLENFIG cap SLIMKAIR cap

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([all drugs])

sildenafil

CIMS Class : (Drugs for Erectile Dysfunction)

sildenafil

Food ¤ - Food interaction

related sildenafil information

Indication & Dosage

Oral

Erectile dysfunction

Adult: 50 mg about 1 hr before sexual intercourse. May adjust dose depending on penile response. Max: 100 mg/dose and not to be taken > once in 24 hr.
Elderly: >65 yr: Lower initial dose at 25 mg.

CrCl (ml/min)
Dosage Recommendation
<30
Initially, 25 mg.

Hepatic impairment: Initially, 25 mg.

Special Populations: For patients taking drugs which are CYP3A4 inhibitors: initially, 25 mg. For patients on ritanavir, not >25 mg every 48 hr. Patients who are stabilised on a-blocker treatment should use an initial dose of 25 mg. Higher doses should not be taken within 4 hr of an a-blocker.

Administration

May be taken with or without food.

Overdosage

Should be managed by standard supportive care.

Contraindications

Hypersensitivity. Patients concurrently or intermittently using organic nitrates in any form.

Special Precautions

Caution when used in patients with anatomical deformation of penis or conditions that may predispose them to priapism (e.g. sickle cell anaemia, myeloma, or leukaemia). Mild, transient, dose-related impairment of colour discrimination (blue/green) may occur. Hepatic or severe renal impairment, bleeding disorders, active peptic ulceration, hypotension, recent history of stroke, MI, arrhythmias, unstable angina, heart failure or retinal disorders. May cause sudden loss or decrease in hearing.

Adverse Drug Reactions

Headache, flushing, respiratory tract infection, angina pectoris, AV block, migraine, syncope, tachycardia, postural hypotension, MI,

cerebral thrombosis, cardiac arrest, paraesthesia, tremor, depression, herpes simplex, skin ulcer, oesophagitis, abnormal LFT, rectal haemorrhage, hypoglycaemic reaction, arthritis, deafness, retinal vascular disease, photosensitivity, accidental fall.

Drug Interactions

Inhibitors of CYP3A4 such as cimetidine and erythromycin are likely to reduce sildenafil clearance. CYP3A4 inducers such as rifampicin may decrease the plasma concentrations of sildenafil. Symptomatic hypotension when used with a-blockers. Plasma concentrations are increased by ritonavir.
Potentially Fatal: May potentiate hypotensive effects of of organic nitrates and nicorandil.

Food Interaction

Concurrent admin with grapefruit juice may lead to increased plasma levels of sildenafil.

Pregnancy Category (US FDA)
Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in

pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Sildenafil inhibits phosphodiesterase type-5 (PDE5) which is responsible for cGMP degradation in the corpus cavernosum. Inhibition of PDE5 increases cGMP levels in the corpus cavernosum which results in smooth muscle relaxation and inflow of blood to the corpus cavernosum.

Absorption: Rapidly absorbed after oral admin. Bioavailability: about 40%.

Distribution: Widely distributed. Plasma protein binding: 96%.

Metabolism: Metabolised in the liver mainly by CYP3A4 and CYP2C9.

Excretion: Excreted as metabolites mainly in the faeces.

CIMS Class

Drugs for Erectile Dysfunction

ATC Classification

G04BE03 - sildenafil; Belongs to the class of drugs used in erectile dysfunction.

*sildenafil information:
Note that there are some more drugs interacting with sildenafil
sildenafil further details are available in official CIMS India
sildenafil
sildenafil brands available in India
Always prescribe with Generic Name : sildenafil, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : 1-2-3 tab 90E tab ADAMS DELITE tab AEROGRA tab AIR BUS tab ALSIGRA tab ANDROZ tab BE-FORCE film-coated tab BISON cap CAVERTA tab C-GRA film-coated tab ECHARGE tab EDEGRA tab ENTHUSIA tab EREC tab ERECTIMAX soft-gelatin caps FUNTOOSH tab HEWON tab HONYGRA tab INTAGRA tab INTEGRA tab JEAN SIAGRA

tab JOSH-IN tab JUAN tab KAMAGRA tab LEEGRA-50 tab LOVEGRA tab LUPIGRA tab MANFORCE tab MANPOWER tab MERIDAY tab NEOGRA tab N-GRA tab NIAGRA film-coated tab NYTE tab Ontop Sildenafil Citrate tab PEFOMAX-50 tab PENEGRA tab PENEGRA XPRESS DT-tab PROGRA tab REZUM tab RIVGRA tab ROCKY tab ROMENTO tab SANAGRA tab SENSEX tab SEXTRA tab SIAGRAA tab SILAGRA film-coated tab SLIP-IN tab SOZEGRA tab SUHAGRA film-coated tab SUROOR tab SXX tab TYGRA tab UPLIFT tab VIAGRA tab VIGREKS tab VIRAHA tab VISTAGRA tab VITAGRA tab VOGIRA tab WAVEGRA tab WINGORA tab X-FORCE tab X-MEN tab ZEAGRA tab ZENEGRA tab ZERECT tab

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([all drugs])

silver sulfadiazine

CIMS Class : (Eye Anti-infectives & Antiseptics) , (Topical Antibiotics)

silver sulfadiazine

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related silver sulfadiazine information

Indication & Dosage

Topical/Cutaneous

Treatment and prophylaxis of infection in severe burns

Adult: Apply a 1% cream onto affected area once or twice daily.

Contraindications

Hypersensitivity to sulphonamides; porphyria; premature infants and infants <2 mth; pregnancy and lactation.

Special Precautions

Impaired hepatic or renal function; G6PD deficiency; maintain adequate fluid intake. Monitor blood counts. Systemic absorption, resulting in argyria may occur if it is applied to large wound areas and over prolonged periods.

Adverse Drug Reactions

Nausea, vomiting, diarrhoea; hypersensitivity, skin reactions; haematuria; crystalluria; thrombocytopenia, leucopenia, eosinophilia.

Potentially Fatal: Stevens-Johnson syndrome; agranulocytosis, jaundice, hepatitis.

Drug Interactions

Potentiates antidiabetic effect of sulphonylureas. Not antagonised by PABA.

Mechanism of Action

Silver sulfadiazine has broad antimicrobial activity; it is active against gram-positive and gram-negative bacteria as well as some yeasts and fungi. The silver salt acts mainly on the cell wall and membrane to disrupt its intergrity thus allowing it to impair the essential enzymes, bacterial DNA and RNA leading to cell death.
Absorption: Slowly releases sulfadiazine when it comes into contact with wound exudates. Up to 10% of sulfadiazine may be absorbed.

CIMS Class

Eye Anti-infectives & Antiseptics / Topical Antibiotics

ATC Classification

D06BA01 - silver sulfadiazine; Belongs to the class of topical sulfonamides used in the treatment of dermatological diseases.

*silver sulfadiazine information:

Note that there are some more drugs interacting with silver sulfadiazine

silver sulfadiazine

silver sulfadiazine brands available in India

Always prescribe with Generic Name : silver sulfadiazine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AG-X cream ALOREX CREAM cream ARGISEPT CREAM cream BURN AID cream BURNHEAL oint BURNHEAL powd BURNIL cream BURNKUL cream BURNOFF cream BURNOSYM oint BURNOWIN cream C.S.S. cream CEPTIDAR CREAM cream DERMOGARD CRM cream DIBACT cream GLOSILEX cream HEAL gel SALZINE oint SILCO oint SILCREAM cream SILKIN CRM cream SILOVIN cream SILVADEX cream SILVASIA cream SILVASIA-C cream SILVEC CREAM cream SILVELEB cream SILVER SHIELD

cream SILVER SULFA cream SILVER SUPHADIAZINE cream SILVERDINE cream SILVEREX cream SILVEREX DUST-powd SILVERINE cream SILVERSTAR cream SILVEZ cream SILVEZ PLUS cream SILVILAK cream SILVINDON cream SILVINDON PLUS cream SILVIRIN cream SILVO cream SILZEN C cream SILZEN cream SLOZIN cream SSZ APLICAPS APPL cap STERILON-S cream STERILON-S powd SUSIL cream TPSSD oint X-BURN CREAM cream

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([all drugs])

silymarin

CIMS Class : (Cholagogues, Cholelitholytics & Hepatic Protectors)

silymarin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related silymarin information

Indication & Dosage

Oral

Hepatic diseases

Adult: 140 mg bid/tid.

Administration

Should be taken with food. (Take after meals.)

Contraindications

Hypersensitivity, pregnancy, lactation.

Special Precautions

Children.

Adverse Drug Reactions

Occasional laxative effects. Abdominal bloating, diarrhoea, flatulence, loss of appetite, anorexia, nausea, stomach upset.

Mechanism of Action

Silymarin is an active principle from the fruit of Silybum marianum, which contains a mixture of flavonolignans. It reduces the turnover of membrane phospholipids and stabilises the cell membranes of

hepatocytes. It has potent antioxidant action and prevents lipid peroxidation.

CIMS Class

Cholagogues, Cholelitholytics & Hepatic Protectors

ATC Classification

A05BA03 - silymarin; Belongs to a class of drugs used in liver therapy.

*silymarin information:
silymarin
silymarin brands available in India
Always prescribe with Generic Name : silymarin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ALCOHEP soft-gelatin caps ALRIN-B CAP cap ALRIN-B syr DENAFED cap DENAFED SYR syr GOOD LIVER syr HEPASIL-B CAP cap HEPASIL-B syr HEPAWIN PLUS syr HOSLIV syr LECIVIT-S susp LEVALON tab LIMARIN

cap LIMARIN susp LIVBEL syr LIVOSIL FORTE syr LIVOSIL-B cap LIVOSIL-B SUSP susp MARISIL tab PALRON cap PROHEP FORTE tab RENEWLIV FORTE SG-cap RENEWLIV SG-cap SATMAX SYR syr SILBOSTIN cap SILICON susp SILICON tab SILIKAIR liqd SILIMAR cap SILIV susp SILIV tab SILMI tab SILYBON film-coated tab SILYBON susp SILYRIN susp SILYRIN-B cap SISON cap SIVYLAR susp SIVYLAR tab S-MERI susp S-MERI tab TELZALIV CAP cap TELZALIV syr

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([all drugs])

simeticone

CIMS Class : (GIT Regulators, Antiflatulents & Anti-inflammatories)

simeticone

related simeticone information

Indication & Dosage

Oral

Flatulence

Adult: 100-250 mg 3-4 times daily as required. May be given with an antacid.

Oral

Infant colic
Child: Infant: 20-40 mg to be given with feeds.

Administration

May be taken with or without food. (Take after meals & at bedtime for best results.)

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Simethicone lowers surface tension and facilitates gas dispersion by causing coalescence of gas bubbles in the GI tract, thus helping in their dispersion.
Absorption: Physiologically inert. Appeared to be unabsorbed in the GI tract after oral admin.
Excretion: Excreted unchanged in the faeces.

CIMS Class

GIT Regulators, Antiflatulents & Anti-inflammatories

*simeticone information:

Note that there are some more drugs interacting with simeticone

simeticone

simeticone brands available in India

Always prescribe with Generic Name : simeticone, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BETIP drops COLICAID drops COLIKY drops COLIZA drops DECOLIC drops DECOLIC susp DIMOL drops DIMOL tab HILCID susp PANORIC drops SIFLAT drops SMS drops SPASTEL drops YOM-MPS syr

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([all drugs])

simvastatin

CIMS Class : (Dyslipidaemic Agents)

simvastatin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related simvastatin information

Indication & Dosage

Oral

Hyperlipidaemias

Adult: Initially, 10-20 mg/day, to be taken in the evening. May start with 40 mg once daily in patients with high CV risk or require a large reduction in cholesterol. For patients with moderate CV risk, initiate with 10 mg once daily. May adjust dose at intervals of at least 4 wk. Max: 80 mg once daily. For patients with homozygous familial hypercholesterolaemia: 40 mg once daily in the evening or 80 mg daily (given in 3 divided doses of 20 mg, 20 mg and an evening dose of 40 mg).

Renal impairment: Severe impairment: initially, 5 mg once daily with close monitoring.

Oral

Cardiovascular risk reduction

Adult: In high-risk patients (e.g. patients with DM or atherosclerotic cardiovascular disease): 20-40 mg once daily. Moderate-risk patients: 10 mg once daily.

Renal impairment: Severe impairment: initially, 5 mg once daily with close monitoring.

Special Populations: For patients taking drugs that interact with simvastatin, initially, 5 mg once daily. Max: 10 mg/day (for patients taking ciclosporin, fibrates or nicotinic acid) and 20 mg/day (for patients taking amiodarone or verapamil).

Administration

May be taken with or without food. (Avoid excessive consumption (> 1 L/day) of grapefruit juice.)

Contraindications

Acute liver disease or unexplained persistent elevations of serum transaminases. Pregnancy, lactation. Porphyria. Patients of Chinese descent should not take 80 mg dose w/ lipid-modifying dose of niacin-containing products (=1 g/day).

Special Precautions

History of liver disease. Increased risk of rhabdomyolysis in severe infection, hypotension, major surgical trauma, uncontrolled seizures or severe metabolic, endocrine and electrolyte disorder. Alcoholism; premenarcheal females; children <10 yr. Discontinue

treatment if there is marked or persistent increase in serum-aminotransferase concentrations.

Adverse Drug Reactions

Headache, nausea, flatulence, heartburn, abdominal pain, diarrhoea/constipation, dysgeusia; dose-related myopathy (e.g. myalgia, muscle weakness and dark urine); serum transaminases and CPK elevations; hypersensitivity; lens opacities; blurring of vision; dizziness; sexual dysfunction; insomnia; depression and upper respiratory symptoms.
Potentially Fatal: Severe rhabdomyolysis with acute renal failure.

Drug Interactions

May cause slight elevation of serum digoxin. May increase risk of bleeding when used with coumarins and fluindione. Serum levels may be increased when used with ranolazine, verapamil, diltiazem and imatinib. Reduced serum levels when used with carbamazepine and rifampicin. Increased risk of myopathy when used with ciclosporin, colchicine, danazol and gemfibrozil.

Potentially Fatal: Concurrent use with amiodarone, itraconazole, ketoconazole, clarithromysin, erythromycin,telithromycin, nefazodone, niacin or protease inhibitors may increase the risk of rhabdomyolysis and acute renal failure.

Food Interaction

Concurrent admin with large amounts of grapefruit juice may increase serum levels of simvastatin. Serum levels may be reduced by St John's wort.

Pregnancy Category (US FDA)

Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.

Storage

Oral: Store at 5-30°C.

Mechanism of Action

Simvastatin is a prodrug metabolised in the liver to form the active ß-hydroxyacid derivative. This inhibits the conversion of HMG-CoA to mevalonic acid by blocking HMG-CoA reductase, an early and rate-limiting step in cholesterol biosynthesis. It reduces total cholesterol, LDL-cholesterol and triglycerides and increases HDL-cholesterol levels.

Onset: 3 days.

Absorption: Absorbed from the GI tract (oral).

Distribution: Protein-binding: 95%.

Metabolism: Extensively hepatic; undergoes metabolism by CYP3A4.

Excretion: Mainly excreted in the faeces as metabolites. Urine (10-15% inactive form); 1.9 hr (elimination half-life, active metabolite).

CIMS Class

Dyslipidaemic Agents

ATC Classification

C10AA01 - simvastatin; Belongs to the class of HMG CoA reductase inhibitors. Used in the treatment of hyperlipidemia.

*simvastatin information:

Note that there are some more drugs interacting with simvastatin

simvastatin further details are available in official CIMS India

simvastatin

simvastatin brands available in India

Always prescribe with Generic Name : simvastatin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BIOSIM tab SIM tab SIMCARD film-coated tab SIMCHOL tab SIMLIP film-coated tab SIMLO tab SIMSTAT tab SIMSTAT-N tab SIMVAS tab SIMVASTOL tab SIMVASTOL-N tab SIMVAX tab SIMVIN tab SIMVO tab SIMVOFIX tab SIMVOTIN film-coated tab SIMVOTIN TAB tab SIN tab STARSTAT tab SVT tab VASTATIN tab ZOSTA tab

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([all drugs])

simvastatin + ezetimibe

CIMS Class : (Dyslipidaemic Agents)

simvastatin + ezetimibe

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related simvastatin + ezetimibe information

Indication & Dosage

Oral

Hypercholesterolaemia,

Hyperlipidaemias, Hypertriglyceridaemia, Hyperlipoproteinaemia

Adult: As tablet containing ezetimibe (mg)/simvastatin (mg): 10/10, 10/20, 10/40, 10/80. Usual starting dose: 10/20 mg daily. Dose may range from 10/10 mg daily to 10/80 mg daily.

Renal impairment: Severe impairment: Start only if patient is able to tolerate 5 mg/day of simvastatin. Close monitoring required.

Contraindications

Hypersensitivity, acute liver disease or unexplained persistent elevations of serum transaminases. Pregnancy, lactation. Patients of Chinese descent should not take 80 mg of simvastatin with lipid-modifying dose of niacin-containing products (=1g/day).

Special Precautions

History of liver disease. Risk of rhabdomyolysis increased in the presence of severe infection, hypotension, major surgical trauma, uncontrolled seizures and severe metabolic, endocrine and electrolyte disorder. Alcoholism; premenarcheal females; child <10 yr.

Adverse Drug Reactions

Headache, nausea, flatulence, heartburn, abdominal pain, diarrhoea or constipation, dysgeusia; dose related myopathy (e.g. myalgia, muscle weakness and dark urine); serum transaminases and CPK elevations; hypersensitivity; lens opacities; blurring of vision; dizziness; sexual dysfunction; insomnia; depression, upper resp symptoms, dizziness, sinusitis, pharyngitis; chest pain, arthralgia and fatigue.
Potentially Fatal: Severe rhabdomyolysis with acute renal failure.

Drug Interactions

Simvastatin may cause slight elevation of serum digoxin. Cholestyramine and colestipol increase bioavailability of

simvastatin. Increase in ezetimibe plasma levels with ciclosporin. Increased risk of myopathy when used with ciclosporin, gemfibrozil, danazol, amiodarone and verapamil. Potentially Fatal: Concurrent use with itraconazole, ketoconazole, niacin, telithromycin, clarithromycin,erythromycin, nefazodone and HIV protease inhibitors may increase the risk of rhabdomyolysis and acute renal failure. Increased risk of hemorrhage with anticoagulants.

Food Interaction

Avoid intake of large quantities of grapefruit juice.

Pregnancy Category (US FDA)

Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.

Mechanism of Action

Simvastatin inhibits the conversion of HMG-CoA to mevalonic acid by blocking the enzyme HMG-CoA reductase, an early and rate limiting step in the biosynthesis of cholesterol. Ezetimibe localises at the brush border of the small intestine where it inhibits the absorption of cholesterol, decreasing the delivery of intestinal cholesterol to the liver. Cholesterol absorption is an active process and ezetimibe inhibits the protein transporters on small intestinal enterocyte brush border that bring about this active transport.

Absorption: Ezetimibe: Absorbed and extensively conjugated to a pharmacologically active phenolic glucuronide after oral admin. Simvastatin: Extensive 1st pass extraction.

Distribution: Ezetimibe and simvastatin: Highly protein-bound.

Metabolism: Ezetimibe: Mainly metabolised in the small intestine and liver via glucuronide conjugation.

Excretion: Ezetimibe: Biliary and renal excretion. Simvastatin: Urine and faeces.

CIMS Class

Dyslipidaemic Agents

ATC Classification

C10AA01 - simvastatin; Belongs to the class of HMG CoA reductase inhibitors. Used in the treatment of hyperlipidemia.
C10AX09 - ezetimibe; Belongs to the class of other cholesterol and triglyceride reducers. Used in the treatment of hyperlipidemia.

*simvastatin + ezetimibe information:
Note that there are some more drugs interacting with simvastatin + ezetimibe
simvastatin + ezetimibe
simvastatin + ezetimibe brands available in India
Always prescribe with Generic Name : simvastatin + ezetimibe, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : SIMOVOTIN tab SIMVAS-EZ tab STARSTAT-EZ tab
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([all drugs])
sirolimus
CIMS Class : (Immunosuppressants)
sirolimus
P - Contraindicated in pregnancy
L - Contraindicated in lactation

Food ¤ - Food interaction

related sirolimus information

Indication & Dosage

Oral

Prophylaxis of organ rejection in kidney allograft recipients

Adult: For low-moderate risk patients: Loading dose: 6 mg on day 1, followed by a maintenance dose of 2 mg once daily, given 4 hr after ciclosporin. Adjust dose to obtain whole blood trough concentrations of 4-12 ng/ml, and reduce doses of ciclosporin and corticosteroids gradually. After 2-3 mth, ciclosporin should be gradually discontinued over 4-8 wk while dose of sirolimus is adjusted to obtain trough concentrations of 12-20 ng/ml. For patients at high immunological risk such as black Afro-Caribbean patients and/or repeat renal transplant patients, sirolimus may be continued with ciclosporin and corticosteroids for the 1st yr after transplantation. Recommended loading dose: 15 mg, followed by an initial maintenance dose of 5 mg daily; further adjustments are made based on whole blood trough concentrations.

Child: Used with ciclosporin and corticosteroids: >13 yr and weighing <40 kg: Loading dose of 3 mg/m2 BSA, followed by initial maintenance of 1 mg/m2/day. Adjust dose to obtain whole blood trough concentrations of 4-12 ng/ml, and reduce doses of

ciclosporin and corticosteroids gradually. After 2-3 mth, ciclosporin should be gradually discontinued over 4-8 wk while dose of sirolimus adjusted to obtain trough concentrations of 12-20 ng/ml. If ciclosporin withdrawal is unsuccessful, usage of sirolimus should not exceed 3 mth after transplantation. Max: 40 mg/day.
Hepatic impairment: Maintenance dose should be reduced by one-third.

Administration

May be taken with or without food. (Take consistently either always w/ or always without meals. Avoid grapefruit juice.)

Overdosage

General supportive measures should be used.

Contraindications

Pregnancy and lactation.

Special Precautions

Hepatic or renal impairment. Kidney function should be monitored. Avoid exposure to sun or ultraviolet light. May increase risk of infection and development of lymphoma. Use in lung or liver transplant patients is not recommended as the safety and efficacy of sirolimus in such patients have not been established.

Adverse Drug Reactions

GI disturbances, tremor, acne, impaired renal function, hyperlipidaemia, peripheral oedema, headache, pain, asthenia and hypertension. Arthralgia, hypokalaemia, pyelonephritis, leucopenia, anaemia and angioedema.
Potentially Fatal: Fatal hepatic necrosis.

Drug Interactions

Inhibitors of CYP3A4 such as ketoconazole and protease inhibitors may increase the plasma concentrations of sirolimus. Concurrent admin with ciclosporin may lead to changes in the rate and extent of sirolimus absorption thus the drugs should be taken at least 4 hr apart. Increased risk of calcineurin inhibitor-induced haemolytic uraemic syndrome, thrombotic thrombocytopenic purpura or thrombotic microangiopathy when used with a calcineurin

inhibitor. May lead to angioneurotic oedema-type reactions when used with ACE inhibitor. May decrease response to vaccines.

Food Interaction

Concomitant use with grapefruit juice should be avoided. Concurrent use with St. John's wort may decrease serum concentrations of sirolimus.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Oral solution: Refrigerate at 2-8°C. Tablet: Store at 20-25°C. Protect from light.

Mechanism of Action

Sirolimus is a potent non-calcineurin inhibiting immunosuppressant used for renal transplantation. It inhibits T-lymphocyte activation and proliferation. It also inhibits antibody production. It has been shown to possess antifungal and antineoplastic properties.

Absorption: Rapidly absorbed in the GI tract after oral admin.

Distribution: Extensively bound to plasma proteins.

Metabolism: Metabolised by CYP3A4 via demethylation or hydroxylation.

Excretion: Mainly excreted via faeces; only about 2% excreted in the urine.

CIMS Class

Immunosuppressants

ATC Classification

L04AA10 - sirolimus; Belongs to the class of selective immunosupressive agents. Used to induce immunosuppression.

*sirolimus information:

Note that there are some more drugs interacting with sirolimus

sirolimus

sirolimus brands available in India

Always prescribe with Generic Name : sirolimus, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : RAPACAN tab RAPAMUNE tab

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([all drugs])

sisomicin

CIMS Class : (Aminoglycosides)

sisomicin

P - Caution when used during pregnancy

L - Caution when used during lactation

related sisomicin information

Indication & Dosage

Intramuscular

Susceptible Gram-negative and staphylococcal infections

Adult: 3 mg/kg daily in 2-3 divided doses. May also be given as IV infusion, if needed.

Renal impairment: May need to adjust maintenance doses and/or dosing intervals.

Topical/Cutaneous

Pyoderma

Adult: As 0.1% cream: Apply onto the affected area(s) bid.

Contraindications

Hypersensitivity.

Special Precautions

Renal or liver impairment, myasthenia gravis, parkinsonism, dehydration, hypotension, pregnancy, lactation.

Adverse Drug Reactions

Ototoxicity, nephrotoxicity, neurotoxicity (peripheral neuropathy, confusion, lethargy, hallucination, convulsion and mental depression, occasional respiratory depression), rarely hypersensitivity reaction.

Potentially Fatal: Acute renal failure especially in combination with other nephrotoxic drugs.

Drug Interactions

Plasma levels increased by indometacin. Antihistamines (H1-receptor blocker) may mask early signs of ototoxicity. Incompatible with some ß-lactam antibiotics.
Potentially Fatal: Potentiates nephrotoxicity produced by other nephrotoxic drugs including other aminoglycosides, vancomycin and some cephalosporins. Potentiates ototoxicity produced by other aminoglycosides, ethacrynic acid. Ototoxicity potentiated by furosemide.

Mechanism of Action

Sisomicin binds to 30s and 50s ribosomal subunits of susceptible bacteria disrupting protein synthesis, thus rendering the bacterial cell membrane defective.

CIMS Class

Aminoglycosides

ATC Classification

J01GB08 - sisomicin; Belongs to the class of other aminoglycosides. Used in the treatment of systemic infections.

*sisomicin information:
Note that there are some more drugs interacting with sisomicin
sisomicin
sisomicin brands available in India
Always prescribe with Generic Name : sisomicin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ENSAMYCIN CRM cream ENSAMYCIN eye drops SISOCIN eye drops SISOCIN SKIN CRM cream SISOPTIN inj
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([all drugs])
sodium bicarbonate
CIMS Class : (Antacids, Antireflux Agents & Antiulcerants) , (Other Drugs Acting on the Genito-Urinary System) , (Electrolytes)
P - Caution when used during pregnancy
L - Caution when used during lactation

related sodium bicarbonate information

Indication & Dosage

Oral

Urine alkalinisation

Adult: To prevent development of uric-acid renal calculi in the initial stages of uricosuric therapy forhyperuricaemia in chronic gout: Up to 10 g daily in divided doses, to be taken with a liberal amount of fluid.

Elderly: Dosage adjustments may be required.

Renal impairment: Dosage adjustments may be required.

Hepatic impairment: Dosage adjustments may be required.

Oral

Chronic metabolic acidosis

Adult: Doses providing 57 mmol (4.8 g sodium bicarbonate) or more daily as required.

Elderly: Dosage adjustments may be required.

Renal impairment: Dosage adjustments may be required.

Hepatic impairment: Dosage adjustments may be required.

Oral

Dyspepsia

Adult: 1-5 g in water, may be taken as required.

Elderly: Dosage adjustments may be required.

Renal impairment: Dosage adjustments may be required.

Hepatic impairment: Dosage adjustments may be required.

Intravenous

Severe metabolic acidosis

Adult: By slow inj of a hypertonic solution of up to 8.4% (1000 mmol/L), or by continuous infusion of a weaker solution, usually 1.26% (150 mmol/L). For correction of acidosis during advanced cardiac life support procedures, 50 ml of an 8.4% solution may be given.

Elderly: Dosage adjustments may be required.

Renal impairment: Dosage adjustments may be required.

Hepatic impairment: Dosage adjustments may be required.

Administration

Should be taken on an empty stomach (i.e. At least one hour before food or two hours after food).

Contraindications

Metabolic or respiratory alkalosis; hypernatraemia, severe pulmonary oedema; hypocalcaemia, hypochlorhydria.

Special Precautions

Epilepsy, CHF, renal impairment, liver cirrhosis, hypertension, oedema, eclampsia, aldosteronism. Monitor serum electrolyte concentrations and acid-base status regularly during treatment of acidosis. Pregnancy; lactation.

Adverse Drug Reactions

Metabolic alkalosis; mood changes, tiredness, shortness of breath, muscle weakness, irregular heartbeat; muscle hypertonicity, twitching, tetany; hypernatraemia, hyperosmolality, hypocalcaemia, hypokalaemia; stomach cramps, flatulence. Tissue necrosis at inj site.

Drug Interactions

Increases toxicity of amphetamines, ephedrine, pseudoephedrine, flecainide, quinidine a nd quinine. Decreases effects of lithium, chlorpropamide and salicylates due to increased clearance. May affect the absorption of certain drugs due to raised intra-gastric pH.

Mechanism of Action

Sodium bicarbonate raises blood and urinary pH by dissociation to provide bicarbonate ions, which neutralises the hydrogen ion concentration. It also neutralises gastric acid via production of carbon dioxide.
Onset: Oral: Rapid; IV: 15 minutes.
Duration: Oral: 8-10 minutes; IV: 1-2 hr.

CIMS Class

Antacids, Antireflux Agents & Antiulcerants / Other Drugs Acting on the Genito-Urinary System / Electrolytes

ATC Classification

B05CB04 - sodium bicarbonate; Belongs to the class of salt solutions used as irrigating solutions.
B05XA02 - sodium bicarbonate; Belongs to the class of electrolyte solutions used in I.V. solutions.

*sodium bicarbonate information:

Note that there are some more drugs interacting with sodium bicarbonate

sodium bicarbonate further details are available in official CIMS India

sodium bicarbonate

sodium bicarbonate brands available in India

Always prescribe with Generic Name : sodium bicarbonate, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

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([all drugs])

sodium chloride

CIMS Class : (Nasal Decongestants & Other Nasal Preparations) , (Electrolytes) , (Mouth/Throat Preparations) , (Intravenous & Other Sterile Solutions) , (Other Eye Preparations)

sodium chloride

P - Caution when used during pregnancy

related sodium chloride information

Indication & Dosage

Oral

Chronic salt-losing conditions

Adult: As modified-release preparation: 2.4-4.8 g (40-80 mmol sodium) daily accompanied by suitable fluid intake. Up to 12 g daily may be necessary in severe cases.

Renal impairment: Dosage adjustment may be necessary.

Oral

Prophylaxis of muscle cramps during routine haemodialysis

Adult: As modified-release preparation: 6-10 g every dialysis session.

Oral

Oral hygiene

Adult: Used as mouthwash.

Nasal

Nasal congestion

Adult: 0.9% used as nasal drops or spray.

Child: 0.9% used as nasal drops.

Intravenous

Replacement of fluid and electrolytes

Adult: As 0.9%, 3% or 5% solution: Dosage depends on age, wt, clinical condition and laboratory determinations of the patient. Dose to be administered via a large vein, with care taken to prevent infiltration.

Intravenous

Hypernatraemia

Adult: As 0.9% solution: Dosage depends on age, wt, clinical condition and laboratory determinations of the patient. Dose to be administered via a large vein, with care taken to prevent infiltration.

Irrigation

Irrigation of the bladder, eye, general skin and wound cleansing

Adult: 0.9% solution is used.

Contraindications

Conditions whereby admin of sodium chloride would be detrimental. Not to be used to induce emesis. Sustained release tablets: GI disorders associated with strictures or diverticula.

Special Precautions

Hypertension, heart failure, peripheral or pulmonary oedema, impaired renal function, liver cirrhosis, preeclampsia. Maintain adequate water intake. Pregnancy. Inj of 3 or 5% sodium chloride solution should be given via a large vein at a rate not exceeding 100 ml/hr. Monitor fluid balance, serum electrolytes and acid base

balance espcially during prolonged treatment. Caution when used in patients who are receiving corticosteroids or corticotropin.

Adverse Drug Reactions

Hypernatraemia; thirst, reduced salivation and lachrymation, fever, tachycardia, hypertension, headache, dizziness, restlessness, irritability and weakness.
Potentially Fatal: Intra-amniotic inj of hypertonic solutions: Disseminated intravascular coagulation, renal necrosis, cervical and uterine lesions, pulmonary embolism, pneumonia and death.

Drug Interactions

May affect serum concentrations of lithium.

Mechanism of Action

Sodium chloride is the major extracellular cation. It is important in electrolyte and fluid balance, osmotic pressure control and water distribution as it restores sodium ions. It is used as a source of electrolytes and water for hydration, treatment of metabolic acidosis, priming solution in haemodialysis and treatment of

hyperosmolar diabetes. It is also used as diluents for infusion of compatible drug additives.

Absorption: Well-absorbed from the GI tract.

Excretion: Mainly in the urine, with small amounts excreted in the sweat, faeces, tears and saliva.

CIMS Class

Nasal Decongestants & Other Nasal Preparations / Electrolytes / Mouth/Throat Preparations / Intravenous & Other Sterile Solutions / Other Eye Preparations

ATC Classification

A12CA01 - sodium chloride; Belongs to the class of sodium-containing preparations used as dietary supplements.

B05CB01 - sodium chloride; Belongs to the class of salt solutions used as irrigating solutions.

B05XA03 - sodium chloride; Belongs to the class of electrolyte solutions used in I.V. solutions.

*sodium chloride information:

sodium chloride

sodium chloride brands available in India

Always prescribe with Generic Name : sodium chloride, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : HOLD NASAL SOLN nasal drops HYNASAL SPRAY/DROPS DPS/spray HYPERSOL-5 soln HYPERSOL-6 oint HYTOSOL eye drops IZABEL nasal drops KORED DPS FFS-eye drops LIBNA nasal drops NASALT nasal drops NASIVION-S nasal drops NASOCLEAR nasal drops NASOCLEAR PLUS nasal drops NIPIT drops NORMAL SALINE IV bag OCUTONE eye drops OSMOGEL eye drops OTRIVIN-S drops RHINE nasal drops SINAREST-S nasal spray SOD CHL SOLN (Krishna) infusion SOD CHL SOLN (Mount) infusion SOLSPRE infusion VILCO-S nasal drops XYLOMET-S ear/nose soln

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([all drugs])

sodium cromoglicate

CIMS Class : (Antiasthmatic & COPD Preparations) , (Nasal Decongestants & Other Nasal Preparations) , (Ophthalmic Decongestants, Anesthetics, Anti-inflammatories)

sodium cromoglicate

L - Caution when used during lactation

related sodium cromoglicate information

Indication & Dosage

Oral

Food allergy

Adult: 200 mg four times daily. May double the dose if effect is not satisfactory within 2-3 wk.

Child: 100 mg four times daily. May double the dose if effect is not satisfactory within 2-3 weeks.

Max Dosage: 40 mg/kg/day.

Renal impairment: Dosage adjustment may be needed.

Hepatic impairment: Dosage adjustment may be needed.

Oral

Mastocytosis

Adult: 200 mg four times daily. May double the dose if effect is not satisfactory within 2-3 wk.

Child: 100 mg four times daily. May double the dose if effect is not satisfactory within 2-3 weeks.

Max Dosage: 40 mg/kg/day.

Renal impairment: Dosage adjustment may be needed.

Hepatic impairment: Dosage adjustment may be needed.

Nasal

Allergic rhinitis

Adult: 2.5 or 5 mg of a 2% or 4% soln is admin as drops or spray into each nostril 4 times daily.

Renal impairment: Dosage adjustment may be needed.

Hepatic impairment: Dosage adjustment may be needed.

Inhalation

Asthma prophylaxis

Adult: 20 mg four times daily as dry powder/nebulised soln or 10 mg four times daily as aerosol, increased to 6-8 times daily if necessary, reduced to 5 mg four times daily once asthma has been stabilised. Additional doses may be taken before exercise.

Elderly:

Renal impairment: Dosage adjustment may be needed.

Hepatic impairment: Dosage adjustment may be needed.

Ophthalmic

Allergic conjunctivitis

Adult: Instill 2 drops of a 4% soln 4-6 times daily or apply a 4% oint bid-tid.

Elderly:

Renal impairment: Dosage adjustment may be needed.

Hepatic impairment: Dosage adjustment may be needed.

Contraindications

Hypersensitivity.

Special Precautions

Lactation, cardiac arrhythmias, hepatic or renal dysfunction.

Adverse Drug Reactions

Nausea, headache, dizziness, unpleasant taste, joint pain and swelling, skin rashes, aggravation of asthma, pulmonary infiltrates with eosinophilia, urticaria. Bronchospasm, wheezing, cough, nasal congestion and throat irritation following inhalation of dry powder. Intranasal use: Transient irritation of nasal mucosa. Sneezing and epistaxis (occasional). Eye drops: Transient burning and stinging.

Storage

Inhalation: Store at 25°C. Nasal: Store at 25°C. Ophthalmic: Store at 25°C. Oral: Store at 25°C.

Mechanism of Action

Cromoglycic acid inhibits degranulation of mast cells and therefore suppresses the release of histamine, leukotrienes and slow-reacting substance of anaphylaxis.
Absorption: Oral: Poorly absorbed from the GIT with only 1% bioavailability. Inhalation: 8-10% of a dose of fine powd is deposited and rapidly absorbed from the lungs. Intranasal: < 7% of the dose is absorbed. Ophthalmic: 0.03% is absorbed.

CIMS Class

Antiasthmatic & COPD Preparations / Nasal Decongestants & Other Nasal Preparations / Ophthalmic Decongestants, Anesthetics, Anti-inflammatories

ATC Classification

A07EB01 - cromoglicic acid; Belongs to the class of antiallergic antiinflammatory, excluding corticosteroids. Used in the treatment of intestinal inflammation.
D11AX17 - cromoglicic acid;

R01AC01 - cromoglicic acid; Belongs to the class of topical antiallergic preparations, excluding corticosteroids. Used as nasal decongestants.

R03BC01 - cromoglicic acid; Belongs to the class of other inhalants used in the treatment of obstructive airway diseases, antiallergic agents.

S01GX01 - cromoglicic acid; Belongs to the class of other agent used as ophthalmologic antiallergics.

*sodium cromoglicate information:

sodium cromoglicate

sodium cromoglicate brands available in India

Always prescribe with Generic Name : sodium cromoglicate, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACTAL eye drops ALLERCROM eye drops ALLERCROM FORTE eye drops CHROMOTOP INHALER inhaler CROMAL AQ aerosol CROMAL DPS eye drops CROMAL FORTE eye drops CROMAL inhaler CROMAL respules CROMAL rotacap CROMATE eye drops FINTAL DPS eye drops FINTAL INHALER inhaler FINTAL nasal spray IFIRAL cap IFIRAL DPS eye drops IFIRAL NASAL SPY soln

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([all drugs])

sodium hyaluronate

CIMS Class : (Other Drugs Acting on Musculo-skeletal System) , (Other Eye Preparations) , (Emollients & Skin Protectives)

sodium hyaluronate

P - Caution when used during pregnancy

related sodium hyaluronate information

Indication & Dosage

Intra-articular

Osteoarthritis of the knee

Adult: 20-25 mg once wkly for 5 wk or up to 30 mg once wkly for 3-4 wk. Not to repeat treatment course within 6 mth for any individual joint.

Ophthalmic

Surgical aid in the anterior segment during cataract extraction and intraocular lens implantation

Adult: Slowly admin a sufficient quantity into the eye.

Topical/Cutaneous

Skin ulcers and wounds

Adult: As cream, gel or spray: Apply a thin layer onto clean and disinfected wound/ulcer bid-tid. Cover with sterile, non-stick dressing.

Contraindications

Hypersensitivity to sodium hyaluronate or avian proteins.

Special Precautions

Monitor intraocular pressure. Pregnancy.

Adverse Drug Reactions

Ophthalmic: Transient rise in intraocular pressure. Intra-articular inj: Pain and inflammation at inj site. Hypersensitivity; anaphylaxis; hypotensive crisis.

Storage

Intra-articular: Store at 2-25°C. Ophthalmic: Store at 2-25°C. Topical/Cutaneous: Store at 2-25°C.

Mechanism of Action

Sodium hyaluronate is a polysaccharide which functions as a tissue lubricant. It is widely used in ophthalmic surgery because it forms a viscoelastic solution in water which makes it a suitable substitute for aqueous and vitreous humour.

Distribution: Widely distributed in body tissues and intracellular fluids.

Excretion: Ophthalmic, via Canal of Schlemm.

CIMS Class

Other Drugs Acting on Musculo-skeletal System / Other Eye Preparations / Emollients & Skin Protectives

*sodium hyaluronate information:

sodium hyaluronate

sodium hyaluronate brands available in India

Always prescribe with Generic Name : sodium hyaluronate, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : FAIN GEL gel HALONIX inj HEALON syringe HYMOIST eye drops HYOPT inj HYVISC 0.1 eye drops HYVISC PLUS eye drops LG HYAL 2000 inj LG HYRUAN syringe SYNJECT inj VISCONIX INJ PF-syringe VISIAL inj

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([all drugs])

sodium nitroprusside

CIMS Class : (Other Antihypertensives)

sodium nitroprusside

P - Caution when used during pregnancy

L - Caution when used during lactation

related sodium nitroprusside information

Indication & Dosage

Intravenous

Hypertensive crisis

Adult: For patients not receiving any antihypertensives, initially 0.3-1.5 mcg/kg/min, adjust gradually according to response. Usual range 0.5-6 mcg/kg/min. Lower doses should be used in patients receiving antihypertensives. Max rate: 8 mcg/kg/min, discontinue infusion if there is no response after 10 min. May continue for a few

hr if there is response. Introduce oral antihypertensive as soon as possible.

Child: Initially, 250-500 nanograms/kg/min, rate may be repeatedly doubled at intervals of 15-20 min until the desired effect is achieved or treatment is judged ineffective. Max rate: 6 mcg/kg/min.

Elderly: Lower doses may be required.

Renal impairment: Dosage adjustments may be necessary.

Intravenous

Induction of hypotension during anaesthesia

Adult: Recommended max dose: 1.5 mcg/kg/min.

Renal impairment: Dosage adjustments may be necessary.

Intravenous

Heart failure

Adult: Intially 10-15 mcg/min, may increase by 10-15 mcg/min every 5-10 min according to response; usual range 10-200 mcg/min. Max: 280 mcg/min.

Renal impairment: Dosage adjustments may be necessary.

Overdosage

Overdosage may result in excessive hypotension, cyanide or thiocyanate toxicity.

Contraindications

Hypersensitivity, compensatory hypertension.

Special Precautions

Hypothyroidism, renal and hepatic impairment, ischaemic heart disease, impaired cerebral circulation, elderly. Monitor blood thiocyanate concentration if treatment is longer than 3 days and should not exceed 100 mcg/ml. Monitor acid-base balance, venous oxygen concentration and BP. Caution to avoid extravasation. To be diluted with sterile dextrose 5% solution before infusion. Avoid sudden withdrawal. Leber's optic atrophy, low plasma-cobalamin concentrations, impaired pulmonary function. Pregnancy and lactation.

Adverse Drug Reactions

Nausea, retching, apprehension, headache, restlessness, muscle twitching, retrosternal discomfort; palpitation, dizziness, abdominal discomfort. Cyanosis and hypothyroidism (rare).

Drug Interactions

Additive effect when used with other antihypertensives. May prolong the fibrinolytic activity of alteplase. Risk of severe hypotension if used with phosphodiesterase inhibitors. May reduce serum digoxin levels.

Storage

Intravenous: Store at 20-25°C.

Mechanism of Action

Sodium nitroprusside is a short-acting antihypertensive that acts directly on the venous and arteriolar smooth muscle causing peripheral vasodilation, thus decreasing peripheral resistance. It is also used to reduce preload and afterload in severe heart failure.

Metabolism: Rapidly metabolised to cyanide in red blood cells and smooth muscle, leading to release of nitric oxide.

Excretion: Cyanide is further metabolised hepatically to thiocyanate and excreted in the urine. Plasma half-life of thiocyanate is about 3 days.

CIMS Class

Other Antihypertensives

*sodium nitroprusside information:

Note that there are some more drugs interacting with sodium nitroprusside

sodium nitroprusside

sodium nitroprusside brands available in India

Always prescribe with Generic Name : sodium nitroprusside, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : NIPRESS inj PRUSIDE vial SONIDE inj

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([all drugs])

sodium phosphate

CIMS Class : (Laxatives, Purgatives) , (Electrolytes)

P - Caution when used during pregnancy

Food ¤ - Food interaction

related sodium phosphate information

Indication & Dosage

Oral

Hypophosphataemia

Adult: Up to 100 mmol of phosphate daily.

Renal impairment: Dose reduction may be necessary.

Intravenous

Severe hypophosphataemia

Adult: As monobasic potassium phosphate: Up to 9 mmol of phosphate given over 12 hr, repeat 12 hrly if needed. Alternatively, 0.2-0.5 mmol/kg phosphate (max: 50 mmol), may be given over 6-12 hr.

Rectal

Mild osmotic laxative for bowel evacuation and cleansing

Adult: Usually contains monobasic and dibasic sodium phosphates but the composition and dosage may vary. Phosphate enemas work within 2-5 minutes. Use as directed.

Renal impairment: Dose reduction may be necessary.

Incompatibility: Incompatible with calcium salts.

Overdosage

May lead to severe electrolyte disturbances, including hyperphosphataemia, hypocalcaemia, hypernatraemia, or hypokalaemia, as well as dehydration and hypovolaemia. May also lead to cardiac arrhythmias, seizure, renal failure and death. Monitor carefully and treat symptomatically until stable.

Contraindications

Severe renal function, congestive heart failure, ascites, unstable angina pectoris, gastric retention, ileus or acute obstruction or pseudo-obstruction, severe chronic constipation, bowel perforation, acute colitis, toxic megacolon or hypomotility syndrome, hypertension, hyperkalaemia, oedema, low serum-calcium concentrations, infected phosphate renal calculi.

Special Precautions

Chronic renal disease, pre-existing electrolyte disturbances. Concurrent admin with drugs that may affect electrolyte levels. Correct electrolyte abnormalities before initiating therapy. Monitor renal function, serum calcium, serum phosphorus, serum potassium, and serum sodium at periodic intervals during therapy. Caution in patients taking drugs that may prolong QT interval.

Ensure adequate hydration. Pregnancy. Elderly or debilitated patients.

Adverse Drug Reactions

Abdominal discomfort or pain, diarrhoea, nausea, vomiting, hypernatraemia, dehydration (with high doses). Convulsions, drowsiness, mood change, trembling, malaise, loss of appetite, muscle spasm (with long-term use). Less frequently, headaches, dizziness, mental confusion, seizures, weakness or heaviness of legs, muscle cramps, numbness, tingling, pain, arrhythmia; shortness of breath or troubled breathing; swelling of lower legs or feet; unusual weight gain, low urine output; unusual thirst; bone and joint pain.

Drug Interactions

Concurrent use with aluminium, calcium, or magnesium salts will reduce absorption of phosphates. Vitamin Dincreases the GI absorption of phosphates and risk of hyperphosphataemia. Increased risk of hyperphosphataemia, hypocalcaemia, and hypernatraemia when used in patients receiving diuretics or drugs that may affect serum electrolytes. Increased risk of ectopic

calcification when used concurrently with calcium supplements or calcium-containing antacids.

Food Interaction

Decreased effects with milk or dairy products due to their calcium content.

Storage

Oral: Store at 15-30°C. Rectal: Store at 15-30°C.

Mechanism of Action

Sodium phosphate can be used in the management of hypophosphataemia. It also acts as a mild osmotic laxative when given orally as dilute solutions or by the rectal route. Phosphate enemas or concentrated oral solutions are used for bowel cleansing before surgery or endoscopy procedures.

Absorption: About 66% of an oral dose is absorbed from the GI tract.

Metabolism:

Excretion: Mainly excreted in the urine with the remaining dose via the faeces.

CIMS Class

Laxatives, Purgatives / Electrolytes

ATC Classification

A06AD17 - sodium phosphate; Belongs to the class of osmotically acting laxatives. Used in the treatment of constipation.
A06AG01 - sodium phosphate; Belongs to the class of enemas. Used in the treatment of constipation.
B05XA09 - sodium phosphate; Belongs to the class of electrolyte solutions used in I.V. solutions.

*sodium phosphate information:
Note that there are some more drugs interacting with sodium phosphate
sodium phosphate
sodium phosphate brands available in India
Always prescribe with Generic Name : sodium phosphate, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

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([all drugs])

somatostatin

CIMS Class : (Haemostatics)

somatostatin

related somatostatin information

Indication & Dosage

Intravenous

Gastrointestinal haemorrhage

Adult: Initially, 250 mcg as a bolus inj over 3-5 min, followed by a continuous infusion of 3.5 mcg/kg/hr until bleeding has ceased. May continue for a further 48-72 hr to prevent recurrent bleeding.

Special Precautions

Monitor blood glucose levels. May inhibit intestinal absorption thus concomitant parenteral nutrition may be recommended.

Adverse Drug Reactions

Rapid infusion may lead to abdominal discomfort, nausea, flushing, bradycardia.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Mechanism of Action

Somatostatin is a polypetide obtained synthetically or from the hypothalamus. It acts by inhibiting the release of growth hormone from the anterior pituitary. It also inhibits the release of thyrotrophin and corticotropin from the pituitary, glucagon and insulin from the pancreas. It also regulates duodenal and gastric secretions. It may also play a role in pain perception.

CIMS Class

Haemostatics

ATC Classification

H01CB01 - somatostatin; Belongs to the class of antigrowth hormone. Used in hypothalamic hormone preparations.

*somatostatin information:
Note that there are some more drugs interacting with somatostatin
somatostatin
somatostatin brands available in India
Always prescribe with Generic Name : somatostatin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : IKESTATINA vial SOMACHEK vial SOMASTAT inj SOMASTIN amp SOMATIN vial SOMATOSAN inj SOMATOSTATIN (FERRING) amp SOMATOSTATIN UCB vial SOMATOSTATINA vial STILAMIN amp
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([all drugs])
somatropin
CIMS Class : (Trophic Hormones & Related Synthetic Drugs)

somatropin

P - Caution when used during pregnancy

L - Contraindicated in lactation

related somatropin information

Indication & Dosage

Subcutaneous

Growth hormone deficiency

Adult: Initially, 6 mcg/kg daily. May increase gradually according to patient response. Max: 12.5 mcg/kg/day. Reassess 9 mth after starting treatment.

Child: 25-35 mcg/kg daily. Reassess 9 mth after starting treatment.

Elderly: Lower doses may be required.

Subcutaneous

Growth retardation due to chronic renal insufficiency

Child: 45-50 mcg/kg or 1.4 mg/m2 daily.

Subcutaneous

Turner's syndrome

Child: 45-50 mcg/kg or 1.4 mg/m2 daily.

Subcutaneous

HIV-associated wasting or cachexia

Adult: 0.1 mg/kg daily at bedtime. May be taken on alternate days for patients at increased risk of adverse effects. Max: 6 mg/day.

Subcutaneous

Prader-Will syndrome

Child: 35 mcg/kg or 1 mg/m2 daily. Max: 2.7 mg daily.

Subcutaneous

Growth retardation in children who were born small for gestational age

Child: 35 mcg/kg or 1 mg/m2 daily. Max: 2.7 mg daily.

Subcutaneous

Short bowel syndrome

Adult: 100 mcg/kg/day for 4 wk. Max: 8 mg/day.

Subcutaneous

Children with short stature homeobox-containing (SHOX) deficiency

Child: 50 mcg/kg/day may be used.

Contraindications

Acute critical illness due to heart or abdominal surgery, multiple accidental trauma or respiratory failure; active neoplasms, proliferative or preproliferative diabetic retinopathy; lactation; patients with closed epiphyses. Intracranial lesions. Patients with Prader-Willi syndrome who are severely obese or have severe respiratory impairment.

Special Precautions

Monitor thyroid function; benign intracranial hypertension. DM; may require dose reduction in insulin. Pregnancy. Discontinue treatment if there is evidence of tumour growth. Monitoring in patients with scoliosis is recommended due to risk of progression of scoliosis.

Adverse Drug Reactions

Hypothyroidism, peripheral oedema; headache; muscle and joint pain; benign intracranial hypertension. Loss of glycaemic control in diabetics.

Drug Interactions

High doses of corticosteroid may inhibit growth-promoting effects of somatropin.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are

no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Subcutaneous: Store at 2-8°C.

Mechanism of Action

Somatropin is a synthetic human growth hormone of recombinant DNA origin. It stimulates skeletal and soft tissue growth by promoting cell division, amino acid uptake and protein synthesis. It also possesses both insulin-like and diabetogenic effects.

Absorption: Well absorbed (SC/IM). Bioavailability ranges from 60-80%.

Metabolism: Renal and hepatic.

Excretion: Via bile. Elimination half-life: 20-30 min (IV), 3-5 hr (SC/IM).

CIMS Class

Trophic Hormones & Related Synthetic Drugs

ATC Classification

H01AC01 - somatropin; Belongs to the class of somatropin and somatropin agonists. Used in anterior pituitary lobe hormone and analogue preparations.

*somatropin information:
Note that there are some more drugs interacting with somatropin
somatropin
somatropin brands available in India
Always prescribe with Generic Name : somatropin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : GENOTROPIN inj HUMATROPE cartridge HUMATROPE vial LG EUTROPIN vial NORDITROPIN NORDILET inj SAIZEN amp
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([all drugs])
sotalol
CIMS Class : (Beta-Blockers)
sotalol

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related sotalol information

Indication & Dosage

Oral

Supraventricular and ventricular arrhythmias

Adult: Initially, 80 mg daily as a single or in 2 divided doses, increased gradually every 2-3 days. Usual dose: 160-320 mg daily in 2 divided doses. Max: 640 mg daily.

Child: Neonates: Initially, 1 mg/kg bid, increased every 3-4 days, if necessary. Max: 4 mg/kg bid. 1 mth-12 yr: Initially, 1 mg/kg bid, increased as necessary every 2-3 days. Max: 4 mg/kg bid, not exceeding 80 mg bid. For refractory supraventricular tachycardia, sotalol may be given with flecainide; <1 yr: 100-250 mg/m2 daily of sotalol and 40-150 mg/m2 daily of flecainide.

CrCl (ml/min)

Dosage Recommendation

30-60

Halve the usual dose.

10-30

Quarter the usual dose.

<10

Not recommended.

Oral

Life-threatening ventricular arrhythmias

Adult: 480-640 mg daily.

CrCl (ml/min)

Dosage Recommendation

30-60

Halve the usual dose.

10-30

Quarter the usual dose.

<10

Not recommended.

Intravenous

Acute arrhythmias

Adult: 20-120 mg (0.5-1.5 mg/kg) given by inj over 10 min, may repeat every 6 hr if needed. To substitute for oral treatment, 0.2-0.5 mg/kg/hr infusion may be used.

CrCl (ml/min)

Dosage Recommendation

30-60

Halve the usual dose.

10-30

Quarter the usual dose.

<10

Not recommended.

Intravenous

Programmed electrical stimulation (to test antiarrhythmic efficacy)

Adult: Initially, 1.5 mg/kg inj over 10-20 minutes, followed by of 0.2-0.5 mg/kg/hr infusion.

CrCl (ml/min)

Dosage Recommendation

30-60

Halve the usual dose.

10-30

Quarter the usual dose.

<10

Not recommended.

Administration

Should be taken on an empty stomach. (Take 1-2 hr before meals.)

Overdosage

Rarely results in death.

Contraindications

Bronchospasm, asthma, history of obstructive airways disease, sinus bradycardia, cardiogenic shock. 2nd and 3rd degree AV block, uncontrolled cardiac failure, metabolic acidosis, hypotension, severe peripheral arterial disease.

Special Precautions

Pregnancy and lactation. Renal insufficiency; preexisting sick sinus syndrome; compensated heart failure; gradual withdrawal is recommended. DM, 1st degree AV block. May mask the symptoms of hyperthyroidism and of hypoglycaemia. May unmask myasthenia gravis. May worsen psoriasis.

Adverse Drug Reactions

Nausea, sleep disorders, lassitude, diarrhoea, palpitations, bradycardia, weakness, dyspnoea, decreased sexual activity,

impotence, extremity pain, back pain, asthma, visual disturbances, cardiac arrhythmias. Rebound angina, arrhythmias and MI if withdrawn abruptly.
Potentially Fatal: Polymorphic ventricular tachycardia (very rare). Rebound hypertension.

Drug Interactions

Decreased effect with antacids, calcium salts, NSAIDs, ampicillin, rifampicin. May reduce response to insulinand oral hypoglycaemics. May lead to enhanced hypotension when used with aldesleukin and general anaesthetics. Increased risk of bradycardia and heart block when used with calcium channel blockers and other cardiac depressants. May develop elevated BP when used with adrenaline. Reduced absorption when used with aluminium salts and bile-acid binding resins. Decreased metabolism when used with cimetidine, hydralazine, erythromycin and fluvoxamine.
Potentially Fatal: Rebound hypertension with clonidine and abrupt withdrawal of either drug. Polymorphic ventricular tachycardia with antidepressants and quinidine.

Food Interaction

Absorption may be reduced by food especially by milk.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

in 2nd & 3rd trimesters.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Store at 20-25°C. Oral: Store at 20-25°C.

Mechanism of Action

Sotalol is a non-cardioselective ß-blocker. It increases sinus cycle length, slows heart rate, decreases AV nodal conduction and increases AV nodal refractoriness. It also prolongs AV monophasic action potentials. However, it lacks intrinsic sympathomimetic and membrane-stabilising properties. It is used in the treatment of ventricular arrhythmias.

Absorption: Almost completely absorbed from the GI tract (oral); peak plasma concentrations after 2-4 hr.

Distribution: Crosses the placenta and enters breast milk; crosses the blood-brain barrier and enters CSF (small amounts). Protein-binding: Low.

Metabolism: Minimal metabolism.

Excretion: Via urine (as unchanged). Elimination half-life: 10-20 hr.

CIMS Class

Beta-Blockers

ATC Classification

C07AA07 - sotalol; Belongs to the class of non-selective beta-blocking agents. Used in the treatment of cardiovascular diseases.

*sotalol information:

Note that there are some more drugs interacting with sotalol

sotalol further details are available in official CIMS India

sotalol

sotalol brands available in India

Always prescribe with Generic Name : sotalol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : SOLET tab SOTAGARD tab

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([all drugs])

sparfloxacin

CIMS Class : (Quinolones)

sparfloxacin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related sparfloxacin information

Indication & Dosage

Oral

Community-acquired pneumonia, Acute bacterial exacerbation of chronic bronchitis

Adult: 100-300 mg daily, as a single dose or 2 divided doses.

Renal impairment: Dosage adjustment may be necessary in severe impairment.

Administration

May be taken with or without food.

Contraindications

Hypersensitivity; pregnancy and lactation; children <18 yr.

Special Precautions

History of CNS disorders, pseudomembranous colitis, superinfection, severe renal dysfunction, epilepsy, G6PD deficiency, myasthenia gravis, patients with QT prolongation, uncorrected electrolyte disturbances, bradycardia, or pre-existing cardiac disease. Avoid exposure to strong sunlight or sunlamps during treatment. Discontinue treatment if patients experience tendon pain, inflammation or rupture; subsequent use of fluoroquinolones

in these patients is not recommended. Avoid in MRSA infections due to high risk of resistance. Ensure adequate fluid intake to reduce risk of crystalluria.

Adverse Drug Reactions

Diarrhoea, abdominal pain, nausea, vomiting; jaundice, renal failure, elevation of liver enzymes, BUN and creatinine; anaphylactoid reaction, headache, dizziness, convulsions; tremors, myalgia; rhabdomyolysis, thrombocytopenia and eosinophilia.
Potentially Fatal: AV block; anaphylaxis.

Drug Interactions

Cations such as aluminum, magnesium, zinc and iron may reduce the bioavailability of sparfloxacin. May increase the plasma concentrations of theophylline and tizanidine. May enhance the effect of warfarin and glibenclamide. May decrease the renal clearance of methotrexate. Excretion may be reduced by probenecid. May alter serum levels of phenytoin.
Potentially Fatal: Corticosteroids may increase risk of tendon rupture. Increased risk of seizures with NSAIDs. Risk of additive QT prolongation effect when used with class Ia or III antiarrhythmic

drugs, astemizole,terfenadine, cisapride, erythromycin, pentamidine, phenothiazines or TCAs.

Mechanism of Action

Sparfloxacin inhibits the supercoiling activity of DNA gyrase which is an enzyme essential for DNA replication thus promoting the breakage of DNA structures. It has activity against S. pneumoniae, S. aureus, H. influenzae, K. pneumoniae, M. catarrhalis and Mycobacterium spp.

Absorption: Well absorbed from the GI tract (oral); peak plasma concentrations after 3-6 hr.

Distribution: Widely distributed into tissues including respiratory tissues. Protein-binding: 45%.

Metabolism: Hepatic (by glucuronidation).

Excretion: Excreted in equal amounts in the urine and faeces as unchanged drug and glucuronide metabolites; elimination half-life: 20 hr.

CIMS Class

Quinolones

ATC Classification

J01MA09 - sparfloxacin; Belongs to the class of quinolones, fluoroquinolone. Used in the treatment of systemic infections.

*sparfloxacin information:
Note that there are some more drugs interacting with sparfloxacin
sparfloxacin
sparfloxacin brands available in India
Always prescribe with Generic Name : sparfloxacin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ACTIFLOX tab ACUSPAR tab ALPS tab ARTISPAR tab ASPAR tab ATOSPAR tab BAL-SPAR tab BLUSPAR film-coated tab CANSPAR tab CINOSPAR tab DINOR tab EFOSPAR tab E-SPAR tab EXCELSPAR tab FLOTOME tab FLOXPAR tab GUSPAR tab INSPAR-200 film-coated tab JUGAM tab KESPAR tab KLASPAR tab NOVOSPAR tab ONESPAR tab OSPAR tab PAAR tab PARCY tab PRESPAR tab PROZLOX tab PUFAM tab QUSPAR FC-tab REXPAR tab SCAT DPS ear drops SCAT EYE DPS eye drops SCAT film-coated tab SEFLO tab SELAX tab SELAX-E eye drops SFC DPS eye drops SFC-200

FC-tab SIPAR tab SPAN tab SPARACT tab SPARBACT tab SPARBIC tab SPARCIN tab SPARCIP tab SPARCURE tab SPARDAC tab SPARDIC film-coated tab SPARDROPS eye drops SPARFLIN tab SPARFLO tab SPARIND tab SPARINTA tab SPARIZ tab SPARKEM tab SPARKIND tab SPARKLE tab SPARLET TAB tab SPARLEX tab SPARLOX tab SPARMAX DPS eye drops SPARMAX tab SPARNAT tab SPARNIJ tab SPARO tab SPAROVIR tab SPARQUIN tab SPART tab SPARTA FC-tab SPARTAB tab SPARTEC tab SPARTIN tab SPARVISTA tab SPARWAR film-coated tab SPARX tab SPARZ tab SPARZID tab SPAXIN tab SPICY tab SPIRAL tab SPOXIN tab SUPLO-S tab SWESPAR tab TOROSPAR tab UNOSPAR tab VANSPAR FC-tab VARSPAR tab WYSPAR tab ZESPAR tab ZOSPAR EYE DPS eye drops ZOSPAR tab ZOTASPAR tab ZUFOX tab

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([all drugs])

spectinomycin

CIMS Class : (Other Antibiotics)

spectinomycin

related spectinomycin information

Indication & Dosage

Intramuscular

Gonorrhoea

Adult: 2 g as single dose. In cases whereby antibiotic resistance is prevalent, 4 g (10 ml) may be given but divided as two 5 ml inj, admin to 2 different inj sites.

Child: <45 kg: 40 mg/kg as a single dose. =45 kg: 2 g as single dose. In cases whereby antibiotic resistance is prevalent, 4 g (10 ml) may be given but divided as two 5 ml inj, admin to 2 different inj sites.

Intramuscular

Disseminated gonococcal infection

Adult: 2 g every 12 hr.

Reconstitution: Reconstitute with supplied diluent only.

Contraindications

Hypersensitivity.

Special Precautions

Repeated doses may lead to changes in the kidney and liver function and a reduction in haemoglobin and haematocrit levels. Prolonged use may result in fungal or bacterial superinfection. All

patients with gonorrhoea should be tested for syphilis at the time of diagnosis.

Adverse Drug Reactions

Dizziness; nausea; urticaria; chills; fever; headache, insomnia, mild to moderate pain after inj.
Potentially Fatal: Anaphylaxis.

Drug Interactions

May result in lithium toxicity when used concurrently.

Pregnancy Category (US FDA)
Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).
Storage

Intramuscular: Store at 20-25°C. Reconstituted solutions should be used within 24 hr after preparation.

Mechanism of Action

Spectinomycin binds to 30S subunit of the bacterial ribosome, thus inhibiting protein synthesis. It has modest activity against a wide range of gram-positive and gram-negative organisms, though anaerobic organisms are mostly resistant.

Absorption: Poorly absorbed after oral admin but rapidly absorbed after IM inj.

Distribution: Poor distribution into the saliva. Poorly bound to plasma proteins.

Excretion: Excreted in an active form in the urine. Half-life: 1-3 hr; may be prolonged in renal impairment.

CIMS Class

Other Antibiotics

ATC Classification

J01XX04 - spectinomycin; Belongs to the class of other antibacterials. Used in the treatment of systemic infections.

*spectinomycin information:

Note that there are some more drugs interacting with spectinomycin

spectinomycin

spectinomycin brands available in India

Always prescribe with Generic Name : spectinomycin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : MYSPEC vial SPECTIN infusion SPECTIN vial TROBICIN vial

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([all drugs])

spiramycin

CIMS Class : (Macrolides)

spiramycin

P - Contraindicated in pregnancy

L - Caution when used during lactation

related spiramycin information

Indication & Dosage

Oral

Protozoal infections

Adult: 6-9 million units/day in 2-3 divided doses, increased to 15 million units/day, given in divided doses for severe infections.

Child: and neonates: Chemoprophylaxis of congenital toxoplasmosis: 50 mg/kg bid.

Oral

Toxoplasmosis

Adult: 6-9 million units/day in 2-3 divided doses, increased to 15 million units/day, given in divided doses for severe infections.

Child: and neonates: Chemoprophylaxis of congenital toxoplasmosis: 50 mg/kg bid.

Oral

Susceptible infections

Adult: 6-9 million units/day in 2-3 divided doses, increased to 15 million units/day, given in divided doses for severe infections.

Child: and neonates: Chemoprophylaxis of congenital toxoplasmosis: 50 mg/kg bid.

Oral

Cryptosporidiosis

Adult: 6-9 million units/day in 2-3 divided doses, increased to 15 million units/day, given in divided doses for severe infections.

Child: and neonates: Chemoprophylaxis of congenital toxoplasmosis: 50 mg/kg bid.

Intravenous

Toxoplasmosis

Adult: 1.5 million units by slow infusion every 8 hr, may double the dose in severe infections.

Intravenous

Susceptible infections

Adult: 1.5 million units by slow infusion every 8 hr, may double the dose in severe infections.

Intravenous

Cryptosporidiosis

Adult: 1.5 million units by slow infusion every 8 hr, may double the dose in severe infections.

Intravenous

Protozoal infections

Adult: 1.5 million units by slow infusion every 8 hr, may double the dose in severe infections.

Administration

May be taken with or without food.

Contraindications

Hypersensitivity; pregnancy.

Special Precautions

Hepatic impairment; lactation. Monitor liver function. History of arrhythmias or predisposition to QT interval prolongation.

Adverse Drug Reactions

Nausea, vomiting, abdominal pain, diarrhoea; urticaria, pruritus, macular rashes. Transient paraesthesia may occur.
Potentially Fatal: Pseudomembranous colitis; anaphylaxis; neuromuscular blockade; ventricular arrhythmias, prolongation of QT interval.

Drug Interactions

Decreases carbidopa absorption and levodopa concentrations. Increased risk of ventricular arrhythmias when used with

astemizole, cisapride and terfenadine. Risk of acute dystonia when used with fluphenazine.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Spiramycin is a macrolide antibacterial that inhibits protein synthesis by irreversibly binding to the 50S subunit of the ribosomal subunit thus blocking the transpeptidation or translocation reactions of susceptible organisms resulting in stunted cell growth.

Absorption: Incompletely absorbed from the GI tract (oral); peak plasma concentrations after 1.5-3 hr.

Distribution: Widely distributed into tissues, enters breast milk. Protein binding: 10-25%.

Metabolism: Metabolised hepatically to active metabolites.

Excretion: Via bile (as metabolites), via urine (10%); 5-8 hr (elimination half-life).

CIMS Class

Macrolides

ATC Classification

J01FA02 - spiramycin; Belongs to the class of macrolides. Used in the treatment of systemic infections.

*spiramycin information:
Note that there are some more drugs interacting with spiramycin
spiramycin
spiramycin brands available in India
Always prescribe with Generic Name : spiramycin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ROVAMYCIN FORTE tab ROVAMYCIN RTU susp
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([all drugs])
spironolactone

CIMS Class : (Diuretics)

spironolactone

P - Caution when used during pregnancy

Lab ¤ - Lab interference

Food ¤ - Food interaction

related spironolactone information

Indication & Dosage

Oral

Oedema

Adult: Initially, 100 mg daily, may adjust dose according to response up to 400 mg daily.

Child: Neonates: 1?2 mg/kg daily; 1 mth?12 yr: 1?3 mg/kg daily; 12?18 yr: 50?100 mg daily. To be given in 1?2 divided doses.

Elderly: Initially, 25-50 mg/day in 1-2 divided doses, may increase by 25-50 mg every 5 days when necessary.

CrCl (ml/min)

Dosage Recommendation

10-50

Recommended dosing interval: Every 12-24 hr.

<10

Avoid use.

Oral

Hepatic cirrhosis with ascites and oedema

Adult: Depending on urinary sodium/potassium ratio: If >1: Initially, 100 mg daily and if <1: Initially, 200-400 mg daily.

Child: Neonate: 1?2 mg/kg daily (Max: 7 mg/kg daily in resistant ascites); 1 mth?12 yr: 1?3 mg/kg daily (Max: 9 mg/kg daily in resistant ascites); 12?18 yr: 50?100 mg daily (Max: 400 mg daily in resistant ascites). To be given in 2 divided doses.

Elderly: Dosing adjustment may be required.

CrCl (ml/min)

Dosage Recommendation

10-50

Recommended dosing interval: Every 12-24 hr.

<10

Avoid use.

Oral

Diagnosis of primary hyperaldosteronism

Adult: 400 mg daily for 3-4 wk. Correction of serum potassium levels and hypertension gives the presumptive evidence for the diagnosis of primary aldosteronism.

Elderly: Dosing adjustment may be required.

CrCl (ml/min)

Dosage Recommendation

10-50

Recommended dosing interval: Every 12-24 hr.

<10

Avoid use.

Oral

Preoperative management of hyperaldosteronism

Adult: 100-400 mg daily. Long term maintenance in the absence of surgery: May initiate at 400 mg daily and maintain at 100-300 mg daily; lowest effective dose should be used.

Elderly: Dosing adjustment may be required.

CrCl (ml/min)

Dosage Recommendation

10-50

Recommended dosing interval: Every 12-24 hr.

<10

Avoid use.

Oral

Hypertension

Adult: As monotherapy: Usual dose range: 25-50 mg daily, may increase up to 100 mg daily if needed.

Elderly: Initially, 25-50 mg/day in 1-2 divided doses, may increase by 25-50 mg every 5 days when necessary.

CrCl (ml/min)

Dosage Recommendation

10-50

Recommended dosing interval: Every 12-24 hr.

<10

Avoid use.

Oral

Severe congestive heart failure

Adult: For patients receiving an ACE inhibitor and a loop diuretic with or without a cardiac glycoside: Initially, 12.5-25 mg daily. May increase to 50 mg daily after 8 wk of treatment depending on response.

Child: Neonates: 1?2 mg/kg daily; 1 mth?12 yr: 1?3 mg/kg daily; 12?18 yr: 50?100 mg daily. To be given in 1?2 divided doses.

Elderly: Dosing adjustment may be required.

CrCl (ml/min)

Dosage Recommendation

10-50

Recommended dosing interval: Every 12-24 hr.

<10

Avoid use.

Oral

Diuretic-induced hypokalaemia

Adult: 25-100 mg daily.

Child: Neonates: 1?2 mg/kg daily; 1 mth?12 yr: 1?3 mg/kg daily; 12?18 yr: 50?100 mg daily. To be given in 1?2 divided doses.

Elderly: Dosing adjustment may be required.

CrCl (ml/min)

Dosage Recommendation

10-50

Recommended dosing interval: Every 12-24 hr.

<10

Avoid use.

Oral

Hirsutism

Adult: 50-200 mg daily.

Elderly: Dosing adjustment may be required.

CrCl (ml/min)

Dosage Recommendation

10-50

Recommended dosing interval: Every 12-24 hr.

<10

Avoid use.

Administration

Should be taken with food.

Overdosage

Acute overdosage may result in drowsiness, mental confusion, maculopapular or erythematous rash, nausea, vomiting, dizziness or diarrhoea. Hyperkalemia may occur, especially in patients with impaired renal function. Induce vomiting or evacuate the stomach by lavage. Supportive treatment to maintain hydration, electrolyte balance and vital functions. For hyperkalaemia, cationic exchange resins such as sodium polystyrene sulfonate may be given orally or rectally. Persistent hyperkalemia may require dialysis.

Contraindications

Anuria, hyperkalaemia, acute or progressive renal insufficiency. Addison's disease.

Special Precautions

Patients at risk of developing hyperkalaemia and acidosis; monitor serum electrolytes; renal and hepatic impairment; DM; elderly; pregnancy.

Adverse Drug Reactions

Fluid or electrolyte imbalance, gynaecomastia, GI upset, drowsiness, headache, hyponatraemia; tachycardia, hypotension, oliguria, hyperkalaemia; confusion, weakness, paraesthesia, hirsutism, mental disturbances, menstrual irregularities, loss of libido and impotence.
Potentially Fatal: Fatal hyperkalaemia in combination with ACE inhibitors and previous renal impairment; agranulocytosis.

Drug Interactions

Sodium excretion effect may be inhibited by aspirin. May reduce ulcer-healing properties of carbenoxolone. Increased risk of nephrotoxicity when used with NSAIDs or ciclosporin. Hyperkalaemia may occur if given withpotassium supplements, ACE inhibitors, angiotensin II antagonists, NSAIDs, ciclosporin or

trilostane. May increase risk of orthostatic hypotension when used with barbiturates, narcotics or alcohol. May reduce vascular responsiveness to pressor amines. May increase half-life of digoxin. Potentially Fatal: Increased risk of lithium toxicity when used concurrently.

Food Interaction

Improved absorption if taken after food.

Lab Interference

Interferes with fluorometric measurements of plasma cortisol, immunoassays for serum digoxin, and estimations of 17-ketosteroids and 17-ketogenic steroids.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

if used in pregnancy-induced hypertension.
Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).
Storage

Oral: Store <25°C.

Mechanism of Action

Spironolactone acts on the distal renal tubules as a competitive antagonist of aldosterone. It increases the excretion of sodium chloride and water while conserving potassium and hydrogen ions.
Absorption: Well absorbed from the GI tract after oral admin with a bioavailability of 90%.
Distribution: About 90% bound to plasma proteins.
Metabolism: Extensively metabolised.
Excretion: Mainly excreted in the urine, some in the faeces, as metabolites.

CIMS Class

Diuretics

ATC Classification

C03DA01 - spironolactone; Belongs to the class of potassium-sparing agents, aldosterone antagonists. Used as diuretics.

*spironolactone information:
Note that there are some more drugs interacting with spironolactone
spironolactone further details are available in official CIMS India spironolactone
spironolactone brands available in India
Always prescribe with Generic Name : spironolactone, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ALDACTIDE tab ALDACTONE tab SPILACTONE film-coated tab SPILACTONE-T tab
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([all drugs])

stanozolol

CIMS Class : (Anabolic Agents)

stanozolol

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related stanozolol information

Indication & Dosage

Oral

Vascular manifestations of Behcet's syndrome

Adult: 10 mg daily.

Oral

Hereditary angioedema

Adult: Initially, 2.5-10 mg daily, reduced according to response. Maintenance: 2 mg daily or on alternate days or 2.5 mg 3 times wkly.

Child: <6 yr: 1 mg daily; 6-12 yr: Up to 2 mg daily.

Intramuscular

Anaemia

Adult: 50 mg every 2-3 wk.

Intramuscular

Catabolic disorders

Adult: 50 mg every 2-3 wk.

Intramuscular

Breast cancer in postmenopausal women

Adult: 50 mg every 2-3 wk.

Intramuscular

Osteopetrosis

Adult: 50 mg every 2-3 wk.

Contraindications

Pregnancy and lactation; carcinoma of prostate or breast in men, hypercalcaemia, hypercalciuria, porphyria, severe hepatic impairment.

Special Precautions

Patients with cardiac, renal or hepatic disease, epilepsy or DM. Children, elderly. Monitor liver function, haematocrit and haemoglobin concentrations. Not recommended for treatment of hereditary angioedema in premenopausal women.

Adverse Drug Reactions

Peliosis hepatis, premature epiphyseal closure, cholestatic jaundice, virilism, impotence, priapism, testicular atrophy, gynaecomastia, prostatic hyperplasia, decreased libido, hirsutism, menstrual irregularities; oedema, acne.
Potentially Fatal: Hepatic necrosis, hepatocellular carcinoma.

Drug Interactions

Enhances activity of insulin, sulfonylureas, levothyroxine and anticoagulants e.g. warfarin. May cause resistance to the effects of neuromuscular blockers.

Lab Interference

May interfere with laboratory tests for glucose tolerance and thyroid function.

Pregnancy Category (US FDA)
Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible

benefit. The drug is contraindicated in women who are or may become pregnant.

Mechanism of Action

Stanozolol is a structural analogue of testosterone which increases collagen production and decreases the anti-anabolic action of cortisone. It is also reported to reduce fibrin deposition. It corrects the formation of kinin or kinin-like factors which may be associated with oedema and swelling seen in hereditary angioedema.

Metabolism: Hepatic.

Excretion: Urine (90%), faeces (6%).

CIMS Class

Anabolic Agents

ATC Classification

A14AA02 - stanozolol; Belongs to the class of androstan derivative anabolic steroids used as systemic anabolic agents.

*stanozolol information:

Note that there are some more drugs interacting with stanozolol

stanozolol

stanozolol brands available in India

Always prescribe with Generic Name : stanozolol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : MENABOL tab NEURABOL CAP cap

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([all drugs])

stavudine

CIMS Class : (Antivirals)

stavudine

P - Caution when used during pregnancy

L - Contraindicated in lactation

related stavudine information

Indication & Dosage

Oral

HIV infection

Adult: <60: 30 mg; =60 kg: 40 mg. Doses to be taken every 12 hr.

Child: From birth-13 days old: 500 mcg/kg; =14 days old and weighing <30 kg: 1 mg/kg; 30 kg-<60 kg: 30 mg; =60 kg: 40 mg. Doses to be taken every 12 hr.

CrCl (ml/min)
Dosage Recommendation
26-50
<60 kg: 15 mg; =60 kg: 20 mg. Doses to be taken every 12 hr.
<25
<60 kg: 15 mg; =60 kg: 20 mg. Doses to be taken every 24 hr.
Administration

May be taken with or without food.

Overdosage

Chronic overdosage may lead to peripheral neuropathy and hepatic toxicity.

Contraindications

Hypersensitivity. Lactation.

Special Precautions

Hepatomegaly or other risk factors for liver disease. History of peripheral neuropathy and renal impairment. Pregnancy. Discontinue treatment if peripheral neuropathy develops; may resume treatment at half the previous dose if symptoms resolve upon drug withdrawal. Monitor for signs of pancreatitis. Discontinue treatment if there is a rapid increase in aminotransferase concentrations, progressive hepatomegaly or steatosis, or metabolic or lactic acidosis. Increased risk of severe and fatal hepatic adverse events in patients with chronic hepatitis B or C treated with combination antiretroviral therapy.

Adverse Drug Reactions

Headache, nausea, vomiting, asthenia, chest pain, influenza-like syndrome, insomnia, abdominal pain, anorexia, neutropenia, thrombocytopenia, arthralgia, myalgia, mood changes, dyspnoea, pharyngitis, skin rashes, pruritus.

Drug Interactions

Antiviral effect inhibited by zidovudine, doxorubicin and ribavirin. Avoid concurrent admin with drugs that cause pancreatitis (e.g. IV pentamidine) or peripheral neuropathy (e.g. metronidazole, isoniazid and vincristine). Increased risk of adverse effects such as hepatoxicity, peripheral neuropathy and pancreatitis if used with hydroxycarbamide and didanosine.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 25°C.

Mechanism of Action

Stavudine is converted intracellularly to the active metabolite stavudine 5'-triphosphate which is then incorporated into the viral DNA by reverse transcriptase resulting in premature ending of the DNA chain elongation.

Absorption: Rapidly absorbed from the GI tract after oral admin, food may delay its absorption; peak plasma concentrations within 1 hr.
Distribution: Crosses the blood-brain barrier and negligible plasma protein binding.
Metabolism: Intracellular; converted to the active antiviral triphosphate.
Excretion: Urine (about 40%); 1.5 hr (elimination half-life).

CIMS Class

Antivirals

ATC Classification

J05AF04 - stavudine; Belongs to the class of nucleoside and nucleotide reverse transcriptase inhibitors. Used in the systemic treatment of viral infections.

*stavudine information:
Note that there are some more drugs interacting with stavudine
stavudine
stavudine brands available in India

Always prescribe with Generic Name : stavudine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : EMDUO 30 tab EMDUO 40 tab EMDUO JR dispertab EMDUO SUSP susp EMDUO-E 30 kit EMDUO-E 40 kit EMDUO-N kit EMTRI 30 tab EMTRI 40 tab EMTRI JR dispertab EMTRI SUSP susp STADINE cap STAVEX 40 LN tab STAVEX tab STAVIR cap STV cap STV COMP tab STV COMP-30 tab STV PLUS cap TRIOMUNE-40 tab VIROSTAV tab

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([all drugs])

streptokinase

CIMS Class : (Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics))

streptokinase

P - Contraindicated in pregnancy

related streptokinase information

Indication & Dosage

Intravenous

Acute myocardial infarction

Adult: 1.5 million units as a single dose infused over 1 hr immediately after onset of symptoms.

Intravenous

Pulmonary thromboembolism

Adult: Loading dose: 250,000 units infused over 30 min. Maintenance: 100,000 units/hr for 24-72 hr depending on the condition to be treated. For cerebral retinal thrombosis, 12 hr may be sufficient. Monitor treatment by maintaining thrombin clotting time at 2-4 times normal values.

Child: Loading dose: 2500-4000 units/kg over 30 min, followed by infusion of 500-1000 units/kg/hr, continued until reperfusion occurs, up to 3 days. Initial dose may be estimated by streptokinase resistance test. Monitor treatment by maintaining thrombin clotting time at 2-4 times normal values.

Intravenous

Arteriovenous occlusions

Adult: Loading dose: 250,000 units infused over 30 min. Maintenance: 100,000 units/hr for 24-72 hr depending on the condition to be treated. For cerebral retinal thrombosis, 12 hr may be sufficient. Monitor treatment by maintaining thrombin clotting time at 2-4 times normal values.

Child: Loading dose: 2500-4000 units/kg over 30 min, followed by infusion of 500-1000 units/kg/hr, continued until reperfusion

occurs, up to 3 days. Initial dose may be estimated by streptokinase resistance test. Monitor treatment by maintaining thrombin clotting time at 2-4 times normal values.

Contraindications

Severe hypertension, recent stroke, cerebral neoplasm, recent history of peptic ulcer disease, ulcerative colitis, pancreatitis, subacute bacterial endocarditis, coagulation defects also due to liver or kidney disease, recent surgery, childbirth. Hypersensitivity, increased risk of cerebral bleeding, trauma. Pregnancy. Active internal bleeding, bleeding GI lesions.

Special Precautions

Mitral stenosis associated with AF. Streptokinase treatment within last 12 mth, use after prolonged or traumatic CPR; diabetic retinopathy. Elderly.

Adverse Drug Reactions

Fever, chills, back pain, abdominal pain, nausea, vomiting, arrhythmia, bruising, rash, pruritus, acute renal failure due to

embolism and haemorrhage. Cerebral, peripheral and pulmonary embolism. Allergic reactions, liver enzyme abnormalities, hypotension.
Potentially Fatal: Haemorrhage; anaphylactic shock.

Drug Interactions

Antagonistic effects with antifibrinolytic agents e.g. aminocaproic acid.
Potentially Fatal: Anticoagulants, heparin, antiplatelet agents e.g. aspirin and dipyridamole affect platelet function increasing the risk of haemorrhage.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.
Storage

Intravenous: Store unopened vials at room temperature. Reconstituted solutions should be kept in the refrigerator and used within 24 hr after preparation.

Mechanism of Action

Streptokinase forms a complex with plasminogen which then converts plasminogen to plasmin. Plasmin breaks down clots as well as fibrinogen and other plasma proteins.
Absorption: Rapidly cleared from the circulation after IV use.
Excretion: Elimination half-life of streptokinase-activator complex: 23 minutes.

CIMS Class

Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics)

ATC Classification

B01AD01 - streptokinase; Belongs to the class of enzymes. Used in the treatment of thrombosis.

*streptokinase information:

Note that there are some more drugs interacting with streptokinase

streptokinase

streptokinase brands available in India

Always prescribe with Generic Name : streptokinase, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CARDIOSTREP inj ESKINASE vial FIBROKINASE vial HAEMOKINASE inj ICIKINASE vial KABIKINASE inj MYOKINASE vial NISKINASE inj PROKINASE vial SHANKINASE vial STPASE INJ vial STREPLIFE vial STREPTASE vial STREPTOKEN vial STREPTOKINASE vial STREPTONASE vial STUKINASE inj THROMBOSOLV vial ZYKINASE vial

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([all drugs])

streptomycin

CIMS Class : (Aminoglycosides) , (Anti-TB Agents)

streptomycin

P - Contraindicated in pregnancy

L - Caution when used during lactation

related streptomycin information

Indication & Dosage

Intramuscular

Tuberculosis

Adult: 15 mg/kg daily; max: 1 g daily. Reduce max daily dose to 500-750 mg in patients >40 yr. As part of an intermittent therapy: 25-30 mg/kg/day 2-3 times/wk; max: 1.5 g/dose. Not >120 g over the course of treatment should be given unless there are no other treatment options.

Child: 20?40 mg/kg (max: 1 g) daily or 25?30 mg/kg (max: 1.5 g) 2?3 times wkly.

Elderly: =60 kg: Dosage reduction is required.

Renal impairment: Modification in dose or dosing interval may be required.

CrCl (ml/min)

Dosage Recommendation

10-50

Dosing interval: Every 24-72 hr.

<10

Dosing interval: Every 72-96 hr.

Intramuscular

Mycobacterium avium complex infections

Adult: As adjunct therapy (with macrolide, rifamycin and ethambutol): 15 mg/kg 3 times wkly for first 2-3 mth for severe disease. Longer duration may be needed in patients with extensive disease or when other agents are poorly tolerated.

Elderly: =60 yr: Dosage reduction is required.

Renal impairment: Modification in dose or dosing interval may be required.

CrCl (ml/min)

Dosage Recommendation

10-50

Dosing interval: Every 24-72 hr.

<10

Dosing interval: Every 72-96 hr.

Intramuscular

Bacterial endocarditis

Adult: To be used concurrently with penicillin. Streptococcal endocarditis: 1 g bid for the first wk, 500 mg bid for the second wk. Enterococcal endocarditis (in combination with penicillin): 1 g bid for 2 wk and 500 mg bid for an additional 4 wk; ototoxicity may necessitate termination of streptomycin before the completion of the 6-wk therapy.

Child: To be used concurrently with penicillin. Enterococcal endocarditis: 20?30 mg/kg daily given in 2 divided doses. Recommended treatment duration: 4-6 wk for patients native valve endocarditis and at least 6 wk for patients with prosthetic valve or other prosthetic cardiac material.

Renal impairment: Modification in dose or dosing interval may be required.

CrCl (ml/min)

Dosage Recommendation

10-50

Dosing interval: Every 24-72 hr.

<10

Dosing interval: Every 72-96 hr.

Intramuscular

Brucellosis

Adult: 1 g/day for 14-21 days. To be used with oral doxycycline at 100 mg bid for 6 wk.

Child: =7 yr: 1 g/day (for patients =50 kg: 15 mg/kg daily) for 14 days . To be used with oral doxycycline at 100 mg bid for 6 wk.

Renal impairment: Modification in dose or dosing interval may be required.

CrCl (ml/min)

Dosage Recommendation

10-50

Dosing interval: Every 24-72 hr.

<10

Dosing interval: Every 72-96 hr.

Intramuscular

Plague

Adult: 2 g daily in 2 divided doses. Recommended treatment duration: At least 10 days.

Child: 30 mg/kg daily (max: 2 g daily) given in 2 or 3 divided doses. Recommended treatment duration: At least 10 days.

Renal impairment: Modification in dose or dosing interval may be required.

CrCl (ml/min)

Dosage Recommendation

10-50

Dosing interval: Every 24-72 hr.

<10

Dosing interval: Every 72-96 hr.

Intramuscular

Tularaemia

Adult: 1?2 g daily given in divided doses for 7?14 days and until the patient is afebrile for 5?7 days

Child: 15 mg/kg bid (max: 2 g daily) for at least 10?14 days.

Renal impairment: Modification in dose or dosing interval may be required.

CrCl (ml/min)

Dosage Recommendation

10-50

Dosing interval: Every 24-72 hr.

<10

Dosing interval: Every 72-96 hr.

Incompatibility: Incompatible with amobarbital, amphotericin B, chlorothiazide, heparin, methohexital, norepinephrine, pentobarbital, phenobarbital, phenytoin, sodium bicarbonate when admixed.

Contraindications

Pregnancy; hypersensitivity.

Special Precautions

Renal impairment. Lactation. Avoid topical and inhalational streptomycin. Regular audiometric tests are recommended for prolnoged therapy. Monitor renal function. Increased risk of neurotoxic effects when used in renally impaired patients. Neurotoxicity may cause respiratory paralysis especially if streptomycin is given soon after the use of anaesthesia or muscle relaxants.

Adverse Drug Reactions

Giddiness, vertigo, tinnitus, ataxia, hypersensitivity reactions, ototoxicity and nephrotoxicity.
Potentially Fatal: Anaphylactic shock, aplastic anaemia and agranulocytosis. Stevens-Johnson syndrome and toxic epidermal necrolysis.

Drug Interactions

H1-receptor blockers may mask early signs of ototoxicity. May reduce excretion of zalcitabine. May inhibit a-galactosidase activity.
Potentially Fatal: Potentiates nephrotoxicity produced by other aminoglycosides, vancomycin and some cephalosporins. Potentiates ototoxicity produced by other

aminoglycosides, ethacrynic acid, mannitol,furosemide and other diuretics.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intramuscular: Store at 2-8°C.

Mechanism of Action

Streptomycin is bactericidal which inhibits bacterial protein synthesis. Susceptible organisms includeMycobacterium tuberculosis, Pasteurella pestis, P.tularensis, Brucella, H.influenzae, H.ducreyi, Klebsiella pneumonia, Escherichia coli, Proteus spp., Aerobacter aerogenes, Streptococcus faecalis, and Streptococcus viridans.

Absorption: Well absorbed after IM admin. Poor absorption after oral admin.

Distribution: Protein-binding: 34%. Distributes into most body tissues and fluids except the brain.
Excretion: 30-90% of the dose via the urine by glomerular filtration (within 24 hr); 2.5 hr (elimination half-life).

CIMS Class

Aminoglycosides / Anti-TB Agents

ATC Classification

A07AA04 - streptomycin; Belongs to the class of antibiotics. Used for the treatment of intestinal infections.
J01GA01 - streptomycin; Belongs to the class of aminoglycosides, streptomycin. Used in the treatment of systemic infections.

*streptomycin information:
Note that there are some more drugs interacting with streptomycin
streptomycin
streptomycin brands available in India
Always prescribe with Generic Name : streptomycin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AMBISTRYN-S vial CIPSTRYN vial ISOS vial

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([all drugs])

strontium ranelate

CIMS Class : (Agents Affecting Bone Metabolism)

strontium ranelate

Lab ¤ - Lab interference

related strontium ranelate information

Indication & Dosage

Oral

Postmenopausal osteoporosis

Adult: 2 g daily.

CrCl (ml/min)

Dosage Recommendation

<30

Not recommended.

Administration

Should be taken on an empty stomach. (Take on an empty stomach between meals, preferably at bedtime at least 2 hr after food, milk, milk products or Ca supplements. Mix only w/ plain water & drink immediately.)

Special Precautions

Not recommended for use in patients with CrCl <30 ml/min. Patients at increased risk of venous thromboembolism.

Adverse Drug Reactions

Nausea and diarrhoea. Headache, loose stools and eczema. Transient reversible increases in creatine kinase activity.

Drug Interactions

Food, milk and derivative products, and medicinal products containing calcium may reduce the bioavailability of strontium ranelate. May reduce the absorption of oral tetracycline and quinolone antibiotics.

Lab Interference

May interfere with determination of serum and urinary calcium.

Mechanism of Action

Strontium ranelate increases bone formation in bone tissue culture as well as osteoblast precursor replication and collagen synthesis in bone cell culture. It also reduces bone resorption by decreasing osteoclast differentiation and resorbing activity. This results in a rebalance of bone turnover in favour of bone formation.
Absorption: Oral bioavailability: about 25%. May be reduced by calcium or food.
Distribution: Low protein binding.
Metabolism: Not metabolised.
Excretion: Half-life: 60 hr. Excreted via kidneys and GI tract.

CIMS Class

Agents Affecting Bone Metabolism

ATC Classification

M05BX03 - strontium ranelate;

*strontium ranelate information:

Note that there are some more drugs interacting with strontium ranelate

strontium ranelate

strontium ranelate brands available in India

Always prescribe with Generic Name : strontium ranelate, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : RENELATE sachet STRONAT granules

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([all drugs])

sucralfate

CIMS Class : (Antacids, Antireflux Agents & Antiulcerants)

sucralfate

P - Caution when used during pregnancy

L - Caution when used during lactation

related sucralfate information

Indication & Dosage

Oral

Peptic ulcer

Adult: 1 g 4 times daily or 2 g bid for 4-8 wk, may extend up to 12 wk if necessary. Maintenance dose of 1 g bid may be given to prevent the recurrence of duodenal ulcers. Max: 8 g daily.

Child: 1 mth-2 yr: 250 mg 4-6 times daily; 2-12 yr: 500 mg 4-6 times daily and 12-18 yr: 1 g 4-6 times daily.

Oral

Chronic gastritis

Adult: 1 g 4 times daily or 2 g bid for 4-8 wk, may extend up to 12 wk if necessary. Maintenance dose of 1 g bid may be given to prevent the recurrence of duodenal ulcers. Max: 8 g daily.

Child: 1 mth-2 yr: 250 mg 4-6 times daily; 2-12 yr: 500 mg 4-6 times daily and 12-18 yr: 1 g 4-6 times daily.

Oral

Prophylaxis of gastrointestinal haemorrhage from stress ulceration

Adult: 1 g 6 times daily. Not to exceed 8 g daily.

Child: 1 mth-2 yr: 250 mg 4-6 times daily; 2-12 yr: 500 mg 4-6 times daily and 12-18 yr: 1 g 4-6 times daily.

Administration

Should be taken on an empty stomach. (Take on an empty stomach 1 hr before or 2 hr after meals.)

Overdosage

Sucralfate is poorly absorbed from the GI tract thus the risk from overdosage is minimal.

Special Precautions

Systemic aluminum toxicity may occur in patients with chronic renal failure. Neonates, children; pregnancy and lactation.

Adverse Drug Reactions

Constipation, diarrhoea, nausea, dizziness, dry mouth. GI disturbances, rash, pruritus, headache, vertigo, back pain, drowsiness.

Drug Interactions

Avoid antacids within 30 min of sucralfate admin. May reduce absorption of tetracyclines, ranitidine,ketoconazole, theophylline, phenytoin, cimetidine and digoxin (ensure a dosing

interval of at least 2 hr between admin of sucralfate and other non-antacid medications).

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store at 20-25°C.

Mechanism of Action

Sucralfate protects GI lining against peptic acid, pepsin and bile salts by binding with positively-charged proteins in exudates forming a viscous paste-like adhesive substance thus forming a protective coating.

Onset: 1-2 hr.

Duration: 6 hr.

Absorption: <5% after oral admin.

Distribution: Acts locally at ulcer sites; unbound in GI tract to aluminum and sucrose sulfate.
Excretion: Mainly in the urine.

CIMS Class

Antacids, Antireflux Agents & Antiulcerants

ATC Classification

A02BX02 - sucralfate; Belongs to the class of other drugs used in the treatment of peptic ulcer and gastro-oesophageal reflux disease (GERD).

*sucralfate information:
Note that there are some more drugs interacting with sucralfate
sucralfate
sucralfate brands available in India
Always prescribe with Generic Name : sucralfate, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : ACICOT SYRUP syr ACICOT-O SYRUP syr ACICRAL-O susp ACRAL gel ACRAL-O gel ALCOCID syr ALIFATE liqd ALIFATE-O susp ARALFATE susp BLUEGEL-SF susp CRASIA syr CRASIA-O syr CURAL syr DAFFOCID susp DAFFOCID-O susp EROCOT susp EROCOT-O susp ESFATE-O syr FOCRI-O syr GARD PLUS susp KULENT-O syr KULFI susp LORCUS-O susp MAGALCID-S susp OXEFATE-O syr RADIFLUX susp RALFET-S susp RECOLFATE tab REGEL tab REGEL-SO susp RELAXID-O syr SIOGARD susp SIOGARD-O susp SPARACID liqd SPARACID-DS susp STALFATE susp STARFATE-O syr STARLIX syr SUCAN syr SUCAN-O tab SUCATE liqd SUCATE TAB tab SUCFATE susp SUCFATE-O susp SUCLATE-O syr SUCORIV susp SUCORIV-O susp SUCRAC susp SUCRACID susp SUCRAC-OX susp SUCRADAY susp SUCRAFIL susp SUCRAFIL tab SUCRAFIL-O gel SUCRAGEL susp SUCRALIZ dry syr SUCRAL-O susp SUCRAMAL susp SUCRAMAL tab SUCRASE tab SUCRI-O susp SUCRO SUSP susp SUCROMARK syr SUCRON susp SUCRON-O susp SUKAL susp TPCRAL susp ULCERFATE tab UL-FATE tab ULTRACID susp URALF syr URALF-O syr YESCAIN syr YESCALINE syr

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([all drugs])

sulfacetamide

CIMS Class : (Eye Anti-infectives & Antiseptics)

sulfacetamide

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related sulfacetamide information

Indication & Dosage

Ophthalmic

Ocular infections

Adult: As sodium: Apply 10-30% eye drops or 10% ointment into the affected eye/s. May be used up to tid.

Contraindications

Hypersensitivity; infants <2 mth.

Special Precautions

Elderly. History of allergy or asthma; G6PD deficiency; renal and hepatic impairment. Prolonged therapy requires CBC and urinalysis

with microscopic examination. Maintain adequate fluid intake. Pregnancy, lactation.

Adverse Drug Reactions

Hypersensitivity skin reaction. Ophthalmic: Burning, stinging, conjunctivitis, corneal ulcers, irritation, conjunctival hyperaemia. Systemic absorption from inflamed conjunctiva.
Potentially Fatal: Stevens-Johnson syndrome.

Drug Interactions

Action antagonised by PABA and procaine group of local anaesthetics. PABA present in purulent eye exudates can competitively inhibit the action of sulphacetamide.

Lab Interference

May interfere with diagnostic tests e.g. urinary glucose, urobilinogen, urea and creatinine.

Storage

Ophthalmic: Store below 25°C.

Mechanism of Action

Sulfacetamide has bacteriostatic effect on a wide range of gram-positive and gram-negative organisms. It interferes with nucleic acid synthesis thus blocking conversion of PABA to the coenzyme dihydrofolic acid.

Absorption: Penetrates into ocular tissues and fluids (ophthalmic).

Excretion: Urine (as unchanged drug); 7-13 hr (elimination half-life).

CIMS Class

Eye Anti-infectives & Antiseptics

ATC Classification

S01AB04 - sulfacetamide; Belongs to the class of antiinfectives, sulfonamides. Used in the treatment of eye infections.

*sulfacetamide information:

sulfacetamide

sulfacetamide brands available in India

Always prescribe with Generic Name : sulfacetamide, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ALBUCID eye/ear drops ALEKTRA eye drops ANDREMIDE eye drops BLEPH eye/ear drops LOCULA drops OCU-SULF EYE DROPS eye drops OPTACD eye drops PHENOSULF drops SETRIDE eye drops SULFAREN eye drops SULPHA-FH eye drops SYNCULA drops ZINCOREN eye drops

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([all drugs])

sulfadiazine

CIMS Class : (Sulphonamides)

sulfadiazine

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related sulfadiazine information

Indication & Dosage

Oral

Susceptible infections

Adult: Initially, 2-4 g/day. May increase up to 6 g/day, given in divided doses.

Child: Start with 75 mg/kg, subsequently, 150 mg/kg in divided doses. Max: 6 g/day.

Renal impairment: Dosage reduction may be necessary.

Oral

Prophylaxis of rheumatic fever

Adult: >30 kg: 1 g once daily; <30 kg: 500 mg once daily.

Child: <30 kg: 0.5 g every 24 hr; >30 kg: 1 g/day.

Renal impairment: Dosage reduction may be necessary.

Oral

Nocardiosis

Adult: 4-8 g daily for at least 6 wk. May continue for many mth to prevent relapse of infection.

Renal impairment: Dosage reduction may be necessary.

Oral

Toxoplasmosis

Adult: Including immunocompromised patients: 4-6 g/day in 4 divided doses for at least 6 wk. Subsequently, 2-4 g/day, to be continued indefinitely.

Child: For congenital toxoplasmosis: <2 mth: 50 mg/kg bid for 12 mth.

Renal impairment: Dosage reduction may be necessary.

Oral

Prophylaxis of toxoplasmosis in patients with HIV infection

Adult: 0.5-1 g every 6 hr, to be taken with oral pyrimethamine (25-50 mg daily) and oral leucovorin (10-25 mg/day).

Child: 85-120 mg/kg/day, given in 2-4 divided doses with oral pyrimethamine (1 mg/kg/day; max: 25 mg/day) and oral leucovorin (5 mg once every 3 days).

Renal impairment: Dosage reduction may be necessary.

Contraindications

Hypersensitivity; severe renal/hepatic impairment, blood dyscrasias, porphyrias, pregnancy (at term), lactation.

Special Precautions

Elderly, maintain adequate fluid intake to reduce risk of crystalluria, G6PD deficiency, AIDS. Renal/hepatic impairment, history of allergy or asthma. Discontinue treatment if patient develops rash. Conduct CBC and urinalyses using microscopic

examination during prolonged therapy. May exacerbate lupus erythematosus. Infants <2 mth.

Adverse Drug Reactions

Nausea, vomiting, anorexia and diarrhoea. Hypersensitivity, skin reactions; lumbar pain, haematuria, oliguria, anuria, crystallisation in urine, thrombocytopenia, leucopenia, eosinophilia, neonatal jaundice and kernicterus.
Potentially Fatal: Stevens-Johnson syndrome; agranulocytosis, thrombocytopenia, jaundice in newborn.

Drug Interactions

Potentiates antidiabetic effect of sulphonylureas. Action antagonised by PABA and procaine group of local anaesthetics. Potentiates oral anticoagulants, methotrexate and phenytoin. May decrease serum levels ofciclosporin. Ascorbic acid and hexamine may increase risk of crystalluria.

Lab Interference

Interferes with estimation of urinary glucose, urobilinogen, urea and creatinine.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

if administered near term.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Mechanism of Action

Sulfadiazine is a short-acting sulfonamide derivative with bacteriostatic action through competitive inhibition of bacterial synthesis of folic acid. Susceptible organisms include E.coli, Klebsiella, Enterobacter, Proteus mirabilis, P.vulgaris, S.aureus, Toxoplasma, N.meningitidis, H.influenzae.

Absorption: Readily absorbed from the GI tract. Blood concentrations peak 3-6 hr after a single dose.
Distribution: 20-55% bound to plasma proteins. Distributes into CSF within 4 hr of an oral dose.
Excretion: Half-life: About 10 hr; prolonged in renal impairment. About 50% of a single oral dose is excreted in the urine within 24 hr.

CIMS Class

Sulphonamides

ATC Classification

J01EC02 - sulfadiazine; Belongs to the class of intermediate-acting sulfonamides. Used in the treatment of systemic infections.

*sulfadiazine information:
Note that there are some more drugs interacting with sulfadiazine
sulfadiazine
sulfadiazine brands available in India
Always prescribe with Generic Name : sulfadiazine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : SULPHADIAZINE tab

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([all drugs])

sulfadiazine + trimethoprim

CIMS Class : (Antibacterial Combinations)

sulfadiazine + trimethoprim

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related sulfadiazine + trimethoprim information

Indication & Dosage

Oral

Urinary tract infections

Adult: Per tablet contains sulfadiazine 410 mg and trimethoprim 90 mg or per 5 mL suspension contains sulfadiazine 205 mg and trimethoprim 45 mg: 2 tablets or 20 mL as a single dose every 24 hr.

Child: >3 mth: Per day: 14 mg sulfadiazine/kg+3 mg trimethoprim/kg. Daily dose is divided into 2 equal doses given every 12 hr.

Contraindications

Hypersensitivity; severe renal/hepatic impairment; blood dyscrasias, porphyrias, serious hematological disorders; megaloblastic anemia secondary to folate depletion. Infants =2 mth; pregnancy (at term), lactation.

Special Precautions

Elderly, adequate fluid intake, G6PD deficiency, AIDS; actual or possible folate deficiency, child with fragile X chromosome associated with mental retardation; discontinue in case of skin rash; perform regular hematological examination.

Adverse Drug Reactions

Nausea, vomiting, anorexia and diarrhoea. Hypersensitivity, skin reactions; lumbar pain, haematuria, oliguria, anuria, crystallisation

in urine, thrombocytopaenia, leucopaenia, eosinophilia, neonatal jaundice and kernicterus.

Potentially Fatal: Stevens-Johnson syndrome; agranulocytosis, thrombocytopaenia, jaundice in new born. Mild GI disturbances; pruritus; skin rash; sulfonamide-like skin reactions; disturbances of liver enzyme values, cholestatic jaundice; raised serum creatinine and BUN; fever; anaphylaxis; aseptic meningitis; hematologic disturbances; photosensitivity; induce hyperkalemia particularly in HIV patients being treated for Pneumocystis carinii pneumonia or in the elderly.

Drug Interactions

Sulphadiazine: Potentiates antidiabetic effect of sulphonylureas. Action antagonised by para-aminobenzoinc acid and procaine group of local anaesthetics.

Trimethoprim: Potentiate effects of phenytoin, digoxin, procainamide, warfarin. Reduces renal excretion ofzalcitabine, zidovudine and lamivudine. Dapsone; rifampicin; increase risk of nephrotoxicity when given withcyclosporin; severe hyperkalaemia when given with ACE inhibitor; depressants of bone marrow function; risk of megaloblastic anemia with other folate

inhibitors eg pyrimethamine, methotrexate; hyponatraemia if receiving diuretics concurrently.

Potentially Fatal: Potentiates oral anticoagulants, methotrexate and phenytoin. Ascorbic acid and hexaminemay precipitate crystalluria; metabolism of oral hypoglycaemics may be inhibited.

Food Interaction

Avoid vit C or acidifying agents to prevent crystalluria.

Lab Interference

Interferes with estimation of urinary glucose, urobilinogen, urea and creatinine. May interfere with serum methotrexate assay where dihydrofolate reductase is used. Jaffe reaction for creatinine.

Mechanism of Action

Sulphadiazine is a short-acting sulphonamide derivative with bacteriostatic action through competitive inhibition of bacterial synthesis of folic acid. Trimethoprim inhibits enzymes folic acid

pathway, preventing the reaction of the dihydrolic acid to tetrahydrofolate.

CIMS Class

Antibacterial Combinations

ATC Classification

J01EA01 - trimethoprim; Belongs to the class of trimethoprim and derivatives. Used in the treatment of systemic infections.

*sulfadiazine + trimethoprim information:
Note that there are some more drugs interacting with sulfadiazine + trimethoprim
sulfadiazine + trimethoprim
sulfadiazine + trimethoprim brands available in India
Always prescribe with Generic Name : sulfadiazine + trimethoprim, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : AUBRIL susp AUBRIL tab

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([all drugs])

sulfadoxine + pyrimethamine

CIMS Class : (Antimalarials)

sulfadoxine + pyrimethamine

P - Caution when used during pregnancy

L - Contraindicated in lactation

related sulfadoxine + pyrimethamine information

Indication & Dosage

Oral

Chloroquine resistant falciparum malaria acute attack

Adult: Per tab contains pyrimethamine 25 mg and sulfadoxine 500 mg: 2-3 tabs as a single dose. Do not repeat for at least 7 days.

Child: Pyrimethamine 25mg + Sulfadoxine 500mg (Tablet): <2 yr (5-10 kg): ½ tab as a single dose; 2-5 yr (>10-20 kg): 1 tab as a single dose; 5-10 yr (< 20-30 kg): 1½ tab as a single dose; 10-14 yr (> 30-45 kg): 2 tab as a single dose. Do not repeat for at least 7 days.

Renal impairment: Dose reduction may be needed. Severe: contra-indicated.

Hepatic impairment: Dose reduction may be needed. Severe: contra-indicated.

Overdosage

Symptoms: Headache, nausea, anorexia, vomiting, CNS stimulation, megaloblastic anaemia, leukopenia, thrombocytopenia, glossitis and crystalluria. Management: Treatment is symptomatic and supportive. Emesis and gastric lavage to reduce drug absorption. Ensure that patient is adequately hydrated to prevent kidney damage. Monitor renal, hepatic, and haematopoietic systems for at least 1 month after overdosage. Folinic acid may be admin for depressed platelet or WBC counts.

Contraindications

Severe renal or hepatic impairment, blood dyscrasias, hypersensitivity to components, megaloblastic anaemia due to folate deficiency, pregnancy at term and during lactation, infants = 2 mth old.

Special Precautions

Impaired renal or hepatic function, folate deficiency, severe allergy or bronchial asthma, G6PD deficiency, pregnancy. Take with plenty of water to prevent crystalluria. Avoid excessive exposure to sun. Discontinue at the first sign of rash. Discontinue if signs of folic acid deficiency develops. Regular CBC monitoring, LFT, analysis of urine for crystalluria when admin for > 3 mth. Take with food to minimise Gi effects (e.g. anorexia and vomiting).

Adverse Drug Reactions

Urticaria, serum sickness, photosensitisation, arthralgia, nausea, vomiting, abdominal pain, diarrhoea, headache, peripheral neuritis, ataxia, tinnitus, vertigo, convulsions, toxic nephrosis and pulmonary infiltrates resembling eosinophilic or allergic alveolitis.
Potentially Fatal: Stevens-Johnson syndrome, toxic epidermal necrolysis, fulminant hepatic necrosis, blood dyscrasias, anaphylactoid reactions.

Drug Interactions

Increased halofantrine and chlorpromazine levels. Increased effects of warfarin.

Potentially Fatal: Increased risk of myelosupression with zidovudine, clozapine.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Pyrimethamine, a folic acid antagonist, inhibits the reduction of dihydrofolic acid to tetrahydrofolic acid (folinic acid). Sulfadoxine, a structural analog of p-aminobenzoic acid (PABA), competitively inhibits dihydrofolic acid synthesis which is important for PABA conversion to folic acid. This combination results in a synergistic action against susceptible plasmodia. Both have prolonged half-lives enabling single dose admin.

Absorption: Peak plasma concentration: 4 hr.

Distribution: Volume of distribution: 0.14 L/kg (sulfadoxine); 2.3 L/kg (pyrimethamine). Protein binding: 90% (for both drugs). Both drugs cross placenta and passes into breast milk.

Metabolism: Sulfadoxine: 5% appear in blood as acetylated metabolite, 2-3% as glucuronide. Pyrimethamine converted to several metabolites.
Excretion: Elimination half life: 100 hr (pyrimethamine); 200 hr (sulfadoxine). Excreted mainly via kidneys.

CIMS Class

Antimalarials

ATC Classification

P01BD01 - pyrimethamine; Belongs to the class of diaminopyrimidine antimalarials. Used in the management of malarial infections.

*sulfadoxine + pyrimethamine information:
Note that there are some more drugs interacting with sulfadoxine + pyrimethamine
sulfadoxine + pyrimethamine
sulfadoxine + pyrimethamine brands available in India

Always prescribe with Generic Name : sulfadoxine + pyrimethamine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AMALAR FORTE tab AMALAR susp AMALAR tab CROYDOXIN-FM tab DOMINE tab LARIDOX FORTE tab LARIDOX susp LARIDOX tab MALASULF FORTE tab MALASULF susp MALASULF tab MALCIDAL susp MALCIDAL tab MALOCIDE tab METASULFIN tab ONLI-2 tab PYRALFIN susp PYRALFIN tab REZIZ film-coated tab REZIZ FORTE FCtab REZIZ susp REZKID tab RIMODAR FORTE tab RIMODAR tab

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([all drugs])

sulfamethizole

CIMS Class : (Sulphonamides)

sulfamethizole

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related sulfamethizole information

Indication & Dosage

Oral

Urinary tract infections

Adult: 1.5-4 g/day in 3-4 divided doses.

Child: 30-45 mg/kg/day in 4 divided doses.

Renal impairment: Dose reduction may be needed.

Hepatic impairment: Dose reduction may be needed.

Contraindications

Severe renal or hepatic failure; blood disorders; hypersensitivity to sulfonamides; acute porphyria; SLE; infants =2 mth; pregnancy and lactation.

Special Precautions

Renal or hepatic impairment; history of allergy or asthma; AIDS; G6PD deficiency (at risk of haemolytic reactions); elderly; ensure adequate fluid intake to reduce risk of crystalluria. Discontinue if rash develops.

Adverse Drug Reactions

Nausea, vomiting, anorexia, diarrhoea, hypersensitivity reactions, SLE, serum sickness-like syndrome, liver necrosis and hepatomegaly, myocarditis, pulmonary eosinophilia and fibrosing alveolitis, vasculitis, hypoglycaemia, hypothyroidism, neurological reactions, jaundice and kernicterus in premature neonates. Pseudomembranous colitis.
Potentially Fatal: Blood dyscrasias, Stevens-Johnson syndrome, toxic epidermal necrolysis, anaphylaxis.

Drug Interactions

Potentiates effects of oral anticoagulants, methotrexate, phenytoin. Increased risk of crystalluria with compounds that render the urine acidic. Increased risk of blood dyscrasias with clozapine. Increased risk of hypoglycaemia with tolbutamide.
Potentially Fatal: Increased risk of kidney damage with methenamine.

Lab Interference

Interfere with tests for urea, creatinine, urinary glucose and urobilinogen.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

if administered near term.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Mechanism of Action

Sulfamethizole is a short-acting sulfonamide. It is generally not used in systemic infections due to low drug concentrations in blood and tissue.

Absorption: Readily absorbed from GI tract.

Distribution: Protein-binding: 90%.

Metabolism: Undergoes slight acetylation.

Excretion: Half life: 1.5-3 hr. Rapidly excreted via urine.

CIMS Class

Sulphonamides

ATC Classification

B05CA04 - sulfamethizole; Belongs to the class of antiinfectives used as irrigating solutions.
D06BA04 - sulfamethizole; Belongs to the class of topical sulfonamides used in the treatment of dermatological diseases.
J01EB02 - sulfamethizole; Belongs to the class of short-acting sulfonamides. Used in the treatment of systemic infections.
S01AB01 - sulfamethizole; Belongs to the class of antiinfectives, sulfonamides. Used in the treatment of eye infections.

*sulfamethizole information:
Note that there are some more drugs interacting with sulfamethizole
sulfamethizole
sulfamethizole brands available in India
Always prescribe with Generic Name : sulfamethizole, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : OKATRIM DS tab SULPHAMETHIZOLE tab

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([all drugs])

sulfamethoxazole + trimethoprim

CIMS Class : (Antibacterial Combinations)

sulfamethoxazole + trimethoprim

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related sulfamethoxazole + trimethoprim information

Indication & Dosage

Oral

Susceptible infections

Adult: 960 mg bid, up to 2.88 g daily given in 2 divided doses in severe cases.

Child: 6 wk-5 mth: 120 mg bid; 6 mth-5 yr: 240 mg bid; 6-12 yr: 480 mg bid.

Renal impairment: Dosage reduction for adults and children >12 yr:

CrCl (ml/min)

Dosage Recommendation

15-30

Half the standard dose.

<15

Not recommended.

Hepatic impairment: Avoid in severe impairment.

Oral

Respiratory tract infections

Adult: 960 mg bid, up to 2.88 g daily given in 2 divided doses in severe cases.

Child: 6 wk-5 mth: 120 mg bid; 6 mth-5 yr: 240 mg bid; 6-12 yr: 480 mg bid.

Renal impairment: Dosage reduction for adults and children >12 yr:

CrCl (ml/min)

Dosage Recommendation

15-30

Half the standard dose.

<15

Not recommended.

Hepatic impairment: Avoid in severe impairment.

Oral

Urinary tract infections

Adult: 960 mg bid, up to 2.88 g daily given in 2 divided doses in severe cases.

Child: 6 wk-5 mth: 120 mg bid; 6 mth-5 yr: 240 mg bid; 6-12 yr: 480 mg bid.

Renal impairment: Dosage reduction for adults and children >12 yr:

CrCl (ml/min)

Dosage Recommendation

15-30

Half the standard dose.

<15

Not recommended.

Hepatic impairment: Avoid in severe impairment.

Oral

Gastrointestinal infections

Adult: 960 mg bid, up to 2.88 g daily given in 2 divided doses in severe cases.

Child: 6 wk-5 mth: 120 mg bid; 6 mth-5 yr: 240 mg bid; 6-12 yr: 480 mg bid.

Renal impairment: Dosage reduction for adults and children >12 yr:

CrCl (ml/min)

Dosage Recommendation

15-30

Half the standard dose.

<15

Not recommended.

Hepatic impairment: Avoid in severe impairment.

Oral

Pneumocystis (carinii) jiroveci pneumonia

Adult: Up to 120 mg/kg/day in 2-4 divided doses for 14-21 days.

Child: >4 wk: Up to 120 mg/kg daily given in 2-4 divided doses for 14-21 days.

Renal impairment: Dosage reduction for adults and children >12 yr:

CrCl (ml/min)

Dosage Recommendation

15-30

Half the standard dose.

<15

Not recommended.

Hepatic impairment: Avoid in severe impairment.

Oral

Prophylaxis of susceptible infections in AIDS patients

Adult: 960 mg daily.

Child: 450 mg/m2 (max: 960 mg) bid for 3 days in each wk, either consecutively or on alternate days.

Renal impairment: Dosage reduction for adults and children >12 yr:

CrCl (ml/min)

Dosage Recommendation

15-30

Half the standard dose.

<15

Not recommended.

Hepatic impairment: Avoid in severe impairment.

Overdosage

Nausea, vomiting, diarrhoea, mental depression, confusion, facial swelling, headache, bone marrow depression and slight elevations of serum transaminases. Empty stomach immediately by inducing

emesis or by lavage. Treatment is supportive and symptomatic with monitoring of blood counts and other appropriate laboratory studies (e.g. serum electrolyte concentrations). Haemodialysis may remove only moderate amounts of the drug while peritoneal dialysis is not useful in drug removal.

Contraindications

Hypersensitivity; severe renal or hepatic insufficiency; infants <4 wk; megaloblastic anaemia; pregnancy and lactation.

Special Precautions

G6PD deficiency; potential folate deficiency; hepatic and renal impairment; elderly; porphyria; thyroid dysfunction; maintain adequate hydration.

Adverse Drug Reactions

Renal failure, nausea, vomiting, diarrhoea, anorexia; skin rashes, urticaria.
Potentially Fatal: Stevens-Johnson syndrome, agranulocytosis, toxic epidermal necrolysis, hepatic necrosis.

Drug Interactions

Reduced ciclosporin concentrations in blood when used concurrently. Increases toxicity of methotrexate. Inhibits phenytoin clearance. Potentiates warfarin and oral hypoglycaemics.
Potentially Fatal: Co-admin with pyrimethamine causes megaloblastic anaemia. Enhancement of renal damage by ciclosporin.

Lab Interference

May also interfere with serum methotrexate assay when using the competitive binding protein technique. May interfere with the Jaffe's reaction assay for creatinine.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 15-25°C.

Mechanism of Action

Co-trimoxazole exhibits the synergistic actions of its components (sulfamethoxazole and trimethoprim) by 10-fold. Sulfamethoxazole inhibits dihydrofolic acid formation from PABA, thus interfering with synthesis and growth of bacterial folic acid. Trimethoprim inhibits enzymes folic acid pathway, preventing the reaction of the dihydrolic acid to tetrahydrofolate. Co-trimoxazole possesses bactericidal effects against E coli, Klebsiellaspp, Enterobacter spp, M morganii, P mirabilis, P vulgaris, H influenzae, Strep pneumoniae, Pneumocystis (carinii) jiroveci, Cyclospora spp.

Absorption: Oral: Almost complete (90-100%). Time to peak, serum: Within 1-4 hr.

Distribution: Protein binding: Sulfamethoxazole: 68%; Trimethoprim: 45%.

Metabolism: Sulfamethoxazole: N-acetylated and glucuronidated; Trimethoprim: Metabolised to oxide and hydroxylated metabolites.

Excretion: Both are removed in urine as metabolites and unchanged drug.

CIMS Class

Antibacterial Combinations

ATC Classification

J01EA01 - trimethoprim; Belongs to the class of trimethoprim and derivatives. Used in the treatment of systemic infections.
J01EC01 - sulfamethoxazole; Belongs to the class of intermediate-acting sulfonamides. Used in the treatment of systemic infections.

*sulfamethoxazole + trimethoprim information:
Note that there are some more drugs interacting with sulfamethoxazole + trimethoprim
sulfamethoxazole + trimethoprim
sulfamethoxazole + trimethoprim brands available in India
Always prescribe with Generic Name : sulfamethoxazole + trimethoprim, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ALCORIM-F susp ALCORIM-F tab ANTRIMA susp ANTRIMA tab BACTRIM DS tab BACTRIM P-tab BACTRIM susp BACTRIM tab CHEMOTRIN FORTE tab CIPLIN DS tab CIPLIN susp CIPLIN tab COLIZOLE DS-tab COLIZOLE susp COLIZOLE tab COTRIBID KID-tab COTRIMOX dry syr COTRIMOX susp COTRIMOX tab COTRIMOXAZOLE DS tab COTRIMOXAZOLE tab CO-TRIMOXAZOLE tab CO-TRIMOXAZOLE-DS tab COTRIZOLE amp KOMBINA susp KOMBINA tab LARPRIM drops LARPRIM susp LARPRIM tab LARPRIM TABLET P-tab LARPRIM-DS DS-tab L-TRIM susp L-TRIM-DS tab METHOXAPRIM dispertab METHOXAPRIM susp METHOXAPRIM tab MOLY KID TABS tab MOUNTRIM dispertab MOUNTRIM susp MOUNTRIM tab NEOPRIM SUSP susp ORIPRIM infusion ORIPRIM inj ORIPRIM susp ORIPRIM tab OTRIM dispertab OTRIM susp OTRIM tab RIZOL DS tab RIZOL susp RIZOL tab SEPMAX tab SEPTABID susp SEPTABID tab SEPTINIX F-tab SEPTINIX susp SEPTINIX tab SEPTRAN P-susp SEPTRAN P-tab SEPTRAN tab SUMETROL DS-tab SUMETROL susp SUMETROL tab SYNASTAT susp SYNASTAT tab TABROL DS-tab TABROL SS-tab TABROL susp TIMIZOL F-tab TIMIZOL susp TIMIZOL tab TIMIZOL-P tab TPRIM susp TPRIM tab TRIGLOBE tab TRIMZOLE DS

tab TRISULFOSE susp TRISULFOSE tab WYPAL dry syr WYPAL tab XOL tab

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([all drugs])

sulfamoxole + trimethoprim

CIMS Class : (Antibacterial Combinations)

sulfamoxole + trimethoprim

P - Caution when used during pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related sulfamoxole + trimethoprim information

Indication & Dosage

Oral

Susceptible infections, Urinary tract infections, Ear, nose and/or throat infections, Genital infections, Gastrointestinal infections, Respiratory tract infections, Skin infections

Adult: Each tablet contains sulfamoxole 400 mg and trimethoprim 60 mg: Initially, 2 tablets, followed by 1 tablet bid. Each 5 ml contains sulfamoxole 200 mg and trimethoprim 40 mg: Initially, 20 ml, followed by 10 ml bid.

Child: Each 5 ml contains sulfamoxole 200 mg and trimethoprim 40 mg: 4-12 mth: Initially, 2.5-5 ml followed by 1.2-2.5 ml bid; 1-6 yr: Initially, 5-10 ml, followed by 2.5-5 ml bid, 6-12 yr: Initially, 10-15 ml, followed by 5-10 ml bid.
Renal impairment: Dose reduction is advisable.

Overdosage

Nausea, vomiting, allergic reactions. If within 3 hrs of ingestion, gastric lavage to be performed, followed by IM folinic acid, vitamin B12 and supportive treatment. Perform LFT once a wk and FBC twice a wk for 3 wks.

Contraindications

Hypersensitivity to sulfonamides; severe renal or hepatic impairment; porphyria, SLE; serious haematological disorders; megaloblastic anemia secondary to folate depletion. Infants <2 mth; pregnancy (3rd trimester), lactation.

Special Precautions

Renal insufficiency, elderly, blood dyscrasias, G6PD deficiency, AIDS, patient with potential folate deficiency, children with fragile X chromosome associated with mental retardation. Perform regular haematological examination.

Adverse Drug Reactions

Nausea, vomiting, anorexia, diarrhoea, glossitis, stomatitis, drowsiness, headache, depression, hallucinations, hypersensitivity skin reaction, photosensitivity, drug fever, crystalluria, elevation of liver enzymes, hypothyroidism, hyponatremia, hyperkalemia, kernicterus in premature neonates, aseptic meningitis, cholestatic jaundice.

Potentially Fatal: Anaphylaxis; Stevens-Johnson syndrome; blood dyscrasias e.g. agranulocytosis, aplastic anaemia; toxic epidermal necrolysis.

Drug Interactions

Concurrent use increases risk of blood dyscrasias with azathioprine, methotrexate, pyrimethamine; increased risk of hyperkalaemia with ACE inhibitors; increased risk of hyponatraemia when used with both potassium-sparing diuretics

and thiazides; increases risk of bleeding with warfarin; increases risk of lithium toxicity; increases digoxin, phenytoin, procainamide, lamivudine, stavudine, repaglinide, rosiglitazone, dofetilide serum levels; decreases ciclosporin levels. Concurrent use with dapsone increases serum levels of both and increases risk of dapsone toxicity. Concurrent may potentiate antidiabetic effect of sulphonylureas.

Potentially Fatal: Concurrent use increases risk of blood dyscrasias with clozapine and pyrimethamine.

Lab Interference

Interference with tests for urea, creatinine, urinary glucose, urobilinogen, serum methotrexate (when dihydrofolate reductase is used) and creatinine assay (when Jaffe reaction is used).

Storage

Oral: Store below 25°C

Mechanism of Action

Sulfamoxole interferes with nucleic acid synthesis in microorganisms by blocking the conversion of p-aminobenzoic acid to the coenzyme dihydrofolic acid. Trimethoprim inhibits the conversion of bacterial dihydrofolic acid to tetrahydrofolic acid which is important for the synthesis of DNA.

CIMS Class

Antibacterial Combinations

ATC Classification

J01EA01 - trimethoprim; Belongs to the class of trimethoprim and derivatives. Used in the treatment of systemic infections.
J01EC03 - sulfamoxole; Belongs to the class of intermediate-acting sulfonamides. Used in the treatment of systemic infections.

*sulfamoxole + trimethoprim information:
Note that there are some more drugs interacting with sulfamoxole + trimethoprim
sulfamoxole + trimethoprim
sulfamoxole + trimethoprim brands available in India

Always prescribe with Generic Name : sulfamoxole + trimethoprim, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CORTINA DS-tab CORTINA SS-tab SUPRISTOL DS-film-coated tab SUPRISTOL P-tab SUPRISTOL susp SUPRISTOL tab

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([all drugs])

sulfasalazine

CIMS Class : (GIT Regulators, Antiflatulents & Anti-inflammatories) , (Disease-Modifying Anti-Rheumatic Drugs (DMARDs))

sulfasalazine

P - Contraindicated in pregnancy

L - Caution when used during lactation

related sulfasalazine information

Indication & Dosage

Oral

Inflammatory bowel disease

Adult: Initially, 1-2 g 4 times daily until remission occurs. Maintenance: 2 g/day in divided doses.

Child: =2 yr: 40-60 mg/kg/day in divided doses. Maintenance: 20-30 mg/kg/day in divided doses.

CrCl (ml/min)
Dosage Recommendation
10-30ml/min
Admin twice daily.
<10ml/min
Admin once daily.

Hepatic impairment: Avoid use.
Oral
Rheumatoid arthritis
Adult: As enteric-coated tablet: Initially, 500 mg daily for the 1st wk increased by 500 mg every wk. Max: 3 g daily in 2-4 divided doses.
Child: For polyarticular juvenile rheumatoid arthritis: =6 yr: As enteric-coated tablet: 30-50 mg/kg/day in 2 divided doses. Begin treatment with 1/4 to 2/3 of expected maintenance dose and increase wkly to reach maintenance dose in 1 mth. Max: 2 g daily.

CrCl (ml/min)
Dosage Recommendation
10-30 mL/min

Admin twice daily.

<10ml/min

Admin once daily.

Hepatic impairment: Avoid use.

Rectal

Inflammatory bowel disease

Adult: As suppository: 0.5-1 g in the morning and night, either alone or as an adjunct to oral treatment. As enema: 3 g at night, retained for at least 1 hr.

Child: As suppository (may be given as divided doses): 5-8 yr: 500 mg bid; 8-12 yr: 500 mg in the morning and 1 g at night; 12-18 yr: 1 g bid. As enema (to be retained for at least 1 hr): 2-7 yr: 1-1.5 g; 7-12 yr: 1.5-2.25 g; 12-18 yr: 3 g, dose to be given at night.

Administration

Should be taken with food. (Take after meals. Ensure adequate fluid intake.)

Overdosage

Nausea, vomiting, gastric distress, abdominal pains, drowsiness, convulsions. Gastric lavage or emesis plus catharsis as required. Alkalinize urine. If kidney function is normal, increase fluids. If anuria is present, restrict fluids and salt, and treat accordingly. Catheterization of the ureters may be needed for complete renal blockage by crystals. Hemodialysis may facilitate removal of sulfasalazine and its metabolites. Concentrations of serum sulfapyridine may be used to monitor the progress of recovery.

Contraindications

Hypersensitivity to sulphonamides or salicylates, porphyria, <2 yr of age, intestinal or urinary obstruction, blood dycrasias, history of leucopenia with gold therapy.

Special Precautions

Hepatic/renal impairment, G6PD deficiency, allergic bronchial asthma, lactation.

Adverse Drug Reactions

Headache, anorexia, nausea, vomiting, diarrhoea, abdominal discomfort, photosensitivity, crystalluria, reversible oligospermia, yellow-orange staining of contact lens, skin, urine and other body fluids, alopoecia.

Potentially Fatal: Severe hypersensitivity reactions, blood dyscrasias, renal and hepatic toxicity, fibrosing alveolitis.

Drug Interactions

Plasma levels reduced by rifampicin and ethambutol. Interferes with absorption of folic acid. Additive leucopaenia with gold therapy for rheumatoid arthritis. Increased haematological toxicity with azathioprine. Reduced serum levels of digoxin.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

if administered near term.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store below 25°C.

Mechanism of Action

Actual mechanism not determined. Sulphasalazine may have direct anti-inflammatory action in the colon. It also systemically interferes with secretion by prostaglandin synthesis inhibition.

Absorption: 15% of the dose is absorbed from small intestine, the rest reaches the colon where the azo bond is cleaved by the intestinal flora, producing sulfapyridine and 5-aminosalicylic acid (mesalazine). 60% of the sulfapyridine and 10-30% of the 5-aminosalicylic acid is absorbed from the colon.

Distribution: Following IV admin, vol of distribution is 7.5 L. Sulfasalazine and sulfapyridine crosses the placenta and found in breast milk. Sulfasalazine is extensively protein bound while sulfapyridine is distributed to most body tissues.

Metabolism: Absorbed sulfapyridine undergoes extensive metabolism by acetylation, hydroxylation, and glucuronidation. Slow acetylators are 2-3 times more likely to experience adverse effects from sulfapyridine compared to fast acetylators. Absorbed 5-aminosalicylic acid undergoes acetylation.
Excretion: Via urine,as unchanged sulfasalazine (15%), sulfapyridine and its metabolites (60%), and 5-aminosalicylic acid and its metabolites (20-33%).

CIMS Class

GIT Regulators, Antiflatulents & Anti-inflammatories / Disease-Modifying Anti-Rheumatic Drugs (DMARDs)

ATC Classification

A07EC01 - sulfasalazine; Belongs to the class of aminosalicylic acid and similar antiinflammatory. Used in the treatment of intestinal inflammation.

*sulfasalazine information:
Note that there are some more drugs interacting with sulfasalazine sulfasalazine further details are available in official CIMS India

sulfasalazine

sulfasalazine brands available in India

Always prescribe with Generic Name : sulfasalazine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : IWATA tab SAAZ DR-tab SAAZ-DS DR-tab SALAZAR enteric-coated tab SALAZOPYRIN tab SAZO-EN enteric-coated tab

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([all drugs])

sultamicillin

CIMS Class : (Penicillins)

sultamicillin

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related sultamicillin information

Indication & Dosage

Oral

Urinary tract infections

Adult: 375-750 mg bid.

Child: <30 kg: 25-50 mg/kg/day in 2 divided doses. =30 kg: same as adult dose.

Oral

Respiratory tract infections

Adult: 375-750 mg bid.

Child: <30 kg: 25-50 mg/kg/day in 2 divided doses. =30 kg: same as adult dose.

Oral

Otitis media

Adult: 375-750 mg bid.

Child: <30 kg: 25-50 mg/kg/day in 2 divided doses. =30 kg: same as adult dose.

Oral

Uncomplicated gonorrhoea

Adult: 2.25 g as single dose, together with 1 g probenecid.

Contraindications

Hypersensitivity.

Special Precautions

Overgrowth of nonsusceptible organism. Periodic check for organ system dysfunction during prolonged therapy. Neonates, pregnancy, lactation.

Adverse Drug Reactions

Diarrhoea, nausea, vomitting, rashes, pruritus, blood dyscrasias, superinfections, dizziness, dyspnoea.
Potentially Fatal: Anaphylaxis.

Drug Interactions

Concurrent use increases risk of bleeding with warfarin and methotrexate toxicity; decreases efficacy of oestrgen-containing oral contraceptives. Excretion of ampicillin is reduced when used with probencid.

Lab Interference

Interferes with urinary glucose test using cupric sulfate (eg. Benedict's reagent, Clinitest); false increase of urinary protein (in Coomassie brilliant blue method); falsely increase serum albumin concentrations (in bromcresol green procedure); false positive

direct antiglobulin (Coombs?) test results; false-positive result in iodine-azide spot test (for sulfite oxidase deficiency); false-positive for leucine/isoleucine, phenylalanine, and ß-aminoisobutyric acid in paper chromatography studies of urinary amino acids; false decrease in aminoglycoside concentrations; false increase in serum uric acid concentrations (in copper-chelate method). Transient decrease in plasma conc of total conjugated oestriol, oestriol-glucuronide, conjugated oestrione and oestradiol in pregant women.

Mechanism of Action

Sultamicillin inhibits ß-lactamases in penicillin-resistant microorganisms and it acts against sensitive organisms during the stage of active multiplication by inhibiting biosynthesis of cell wall mucopeptide.

CIMS Class

Penicillins

*sultamicillin information:
sultamicillin

sultamicillin brands available in India

Always prescribe with Generic Name : sultamicillin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : SALTUM dispertab SALTUM P-tab

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([all drugs])

sumatriptan

CIMS Class : (Antimigraine Preparations)

sumatriptan

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related sumatriptan information

Indication & Dosage

Oral

Migraine

Adult: >18 yr: 50-100 mg repeated at 2-hr intervals if migraine recurs. Max: 300 mg/24 hr.

Hepatic impairment: Max: 50 mg/day.

Nasal

Migraine

Adult: 12-17 yr: 10 mg into 1 nostril, repeated at least 2 hr after the 1st dose if symptoms recur. Max: 20 mg/24 hr. >18 yr: 20 mg into 1 nostril, repeated at least 2 hr after the 1st dose if symptoms recur. Max: 40 mg/24 hr.

Hepatic impairment: Dose reduction needed.

Subcutaneous

Migraine

Adult: >18 yr: 6 mg as a single dose inj, repeated at least 1 hr after the 1st dose if symptoms persist. Max: 12 mg/24 hr.

Hepatic impairment: Dose reduction needed.

Subcutaneous

Cluster headache

Adult: >18 yr: 6 mg as a single dose inj, repeated at least 1 hr after the 1st dose if symptoms persist. Max: 12 mg/24 hr.

Hepatic impairment: Dose reduction needed.

Administration

May be taken with or without food.

Contraindications

Not to be used prophylactically and in patients with basilar or hemiplegic or ophthalmoplegic migraine. History of MI or stroke, severe hepatic impairment, ischaemic heart disease, uncontrolled hypertension, peripheral vascular disease, hypersensitivity to sulfonamides.

Special Precautions

Conditions predisposing to seizures, presence of coronary risk factors, cardiac arrhythmias, renal or hepatic impairment, elderly, pregnancy, lactation.

Adverse Drug Reactions

Transient hypertension, hypotension, dizziness, flushing, fatigue, drowsiness, weakness, seizures, nausea and vomiting, heat, tightness in any part of body, paraesthesia, seizures, inj site reactions, irritation of nasal mucosa and epistaxis. Rebound headache with frequent use.
Potentially Fatal: Cardiac arrhythmias, MI.

Drug Interactions

Concurrent use increased risk of vasospastic reaction with ergotamine and related compounds.

Potentially Fatal: Increased risk of serotonin syndrome with concurrent use of SSRI, MAOIs or within 14 days of stopping MAOIs. Admin of ergotamine or related compounds within the previous 24 hr.

Food Interaction

Increased serotonergic effectsand adverse events with concurrent use of St John's Wort.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Nasal: Store below 30°C. Do not freeze. Oral: Store below 30°C. Subcutaneous: Store below 30°C.

Mechanism of Action

Sumatriptan is a selective serotonin agonist that acts at 5-HT1 receptors. It causes vasoconstriction of cranial arteries and/or inhibition of neurogenic inflammatory processes in the CNS. A small but significant delay in gastric emptying also occurs.

Onset: Oral: 30 min; Intranasal: 15 min; subcutaneous: 10-15 min.

Absorption: Rapidly but incompletely absorbed from the GIT (oral); peak plasma concentrations reached in 2 hr (oral), 25 min (subcutaneous), 1.5 hr (intranasal). Bioavailabilty for oral is 14%, subcutaneous 96% and intranasal is 16% of that achieved in subcutaneous.

Distribution: Enters breast milk. Protein-binding: 14-21%

Metabolism: Extensive first-pass metabolism by MAO type A

Excretion: Mainly via urine (as inactive indole acetic acid derivative and its glucuronide), via faeces (as unchanged drug and metabolites). Elimination half-life: 2hr.

CIMS Class

Antimigraine Preparations

ATC Classification

N02CC01 - sumatriptan; Belongs to the class of selective serotonin (5HT1) agonists preparations. Used to relieve migraine.

*sumatriptan information:
Note that there are some more drugs interacting with sumatriptan
sumatriptan further details are available in official CIMS India
sumatriptan
sumatriptan brands available in India
Always prescribe with Generic Name : sumatriptan, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : MIGRATAN tab SUMINAT inj SUMINAT nasal spray SUMINAT tab SUMITREX inj SUMITREX tab
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([all drugs])
suxamethonium chloride
CIMS Class : (Muscle Relaxants)
suxamethonium chloride
P - Caution when used during pregnancy

L - Caution when used during lactation

related suxamethonium chloride information

Indication & Dosage

Intravenous

Muscle relaxant in general anaesthesia

Adult: As chloride: single dose of 0.3-1.1 mg/kg injected; supplementary doses of 50-100% of the initial dose may be given at 5-10 min intervals. Max dose (repeated IV injection or continuous infusion): 500 mg/hr

Child: As chloride: <1 yr: 2 mg/kg; 1-12 yr: 1 mg/kg.

Intramuscular

Muscle relaxant in general anaesthesia

Adult: As chloride: 3-4 mg/kg. Max total dose: 150 mg

Child: As chloride: <1 yr: Up to 4-5 mg/kg; =1 yr: Up to 4 mg/kg. Max dose: 150 mg.

Reconstitution: IV infusion: dilute to a concentration of 1?2 mg/ml (0.1?0.2%) with 5% dextrose, 5% dextrose and 0.9% sodium chloride, 0.9% sodium chloride, (1/6) M sodium lactate; given at a rate 0.5?10 mg/min depending on the response and requirements of patient.

Incompatibility: Alkaline solutions with pH>8.5 .

Contraindications

Genetic disorders of plasma pseudocholinesterase, personal/family history of malignant hyperthermia, hypersensitivity from previous neuromuscular drug, severe burns, massive trauma, extensive denervation of skeletal muscle, patients with risk of hyperkalaemia, renal impairment, angle closure glaucoma.

Special Precautions

Bone fracture, raised intraocular pressure, neuromuscular disease, infants, childn, adolescents, pregnancy and lactation.

Adverse Drug Reactions

Bradycardia, tachycardia, hypotension, hyperpertension, raised intraocular pressure, hyperkalaemia, excessive salivation.
Potentially Fatal: Respiratory depression, dysrhythmias, rhabdomyolsis, malignant hyperthermia.

Drug Interactions

Concurrent use with anticholinesterases, cyclophosphamide, antiarrhythmics, aminoglycosides, lincosamides (clindamycin and lincomycin), anticonvulsants, phenelzine, magnesium, metoclopramide, inhalation anaesthetics, exposure to organophosphate insecticides may enhance neuromuscular block of suxamethonium. Increased risk of arrhythmias with cardiac glycosides.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intramuscular: Refrigerate at 2-8°C. Intravenous: Refrigerate at 2-8°C.

Mechanism of Action

Suxamethonium chloride is an ultrashort-acting depolarising type skeletal muscle relaxant. It blocks the neuromuscular junction by binding to the cholinergic receptors and depolarising it.

Onset: IV: 30-60 sec; IM: 2-3 min

Duration: IV: 2-6 min; IM: 10-30 min

Distribution: Small amounts of suxamethonium cross the placenta

Metabolism: Rapidly hydrolysed by plasma cholinesterase.

Excretion: 10% excreted unchanged in urine.

CIMS Class

Muscle Relaxants

*suxamethonium chloride information:

Note that there are some more drugs interacting with suxamethonium chloride

suxamethonium chloride

suxamethonium chloride brands available in India

Always prescribe with Generic Name : suxamethonium chloride, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ENTUBATE inj MIDARINE inj MYORELEX inj SCOLAX amp SCOLINE inj SUCCINYLCHOLINE CHLORIDE inj SUCOL vial SUXIM inj SUXOMIN inj

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([all drugs])

tacrolimus

CIMS Class : (Immunosuppressants) , (Other Dermatologicals)

tacrolimus

P - Caution when used during pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related tacrolimus information

Indication & Dosage

Oral

Prophylaxis of rejection in kidney graft transplant

Adult: Initially, 0.2-0.3 mg/kg/day in 2 divided doses every 12 hr. Begin oral dose within 24 hr of transplant.

Renal impairment: Dose reduction needed.

Hepatic impairment: Severe impairment (Child-Pugh score of =10): Use lower dosages and close monitoring of blood concentrations needed.

Oral

Prophylaxis of rejection in liver graft transplant

Adult: Initially, 0.1-0.2 mg/kg/day in 2 divided doses every 12 hr. Start treatment 12 hr after transplantation.

Child: Initially, 0.15-0.20 mg/kg/day in 2 divided doses every 12 hr. Begin no sooner than 6 hr after transplant.

Renal impairment: Dose reduction needed.

Hepatic impairment: Severe impairment (Child-Pugh score of =10): Use lower dosages and close monitoring of blood concentrations needed.

Oral

Fistulising Crohn's disease

Adult: 200 mcg/kg/day in 2 divided doses for 10 wk.

Renal impairment: Dose reduction needed.

Hepatic impairment: Severe impairment (Child-Pugh score of =10): Use lower dosages and close monitoring of blood concentrations needed.

Oral

Prophylaxis of cardiac graft rejection

Adult: With or without antibody induction: Starting within 5 days of transplantation but no earlier than 6 hr after transplantation. 75 mcg/kg daily in 2 divided doses.

Intravenous

Prophylaxis of rejection in kidney graft transplant

Adult: Initially, 0.05-0.1 mg/kg/day as a continuous infusion over 24 hr. Start within 24 hr of transplantation for up to a max of 7 days, then transfer to oral treatment.

Renal impairment: Dose reduction needed.

Hepatic impairment: Severe impairment (Child-Pugh score of =10): Use lower dosages and close monitoring of blood concentrations needed.

Intravenous

Prophylaxis of rejection in liver graft transplant

Adult: Initially, 10-50 mcg/kg/day as a continuous infusion over 24 hr. Start treatment 12 hr after transplantation and continue for up to a max of 7 days. Transfer to oral therapy as soon as patient is able to tolerate; 1st oral dose should be given 8-12 hr after stopping infusion.

Child: Initially, 0.03-0.05 mg/kg/day as a continuous infusion over 24hr. Begin no sooner than 6 hr post-transplant, starting at the lower end of the dosage range. Continue until the oral medication can be tolerated. Oral therapy should start 8-12hr after IV infusion discontinued.

Renal impairment: Dose reduction needed.

Hepatic impairment: Severe impairment (Child-Pugh score of =10): Use lower dosages and close monitoring of blood concentrations needed.

Intravenous

Prophylaxis of cardiac graft rejection

Adult: With or without antibody induction: Starting within 5 days of transplantation but no earlier than 6 hr after transplantation. 10?20 mcg/kg daily via infusion over 24 hr, for up to a max of 7 days. Transfer to oral therapy as soon as patient is able to tolerate; 1st oral dose to be given 8-12 hr after stopping infusion.

Topical/Cutaneous

Atopic dermatitis

Adult: >15 yr: Apply thinly 0.03% or 0.1% ointment to affected area bid. Rub in gently and completely. For short-term and intermittent use only. If no improvement after 6 wk, re-confirm diagnosis.

Child: 2-15 yr: Apply thinly 0.03% oint to affected area bid. Rub in gently and completely. For short-term and intermittent use only.

Reconstitution: Dilute concentrate with 0.9% sodium chloride or 5% dextrose injection to a concentration of 4?20 mcg/ml . Diluted solution may be stored in polyethylene or glass containers for up to 24 hr. Diluted infusion solution must not be stored in a PVC

container due to reduced stability and potential for extraction of phthalates.

Incompatibility: Do not use plasticized polyvinyl chloride (PVC) container as stability of the solution is decreased and polyoxyl 60 hydrogenated castor oil contained in the formulation may leach phthalates from PVC containers. Tacrolimus injection should not be mixed or co-infused with solutions of pH 9 or greater due to chemical instability in alkaline media.

Administration

Should be taken on an empty stomach. (Take on an empty stomach at least 1 hr before or 2-3 hr after meals.)

Contraindications

Hypersensitivity, lactation.

Special Precautions

Monitoring of blood trough serum concentrations to prevent organ rejection and to reduce drug-related toxicity. Topical: Used with caution on the face or neck, large areas of the body (not >50% of

the total BSA), or areas of broken skin. Infections at the treatment site should be cleared prior to therapy. Delay use in patients with unknown cause of lymphadenopathy or acute infectious mononucleosis till resolution. Use in patients with Netherton's syndrome is not recommended. Pregnancy.

Adverse Drug Reactions

Systemic: Tremor, headache, paraesthesias, nausea and diarrhoea, hypertension, blood dyscrasias, leucocytosis, impaired renal function, serum electrolyte disturbances, infectious complications. Mood changes, sleep disturbances, confusion, dizziness, tinnitus, visual disturbances convulsions, alterations in glucose metabolism, ECG changes, tachycardia, myocardial hypertrophy, constipation, dyspepsia and GI haemorrhage; dyspnoea, asthma, pleural effusions; alopoecia, hirsutism, skin rash and pruritus; myalgia, spasm, leg cramps, peripheral oedema, liver dysfunction and coagulation disorders. Topical: Burning, stinging, soreness, pruritus, skin disorders, headache and flu-like symptoms. Increased incidence of malignancy.
Potentially Fatal: Nephrotoxicity, neurotoxicity and anaphylactic reaction.

Drug Interactions

Increased nephrotoxicity with ciclosporin, aminoglycosides, amphotericin B, cisplatin, NSAIDs, vancomycin, co-trimoxazole, aciclovir, ganciclovir. Increased risk of hyperkalemia with potassium-sparing diuretics. Increased plasma concentrations and toxicity with azole antifungals, calcium-channel blockers, cimetidine,danazol, HIV-protease inhibitors, macrolide antibacterials and metoclopramide. Antacids, rifampin, rifabutin, casofungin, phenytoin, phenobarbital and carbamazepine decrease tacrolimus plasma concentrations. Concurrent admin of sirolimus and tacrolimus decrease levels of both.

Food Interaction

Food decreases rate and extent of absorption. Grapefruit and pomelo juice may increase the serum levels. St John's wort may decrease serum levels.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals

are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Topical/Cutaneous: Store at 15-30°C.

Mechanism of Action

Tacrolimus inhibits T-lymphocyte activation, although the exact mechanism of action unclear. Tacrolimus bind to cytosolic receptors known as immunophilins (i.e., cyclophilin and FK binding protein-12 [FKBP-12], respectively), forming complexes that inhibit the production of cytokines via the calcineurin pathway. Inhibition of calcineurin activity inhibits early activation of T-cells (ie.immunosuppresion results).

Absorption: Incomplete and variable. Food decreased rate and extent of tacrolimus absorption.

Distribution: 99% bound to plasma protein, mainly to albumin and alpha-1-acid glycoprotein, and has a high level of association with erythrocytes.

Metabolism: Extensively metabolized by cytochrome P-450 system (CYP3A).

CIMS Class

Immunosuppressants / Other Dermatologicals

ATC Classification

D11AX14 - tacrolimus; Belongs to the class of other dermatologicals. Used in the treatment of dermatological diseases.
L04AD02 - tacrolimus;

*tacrolimus information:
Note that there are some more drugs interacting with tacrolimus
tacrolimus
tacrolimus brands available in India
Always prescribe with Generic Name : tacrolimus, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ACROLI FORTE oint ACROLI oint CROLIM OINT oint CROLIM POWD oint CROLIM tab MUSTOPIC oint OLMIS CAP cap OLMIS FORTE oint OLMIS oint PANGRAF cap SEEGRAF tab TACEL tube TACREL F-oint TACREL oint TACRIMUS FORTE oint TACRIMUS oint TACRODERM oint TACROGRAF

cap TACROKID oint TACROMUS cap TACROTEC cap TACROTOR 0.03% oint TACROZ F-oint TACROZ FORTE oint TACROZ oint TECHLOMUS oint TOPGRAF oint VINGRAF cap

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([all drugs])

tadalafil

CIMS Class : (Drugs for Erectile Dysfunction)

tadalafil

Food ¤ - Food interaction

related tadalafil information

Indication & Dosage

Oral

Erectile dysfunction

Adult: Initially, 10 mg at least 30 min before sexual activity once daily, up to 20 mg as single dose. Max: Not more than once daily. If used with potent inhibitors of CYP3A4, e.g. azole antifungals or protease inhibitors: max 10 mg once every 72 hr.

CrCl (ml/min)

Dosage Recommendation

31-50

Initial dose at 5 mg/day. Max: 10 mg/48hr

<30

Max: 5 mg/24hr.

Hepatic impairment: Mild-moderate hepatic impairment (Child-Pugh category A or B): Max dose 10 mg. Severe hepatic impairment (Child-Pugh category C): Not recommended.

Administration

May be taken with or without food.

Contraindications

Concurrent use of organic nitrates, nitrates and nitric oxide donors. Men with cardiac disease for whom sexual activity is inadvisable. Recent MI (within 90 days) or stroke (within last 6 mth), hypotension (<90/50 mm Hg), unstable angina, heart failure, uncontrolled arrhythmias or hypertension.

Special Precautions

Hepatic or renal impairment; CV diseases; anatomical penile deformation; predisposition to priapism; child <18 yr. Discontinue and seek medical advice if there is sudden vision loss or decreased vision in one or both eyes or tinnitus, dizziness or sudden loss or decrease in hearing, while taking Tadalafil. Seek immediate medical advice if erection last > 4 hr.

Adverse Drug Reactions

Headache, dyspepsia, dizziness, flushing, swelling of eyelids, eye pain, conjunctival hyperemia, back pain, myalgia, visual disturbances, nasal congestion, sudden decrease or loss of hearing, tinnitus.
Potentially Fatal: Stevens?Johnson syndrome, exfoliative dermatitis, severe cardiovascular events e.g. MI, stroke, sudden cardiac death;

Drug Interactions

Concurrent use increased risk of hypotension with a-blockers; increased risk of priapism with other drugs for erectile dysfunction, e.g. alprostadil; increased heart rate with theophylline; decreased tadalafil serum concentration with CYP 3A4 inducers

e.g. rifampicin, efavirenz, carbamazepine, nevirapine, barbiturates,phenobarbital, phenytoin, ribabutin; increased tadalafil serum concentration with CYP3A4 inhibitors e.g. azole antifungals, protease inhibitors, cimetidine, macrolides.
Potentially Fatal: Enhanced hypotensive effect with nitrates and nicorandil.

Food Interaction

Concuurent use with grapefruit juice may increase tadalafil levels, while St John's wort may decrease tadalafil levels.

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Tadalafil is a phosphodiesterase type-5 inhibitor.
Onset: 30 min
Duration: Up to 36 hr.
Absorption: Well absorbed. Peak plasma concentrations reached within 2 hr. Rate and extent of absorption not affected by food.

Distribution: Widely distributed into tissues. 94% bound to plasma proteins.
Metabolism: Metabolised in the liver mainly by the cytochrome P450 isoenzyme CYP3A4 to inactive metabolites. Mean half-life is 17.5 hr.
Excretion: Excreted mainly as metabolites, in the faeces (61% of the dose), and to a lesser extent the urine (36% of the dose).

CIMS Class

Drugs for Erectile Dysfunction

ATC Classification

G04BE08 - tadalafil; Belongs to the class of drugs used in erectile dysfunction.

*tadalafil information:
Note that there are some more drugs interacting with tadalafil
tadalafil further details are available in official CIMS India
tadalafil
tadalafil brands available in India

Always prescribe with Generic Name : tadalafil, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ERECTALIS FC-tab FORZEST film-coated tab GETGO film-coated tab MANFORCE MORE tab ONEAID tab POPUP tab TADACIP film-coated tab TADALIS tab TADIL tab TAZZLE film-coated tab TD 36 tab ZYDALIS tab

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([all drugs])

tamoxifen

CIMS Class : (Hormonal Chemotherapy)

tamoxifen

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related tamoxifen information

Indication & Dosage

Oral

Breast cancer

Adult: 20 mg daily as a single dose or in 2 divided doses. Max: 40 mg/day.

Oral

Reduction of breast cancer incidence in women at high risk

Adult: 20 mg daily for 5 yr.

Oral

Anovulatory infertility

Adult: 20 mg daily on days 2-5 of the menstrual cycle. Max: 80 mg/day.

Contraindications

Pregnancy and lactation. History of thromboembolic events.

Special Precautions

Perform routine haematological and liver function tests in long-term therapy. Gynaecological monitoring is necessary in women.

Adverse Drug Reactions

Hot flushes, oedema, fluid retention, dry skin, vaginal bleeding, vaginal discharge, pruritus vulvae, GI upsets, nausea, dizziness,

rashes, blurred vision, loss of acuity, alopecia, increased liver enzymes, hypertriglyceridaemia, uterine fibroids and endometrial hyperplasia.

Potentially Fatal: Blood dyscrasias, cholestasis, hepatitis, hypercalcaemia in patients with bone metastasis, thromboembolic events. Increased risk of endometrial cancer and uterine sarcoma.

Drug Interactions

Aminoglutethimide reduces plasma-tamoxifen concentration.

Potentially Fatal: Concurrent use increased anticoagulant effect of warfarin; increased risk of thromboembolic events with other cytotoxic drugs.

Lab Interference

False increase of serum thyroxine concentration. False negative estrogen receptor determinations if performed within 4-6 wk after discontinuation of drug.

Storage

Oral: Store between 20-25°C.

Mechanism of Action

Tamoxifen, a triphenylethylene derivative, produces a nuclear complex by competitively binding to oestrogen receptors on tumours and other tissue targets thus, decreasing DNA synthesis and inhibiting oestrogen effect. It is only cytostatic rather than cytotoxic due to accumulation of cell in G0 and G1 phases.

Absorption: Well absorbed from the GIT; peak plasma concentrations after 4-7 hr (oral).

Distribution: Distributed into uterus (high concentrations), endometrial and breast tissues. Protein-binding: Extensive.

Metabolism: Extensively metabolised in liver by the cytochrome P450 isoenzymes CYP3A4, CYP2C9, and CYP2D6, converted to desmethyltamoxifen; undergoes enterohepatic recycling.

Excretion: Faeces (as conjugates), urine (small amounts); 7 days (terminal half-life).

CIMS Class

Hormonal Chemotherapy

*tamoxifen information:

Note that there are some more drugs interacting with tamoxifen
tamoxifen further details are available in official CIMS India
tamoxifen
tamoxifen brands available in India
Always prescribe with Generic Name : tamoxifen, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : BLASTOFEN tab CADITAM tab CYTOTAM tab ELDTAM tab MAMOFEN tab MOXIFEN film-coated tab NEOTAM tab NOLVADEX tab ONCOMOX tab ONCOTAM tab TAMODEX tab TAMOFEN tab TAMOXIFEN tab TAMTERO tab TEVAFEN tab TOMIFEN tab VALODEX tab XIFEN tab
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([all drugs])
tamsulosin
CIMS Class : (Drugs for Bladder & Prostate Disorders)
tamsulosin
P - Caution when used during pregnancy
L - Contraindicated in lactation
Food ¤ - Food interaction
related tamsulosin information

Indication & Dosage

Oral

Benign prostatic hyperplasia

Adult: As HCl: As modified-release preparation: 400 mcg once daily. May increase to 800 mcg once daily after 2-4 wk if necessary. If therapy is interrupted for several days, restart with 400 mcg once daily. Dose to be taken 30 minutes after the same meal each day.

CrCl (ml/min)

Dosage Recommendation

=10

No dose adjustment needed.

<10

Not studied.

Hepatic impairment: Moderate hepatic impairment (Child-Pugh classification A and B): No dose adjustment needed. Severe hepatic impairment: Avoid.

Administration

Should be taken with food. (Take ½ hr following the same meal daily. Swallow whole, do not open/chew/crush.)

Overdosage

Hypotension, headache. Keep in supine position to restore BP and heart rate. If needed, admin of IV fluid and vasopressors. Dialysis unlikely to be of benefit.

Contraindications

Hypersensitivity to sulfonamide, severe hepatic impairment, lactation.

Special Precautions

Prostate carcinoma should be ruled out before starting the therapy. Risk of intraoperative floppy iris syndrome in patients who undergo cataract surgery. May cause orthostatic hypotension or syncope especially with first dose, if dosage is increased or an antihypertensive drug or a phosphodiesterase-5 inhibitor is added to the treatment regimen. Caution when used in patients with sulfa

allergy. May cause priapism (rare); immediate medical attention is recommended. Pregnancy.

Adverse Drug Reactions

Postural hypotension, dizziness and vertigo, malaise, headache, rhinitis, pharyngitis, cough, sinusitis, diarrhoea, nausea, infection, asthenia, back pain, tooth disorder, chest pain, somnolence, insomnia, decreased libido, abnormal ejaculation, priapism, blurred vision. Risk of intraoperative floppy iris syndrome during phacoemulsification surgery.

Drug Interactions

Concomitant admin with moderate or strong inhibitors of CYP2D6 (eg. fluoxetine) or CYP34A (eg.ketoconazole, cimetidine) increases serum concentration.

Food Interaction

Food reduced extent and rate of absorption.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store at 25°C.

Mechanism of Action

Tamsulosin is a selective a1 adrenoreceptor-blocking agent. Smooth muscle tone is mediated by the sympathetic nervous stimulation of a1 adrenoreceptors, which are abundant in the prostate, prostatic capsule, prostatic urethra, and bladder neck. Blockade of these adrenoceptors can cause smooth muscles in the bladder neck and prostate to relax, resulting in an improvement in urine flow rate and reduction in symptoms in BPH.

Absorption: Completely absorbed from the GI tract. Peak plasma concentrations after 1 hr; 6 hr (modified-release preparation).

Distribution: Protein-binding: 99%.

Metabolism: Metabolised slowly in the liver primarily by CYP2D6 and CYP3A4.
Excretion: Excreted in urine (76%) and faeces (21%). Plasma elimination half life: 4-5.5 hr; as modified-release preparation : 10-13 hr.

CIMS Class

Drugs for Bladder & Prostate Disorders

ATC Classification

G04CA02 - tamsulosin; Belongs to the class of alpha-adrenoreceptor antagonists. Used in the treatment of benign prostatic hypertrophy.

*tamsulosin information:
Note that there are some more drugs interacting with tamsulosin
tamsulosin further details are available in official CIMS India
tamsulosin
tamsulosin brands available in India
Always prescribe with Generic Name : tamsulosin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ALFATAM cap CONTIFLO ICON tab CONTIFLO OD cap CONTIFLO-OD-F cap DYNAPRES MR-cap GOTAM tab PROSTEM MR-tab PROSTULIN tab PROSTULIN-OD tab RIFLO tab TAMBY CAPS cap TAMPACE-F tab TAMSIN cap URIFIX SR-tab URIMAX cap URIPRO cap URITIN MR-tab VELTAM tab

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([all drugs])

tamsulosin + dutasteride

CIMS Class : (Drugs for Bladder & Prostate Disorders)

tamsulosin + dutasteride

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related tamsulosin + dutasteride information

Indication & Dosage

Oral

Benign prostatic hyperplasia

Adult: Per tab contains tamsulosin 0.4 mg and dutasteride 0.5 mg: 1 tab once daily.

Contraindications

Hypersensitivity, severe liver impairment. Pregnancy, lactation, child, adolescent.

Special Precautions

Excreted in semen therefore use of condom is recommended. Women of childbearing potential should avoid handling leaking capsules of dutasteride. Prostate carcinoma should be ruled out before starting the therapy. Blood donation to be avoided during and at least 6 mths after discontinuance of drug.

Adverse Drug Reactions

Impotence, decreased libido, ejaculation disorders, breast tenderness and enlargement, postural hypotension, dizziness and vertigo, headache, infection, asthenia, back pain, chest pain, somnolence, insomnia, rhinitis, pharyngitis, cough, sinusitis, diarrhoea, nausea, tooth disorder, blurred vision.

Drug Interactions

Concomitant admin with moderate or strong inhibitors of CYP2D6 (eg. fluoxetine) or CYP34A (eg.ketoconazole, cimetidine) increases tamsulosin serum concentration; increase in blood concentrations of dutasteride in the presence of inhibitors of CYP3A4/5 such as ritonavir, ketoconazole, verapamil, diltiazem, cimetidine, troleandomycin, and ciprofloxacin.

Food Interaction

Food prolongs time to reach max concentration.

Lab Interference

Dutaseride decreased serum prostate-specific antigen (PSA) but does not alter ratio of free to total PSA.

Mechanism of Action

Tamsulosin is a selective a-1 adrenoceptor blocker. It blocks a-1 adrenoceptors, which are abundant in the prostate, prostatic

capsule, prostatic urethra, and bladder neck, resulting relaxation of these adrenoceptors in the bladder neck and prostate. Thus, there is an improvement in urine flow rate and reduction in symptoms of benign prostatic hypertrophy (BPH). Dutasteride inhibits 5 a-reductase, the enzyme responsible for conversion of testosterone to 5a-dihydrotestosterone (DHT). DHT appears to be the principal androgen responsible for stimulation of prostatic growth.

CIMS Class

Drugs for Bladder & Prostate Disorders

ATC Classification

G04CA02 - tamsulosin; Belongs to the class of alpha-adrenoreceptor antagonists. Used in the treatment of benign prostatic hypertrophy.
G04CB02 - dutasteride; Belongs to the class of testosterone-5-alpha reductase inhibitors. Used in the treatment of benign prostatic hypertrophy.

*tamsulosin + dutasteride information:

Note that there are some more drugs interacting with tamsulosin + dutasteride

tamsulosin + dutasteride

tamsulosin + dutasteride brands available in India

Always prescribe with Generic Name : tamsulosin + dutasteride, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : DUTAS-T kit TAMDURA cap URIMAX-D tab URITIN-D tab VELTAM PLUS tab

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([all drugs])

tazarotene

CIMS Class : (Psoriasis, Seborrhea & Ichthyosis Preparations) , (Acne Treatment Preparations)

tazarotene

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related tazarotene information

Indication & Dosage

Topical/Cutaneous

Stable plaque psoriasis

Adult: >18 yr: Apply a thin layer of 0.05% or 0.1% cream or gel to cleansed dry affected area, once daily in the evening. If needed, moisturiser should be applied at least 1 hr prior to application of tazarotene.

Topical/Cutaneous

Acne

Adult: >12 yr: Apply a thin layer of 0.1% cream or gel to cleansed dry affected area, once daily in the evening.

Topical/Cutaneous

Photoaging

Adult: >17 yr: Apply a thin layer of 0.1% cream or gel to cover entire face (including eyelids) once daily before retiring.

Overdosage

Excessive topical use cause marked redness, peeling or discomfort. Accidental oral ingestion produces similar adverse effects as those associated with excessive oral intake of Vitamin A or other retinoids. Monitor and take supportive measures as necessary.

Contraindications

Pregnancy, lactation. Eczema. Sunburnt conditions. Hypersensitivity.

Special Precautions

Avoid contact with eyes, mouth, mucous membranes. Abraded skin. Avoid exposure to sun or UV light. Do not use >10% of BSA. Do not use cream with occlusive dressing. Wash hands after application. Do not use cream/gel in amounts more than instructed. Women of child bearing potential should take birth control measures. Negative pregnancy test to be obtained within 2 wk prior to initiation and start therapy during normal menstrual period.

Adverse Drug Reactions

Pruritus, burning/stinging, erythema, skin peeling, irritation, worsening of psoriasis, rash, dry skin, bleeding, localised oedema, hypertriglyceridaemia, desquamation, contact dermatitis, discolouration of skin, photosensitivity.

Drug Interactions

Increased drying effect effect with concomitant use of dermatologic medications and cosmetics that have irritant or strong drying effect. Increased risk of photosensitivity with drugs known to be photosensitisers.

Mechanism of Action

Tazarotene is a synthetic acetylenic retinoid, that is applied topically. It is de-esterified in the skin to its active form, tazarotenic acid, which affects cell proliferation and differentiation by modulating gene expression in acne and psoriasis.

Distribution: Tazarotenic acid: >99% bound to plasma proteins, half-life:18 hr.

Metabolism: Undergoes esterase hydrolysis to form its active metabolite, tazarotenic acid.

Excretion: Eliminated via urine and faeces.

CIMS Class

Psoriasis, Seborrhea & Ichthyosis Preparations / Acne Treatment Preparations

ATC Classification

D05AX05 - tazarotene; Belongs to the class of other topical agents used in the treatment of psoriasis.

*tazarotene information:

tazarotene

tazarotene brands available in India

Always prescribe with Generic Name : tazarotene, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : A-RET-TZ gel LA TEZ cream LA TEZ gel TAZOTOP cream TAZOTOP FORTE cream TAZRET F-cream TAZRET gel TEXARA FORTE cream ZOROTENE gel

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([all drugs])

tegaserod

CIMS Class : (GIT Regulators, Antiflatulents & Anti-inflammatories)

tegaserod

P - Caution when used during pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related tegaserod information

Indication & Dosage

Oral

Chronic idiopathic constipation, Constipation-predominant irritable bowel syndrome

Adult: 6 mg taken bid for 4-6 wk continued for another 4-6 wk in responsive patients.

Renal impairment: Severe impairment: Not recommended.

Hepatic impairment: Moderate to severe impairment: Not recommended.

Administration

Should be taken on an empty stomach. (Take on an empty stomach before meals.)

Contraindications

Severe renal or moderate to severe hepatic impairment; history of bowel obstruction or symptomatic gallbladder disease; suspected sphincter of Oddi dysfunction or abdominal adhesions; known

hypersensitivity. Patients currently experiencing or who frequently experience diarrhoea. Lactation.

Special Precautions

Discontinue immediately if rectal bleeding, bloody diarrhoea, new or sudden worsening of abdominal pain occurs. Mild hepatic impairment; child <18 yr; pregnancy.

Adverse Drug Reactions

Diarrhoea, abdominal pain, nausea, flatulence, headache, dizziness, migraine, leg or back pain, arthropathy, insomnia, hypotension, arrhythmia, ischaemic colitis.
Potentially Fatal: MI, stroke.

Food Interaction

Food reduces bioavailability by 40-65% and Cmax 20-40%. Tmax is prolonged from approx 1-2 hrs.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store at 25°C.

Mechanism of Action

Tegaserod, is a prokinetic with partial agonistic activity at 5HT4. Activation of these receptors stimulate peristaltic reflex and intestinal secretion as well as inhibit visceral sensitivity.

Absorption: Bioavailability: 10%. Peak plasma concentrations after 1 hr.

Distribution: Protein-binding: 98% primarily to a-acid glycoprotein. Widely distributed into tissues.

Metabolism: Extensively hepatic by oxidation, conjugation and glucuronidation; hydrolysis in the stomach.

Excretion: Faeces (as unchanged drug), urine (as metabolites). Terminal half life: 11hr.

CIMS Class

GIT Regulators, Antiflatulents & Anti-inflammatories

ATC Classification

A03AE02 - tegaserod; Belongs to the class of drugs acting on serotonin receptors. Used in the treatment of functional bowel disorders.

*tegaserod information:
tegaserod
tegaserod brands available in India
Always prescribe with Generic Name : tegaserod, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : IBSINORM tab IRBEZ tab TAGON tab TEGASER tab TEGASPA tab TEGIBS tab TEGOD tab
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([all drugs])

teicoplanin

CIMS Class : (Other Antibiotics)

teicoplanin

P - Caution when used during pregnancy

L - Caution when used during lactation

related teicoplanin information

Indication & Dosage

Parenteral

Severe Gram-positive infections

Adult: Initially, 6 mg/kg on first day, followed by 3 mg/kg/day. Severe infection: 6 mg/kg every 12 hr for the 1st 3 doses followed by 6 mg/kg/day. Doses may be given via IM inj, IV bolus or IV infusion over 30 minutes.

Child: Loading dose: 10 mg/kg every 12 hr for 3 doses followed by 6-10 mg/kg/day depending on severity of the infection. Neonates: Loading dose: 16 mg/kg on the 1st day, followed by maintenance doses of 8 mg/kg/day by IV infusion.

Renal impairment: Usual dose to be given for first 3 days, thereafter adjust dose according to CrCl.

CrCl (ml/min)

Dosage Recommendation

40-60

1/2 initial dose given daily or initial dose every 2 days.

<40

1/3 initial dose given daily or initial dose every 3 days.

Intravenous

Prophylaxis of Gram-positive infection in high-risk patients undergoing surgery

Adult: 400 mg as single dose at induction of anesth.

Intravenous

Continuous ambulatory peritoneal dialysis (CAPD)-associated peritonitis

Adult: If the patient is febrile, an initial loading dose of 400 mg may be given. Teicoplanin is added to the dialysis solution at a concentration of 20 mg/litre; dose is added into each bag of solution in the first wk, followed by alternate bags in the second wk and then in the overnight dwell bag in the third wk.

Renal impairment: Dose adjustment may be required.

Incompatibility: Incompatible with aminoglycosides and should not be mixed before injection.

Contraindications

Hypersensitivity.

Special Precautions

Preexisting renal insufficiency, hypersensitivity to vancomycin. Perform periodic haematological studies, renal, LFT. Pregnancy, lactation.

Adverse Drug Reactions

Fever, chills, allergic reactions, GI disturbances, headache, dizziness, "red-man" syndrome, disturbances in liver enzymes, renal impairment, ototoxicity, blood dyscrasias. Pain, erythema, thrombophloebitis, abscess at site of admin.
Potentially Fatal: Stevens-Johnson syndrome, toxic epidermal necrolysis.

Drug Interactions

Other nephrotoxic and/or neurotoxic drugs.

Storage

Intravenous: Store below 25°C. Reconstituted solutions may be stored for 24 hr at 2-8°C. Parenteral: Store below 25°C. Reconstituted solutions may be stored for 24 hr at 2-8°C.

Mechanism of Action

Glycopeptide antibiotic with spectrum of activity is similar to vancomycin but teicoplanin may be more active in vitro against enterococci and some anaerobic organisms but some coagulase-negative Staphylococci are less sensitive to teicoplanin than to vancomycin.

Absorption: Poorly absorbed from the GI tract. IM bioavailability: 90%. Peak plasma concentrations: 1 hr (IV); 2-4 hr (IM).

Distribution: Protein binding: 90-95%. Poor penetration into the CSF. It is taken up into white blood cells.

Excretion: Excreted unchanged via urine (97%).

CIMS Class

Other Antibiotics

ATC Classification

J01XA02 - teicoplanin; Belongs to the class of glycopeptide antibacterials. Used in the treatment of systemic infections.

*teicoplanin information:
Note that there are some more drugs interacting with teicoplanin
teicoplanin
teicoplanin brands available in India
Always prescribe with Generic Name : teicoplanin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ICOP vial TARGOCID vial TECOCIDE vial TECOPLAN vial TECOTOP vial TICOCIN INJ vial T-PLANIN vial
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([all drugs])
telmisartan
CIMS Class : (Angiotensin II Antagonists)
telmisartan
P - Contraindicated in pregnancy
L - Contraindicated in lactation
Food ¤ - Food interaction
related telmisartan information

Indication & Dosage

Oral

Hypertension

Adult: Initially, 40 mg once daily. Max: 80 mg/day.

Renal impairment: Severe impairment/ Haemodialysis: Initial dose 20 mg/day.

Hepatic impairment: Mild to moderate: Max 40 mg/day. Severe: Contra-indicated

Administration

May be taken with or without food.

Overdosage

Hypotension, dizziness, tachycardia or bradycardia. Supportive treatment to be instituted. Not removed by haemodialysis.

Contraindications

Severe hepatic impairment, biliary obstructive disorders. Pregnancy. Lactation.

Special Precautions

Hepatic insufficiency, biliary obstruction, renal impairment, renaly artery stenosis. Correct volume depletion before initiating treatment. Monitor serum potassium levels regularly, especially in elderly and renally-impaired patients.

Adverse Drug Reactions

URTI, dizziness, back pain, sinusitis, pharyngitis and diarrhoea. Slight elevations in liver enzymes.
Potentially Fatal: Rarely angioedema, rash, pruritus and urticaria.

Drug Interactions

Concurrent use increases digoxin concentration; increases risk of lithium toxicity; increases risk of hyperkalaemia with potassium sparing diuretics, heparin.

Food Interaction

Food slightly reduces the bioavailability.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

in 2nd & 3rd trimesters.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Telmisartan is a nonpeptide AT1 angiotensin II receptor antagonist. Exerts antihypertensive activity by preventing angiotensin II from

binding to AT1 receptors thus inhibiting the vasoconstriction and aldosterone-secreting effects of angiotensin II.

Absorption: Rapidly absorbed. Dose dependent bioavailability 42% (after 40 mg dose); 58% (after 160-mg dose). Peak plasma concentrations: 0.5-1hr.

Distribution: Protien binding: 99%.

Metabolism: Undergoes conjugation with glucuronic acid to form inactive metabolites.

Excretion: Excreted almost entirely as unchanged drug in faeces via bile. <1% excreted via urine. Terminal elimination half-life: 24 hr.

CIMS Class

Angiotensin II Antagonists

ATC Classification

C09CA07 - telmisartan; Belongs to the class of angiotensin II antagonists. Used in the treatment of cardiovascular disease.

*telmisartan information:

Note that there are some more drugs interacting with telmisartan telmisartan further details are available in official CIMS India

telmisartan

telmisartan brands available in India

Always prescribe with Generic Name : telmisartan, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ADCOM tab ADCOM-H tab ANZITEL tab ANZITEL-H tab ARBITEL tab ARBITEL-H tab ASTEL tab ASTEL-H tab BIOTEL-H tab CORTEL tab CORTEL-A tab CORTEL-H tab CRESAR tab ETELA tab ETELA-H tab HYTEL tab HYTEL-H tab MYTEL tab MYTEL-H tab NEWTEL tab NEWTEL-H tab ODITEL H tab ODITEL tab SAFETELMI tab SAFETELMI-H film-coated tab SARTEL-R tab STARTEL tab STARTEL-H tab TAZLOC tab TAZLOC-H tab TAZLOC-R tab TELAR tab TELAR-AM tab TELAR-H tab TELDAY tab TELDAY-H tab TELEX tab TELEX-H tab TELI H tab TELI tab TELISTA tab TELISTA-H tab TELISTA-RM tab TELKAA tab TELMA tab TELMA-AM tab TELMA-H tab TELMA-R tab TELMATE tab TELMATE-H tab TELMICHEK tab TELMICHEK-H tab TELMIKARE tab TELMIKARE-H tab TELMIKIND-40 film-coated tab TELMIKIND-H film-coated tab TELMISAT tab TELMISAT-H tab TELMISAT-R tab TELMITOP HC tab TELMITOP tab TELPIC tab TELPIC-H tab TELPRES

tab TELPRES-AM tab TELPRES-H tab TELSAR tab TELSAR-A tab TELSAR-H tab TELSARTAN-ATR tab TELSAT tab TELSAT-H tab TELVAS 80 tab TELVAS-H tab TEMAS tab TEMAS-HT tab TEMESA tab TERAM tab TERAM-H tab TETAN tab TETAN-H tab T-PRESS tab T-PRESS-AM tab T-PRESS-H tab TYMIST tab VASORTA tab ZITELMI tab ZITELMI-H tab

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([all drugs])

temozolomide

CIMS Class : (Cytotoxic Chemotherapy)

temozolomide

P - Contraindicated in pregnancy

L - Caution when used during lactation

related temozolomide information

Indication & Dosage

Oral

Glioblastoma multiforme

Adult: 75 mg/m2 once daily for 42 days with focal radiotherapy (concomitant phase). Do not reduce dose during concomitant phrase but interrupt or discontinue therapy depending on toxicity. Continue if absolute neutrophil count (ANC)= 1.5x109/L,

thrombocyte count =100x109/L and Common Toxicity Criteria (CTC) non-haematological toxicity = Grade 1 (except for alopecia, nausea and vomiting). Initiate monotherapy 4 wk after completing concomitant phase: 150 mg/m2 once daily for 5 days followed by a 23 day break (1 cycle). In cycle 2, increase dose to 200 mg/m2 once daily for 5 days, if ANC =1.5x109/L, thrombocyte count =100x109/L and CTC non-haematological toxicity for cycle 1 is = Grade 2 (except for alopecia, nausea and vomiting). If dose cannot be increased in cycle 2, do not increase dose in subsequent cycles. Dose used in cycle 2 is given for the rest of the cycles, toxicity allowing, up to 6 cycles.

Oral

Recurrent or progressive malignant gliomas

Adult: Previously untreated with chemotherapy: 200 mg/m2 once daily for 5 days, followed by a 23 day break (1 cycle). Previously treated with chemotherapy: 150 mg/m2 daily for 5 days followed by 23 day break (1 cycle) increased to 200 mg/m2 daily for the 2nd cycle if there is no haematological toxicity.

Child: >3 yr: Previously untreated with chemotherapy: 200 mg/m2 once daily for 5 days, followed by a 23 day break (1 cycle). Previously treated with chemotherapy: 150 mg/m2 daily for 5 days followed by 23 day break (1 cycle) increased to 200 mg/m2 for the 2nd cycle if there is no haematological toxicity.

Oral

Metastatic melanoma

Adult: 200 mg/m2 daily for 5 days every 28 days.

Administration

Should be taken on an empty stomach. (Take on an empty stomach at least 1 hr before meals.)

Contraindications

Hypersensitivity to dacarbazine. Severe myelosupression. Pregnancy.

Special Precautions

Severe hepatic and renal impairment. Elderly >70 yr, children. Women of child bearing potential should avoid becoming pregnant during therapy. Males should be advised not to father a child up to 6 mth after treatment and to consider cryoconservation of sperms due to possibility of irreversible infertility. Unknown if distributed into breastmilk, discontinue nursing due to potential risk. May impair ability to drive or operate machinery. Swallow capsules

whole with a full glass of water on an empty stomach or at bedtime. Do not take a 2nd dose if capsules are vomited. Monitor CBC wkly during concomitant therapy and on day 22 of each 28 day treatment cycle, followed by wkly blood count until recovery. Hepatitis screening and prophylactic therapy with antiviral agents as clinically indicated to be considered. Prophylaxis for Pneumocystis jiroveci (or Pneumocystis carinii) pneumonia (PCP) needed for all patients receiving concomitant temozolomide and radiation therapy for the 42-day regimen; if patients experience lymphocytopenia during the concomitant phase of therapy, PCP prophylaxis should be continued until recovery from lymphocytopenia. Monitor closely for PCP development in all patients. Anti-emetic prophylaxis recommended.

Adverse Drug Reactions

Nausea, vomiting, taste perversion, constipation, diarrhoea, abdominal pain, stomatitis, anorexia, headache, fatigue, convulsions, dizziness, memory impairment, impaired concentration, tremors, blurred vision, hearing impairment, speech disorder, rash, infection, oral candidiasis, dyspnoea, coughing, neutropenia, thrombocytopenia, leucopenia, anaemia, hyperglycemia, decreased wt, insomnia, anxiety, alopecia, muscle

weakness, urinary incontinence, increased alanine aminotransferase. Rarely, myelodysplastic syndrome and secondary malignancies.

Drug Interactions

Reduced effectiveness of vaccines and generalised infection may occur in patients immunised with live vaccines. Decreased temozolomide clearance with valproic acid.

Potentially Fatal: Increased risk of myelosupression with other myelosuppressive agents. Increased risk of myelosuppression with colony stimulating factors (e.g. filgrastim, molgramostim and lenograstim) if given at the same time, colony stimulating factors to be used 24 hr before or until 24 hr after chemotherapy.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Temozolomide, a triazene, is an inactive prodrug. It is chemically hydrolysed to 3-methyl-(triazen-1-yl) imidazole-4-carboxamide (MTIC), the active metabolite of dacarbazine. The cytotoxicity of MTIC is believed to be due alkylation of DNA, mainly at the O6 and N7 positions of guanine.

Absorption: Rapidly and completely absorbed from GI tract. Peak plasma concentration: 0.5-1.5 hr. Rate and extent of absorption decreased by food.

Distribution: Protein binding: 15%. Cross blood-brain barrier.

Metabolism: Undergoes rapid nonenzymatic conversion at physiologic pH to the reactive compound MTIC and to temozolomide acid metabolite. MTIC is further hydrolysed to 5-amino-imidazole-4-carboxamide (AIC) and methylhydrazine.

Excretion: Excreted mainly in urine as unchanged drug, AIC, temozolomide acid metabolite and unidentified polar metabolites. Plasma half life: 1.8 hr.

CIMS Class

Cytotoxic Chemotherapy

ATC Classification

L01AX03 - temozolomide; Belongs to the class of other alkylating agents. Used in the treatment of cancer.

*temozolomide information:
Note that there are some more drugs interacting with temozolomide
temozolomide further details are available in official CIMS India
temozolomide
temozolomide brands available in India
Always prescribe with Generic Name : temozolomide, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : EMZOLAM cap GLIOTEM cap GLIOZ cap TEMODAL cap TEMOLON cap TEMONAT cap TEMO-TRUST cap TEMOZAM cap
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([all drugs])

tenofovir disoproxil fumarate + emtricitabine

CIMS Class : (Antivirals)

tenofovir disoproxil fumarate + emtricitabine

P - Caution when used during pregnancy

L - Contraindicated in lactation

related tenofovir disoproxil fumarate + emtricitabine information

Indication & Dosage

Oral

HIV-1 infection

Adult: =18 yr: As tablet containing 200 mg of emtricitabine and 300 mg of tenofovir disoproxil fumarate: 1 tablet once daily. For patients with swallowing difficulties, tablet may be disintegrated in approx 100 ml of water, orange juice or grape juice and consumed immediately.

Renal impairment: Patient on haemodialysis: Not recommended.

CrCl (ml/min)

Dosage Recommendation

30-49

1 tablet every 48 hr.

<30

Not recommended.

Overdosage

Treatment is supportive and monitor for signs of toxicity. Haemodialysis may be helpful as it can remove up to 30% of the emtricitabine dose and 10% of the tenofovir dose. Unknown if peritoneal dialysis is useful.

Contraindications

Lactation. Not to be used for treatment of chronic hepatitis B virus (HBV) infection.

Special Precautions

Liver impairment. Renal impairment; avoid in CrCl <30ml/min and in patients on dialysis. Pregnancy. Not to be used with other emtricitabine, tenofovir disoproxil fumarate or other cytidine analogues (e.g. lamivudine and zalcitabine) preparations. Avoid use in antiretroviral-experienced patients with K65R mutation; in treatment experienced patients, use of combination drug to be guided by laboratory testing and treatment history. Increased risk for severe and potentially fatal hepatic adverse reactions in patients with HIV and hepatitis B or C virus co-infection treated

with antiretroviral agents. If combination drug is discontinued in patients co-infected with HIV and HBV, monitor hepatic function for several months for acute exacerbation of hepatitis. Discontinue therapy if there is a rapid rise in aminotransferase concentrations, progressive hepatomegaly or steatosis, metabolic or lactic acidosis of unknown cause. Test for presence of chronic HBV before initiating therapy. Check CrCl before initiation of therapy and monitor renal function (CrCl and serum phosphate) every 4 wkly during the 1st year and then every 3 mthly (more frequently in patients at risk for renal impairment). Bone monitoring needed for patient with history of pathologic bone fracture or at risk of osteopenia. Monitor child exposed in utero to combination drug for possible mitochondrial dysfunction.

Adverse Drug Reactions

Nausea, vomiting, diarrhoea, abdominal pain, dyspepsia, flatulence, pain, hypersensitivity, increased pigmentation, asthenia, osteonecrosis, osteomalacia, metabolic abnormalities (e.g. hyperglycaemia, insulin resistance, hypercholesterolaemia, hypertriglyceridaemia, hyperlactataemia), lipodystrophy, elevated lipase, amylase, creatine kinase or transaminases levels, hyperbilirubinaemia, insomnia, abnormal dreams. Neutropenia,

anaemia, Immune Reactivation Syndrome. Renal impairment, acute renal failure, Fanconi syndrome.
Potentially Fatal: Lactic acidosis and severe hepatomegaly with steatosis.

Drug Interactions

Decreased atazanavir concentration with tenofovir unless also co-administered with ritonavir. Increased serum concentration of both tenofovir and emtricitabine or co-administered drug if taken with drugs that are eliminated by active tubular secretion.
Potentially Fatal: Increased risk of renal impairment with recent or concurrent use of nephrotoxic agents (e.g. aminoglycosides, amphotericin B, foscarnet, ganciclovir, pentamidine, vancomycin, cidofovir or interleukin-2); monitor renal function wkly if unavoidable. Increased didanosine levels and thereby increasing risk of pancreatitis and peripheral neuropathy, with a high treatment failure rate with concurrent use; avoid concurrent use. Do not use emtricitabine with lamivudine due to similar resistance profile. Increased risk of lactic acidosis with a-interferon.

Storage

Oral: Store between 15-30°C (59-86°F).

Mechanism of Action

Tenofovir disoproxil fumarate, a diester prodrug of tenofovir, is rapidly converted to tenofovir, an acyclic nucleoside phosphonate (nucleotide) analogue of adenosine 5'-monophosphate while emtricitabine is a synthetic nucleoside analogue of cytidine. Both emtricitabine and tenofovir inhibit HIV-1 reverse transcriptase, resulting in DNA chain termination.

Absorption: Tenofovir: Rapidly absorbed; converted to tenofovir after oral doses; oral bioavailability: approx 25% after fasting, increased when taken with a high fat meal; peak plasma concentrations reached in 1 hr (fasting) to 2 hr (with food). Emtricitabine: Rapidly and well absorbed from GI tract; peak plasma concentrations achieved in 1-2 hours; bioavailability: 93% (capsules); 75% (oral solution).

Distribution: Tenofovir: Widely distributed into most tissues, especially kidneys, liver and intestinal contents; protein binding: <0.7% to plasma proteins, 7% to serum protein. Emtricitabine: Protein binding: <4%, independent of concentration.

Metabolism: Emtricitabine: Limited metabolism.

Excretion: Tenofovir: Excreted renally by glomerular filtration and active tubular secretion; terminal elimination half life: 12-18 hr. Emtricitabine: Excreted largely unchanged in the urine and to a lesser extent in the faeces; plasma elimination half-life: 10 hr.

CIMS Class

Antivirals

ATC Classification

J05AF09 - emtricitabine; Belongs to the class of nucleoside and nucleotide reverse transcriptase inhibitors. Used in the systemic treatment of viral infections.

*tenofovir disoproxil fumarate + emtricitabine information:
Note that there are some more drugs interacting with tenofovir disoproxil fumarate + emtricitabine
tenofovir disoproxil fumarate + emtricitabine
tenofovir disoproxil fumarate + emtricitabine brands available in India

Always prescribe with Generic Name : tenofovir disoproxil fumarate + emtricitabine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : TAVIN-EM tab TENVIR-EM tab VIRADAY tab VONAVIR tab

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([all drugs])

tenofovir disoproxil fumarate

CIMS Class : (Antivirals)

tenofovir disoproxil fumarate

P - Caution when used during pregnancy

L - Contraindicated in lactation

related tenofovir disoproxil fumarate information

Indication & Dosage

Oral

HIV infection, Chronic hepatitis B

Adult: =18 yr: 300 mg once daily.

Renal impairment: Haemodialysis patients: 300 mg once every 7 days or 300 mg after a cumulative total of 12 hr of dialysis.

CrCl (ml/min)

Dosage Recommendation

30-49

300 mg every 48 hr.

10-29

300 mg every 72-96 hr

Overdosage

Treatment is supportive. Haemodialysis may be beneficial.

Contraindications

Lactation. Not for treatment for chronic hepatitis B virus infection. Do not co-administer with fixed dose combinations containing tenofovir.

Special Precautions

Renal impairment, hepatomegaly or at risk for liver disease. Elderly and pregnancy. Discontinue therapy if there is a rapid rise in aminotransferase concentrations, progressive hepatomegaly or steatosis, metabolic or lactic acidosis of unknown cause. Monitor

creatinine clearance and serum phosphorus routinely in patients at risk of renal impairment. Bone monitoring for patients with history of pathologic bone fracture or at risk of osteopenia. Test for presence of chronic hepatitis B virus (HBV) before initiating therapy. If tenofovir is discontinued in patients co-infected with HIV and HBV, monitor hepatic function for several mth for exacerbation of hepatitis. Monitor child exposed in utero to combination drug for possible mitochondrial dysfunction.

Adverse Drug Reactions

Diarrhoea, nausea, vomiting, abdominal pain, flatulence, dyspepsia, anorexia, skin rash, peripheral neuropathy, headache, dizziness, insomnia, depression, dyspnoea, asthenia, sweating, myalgia, myopathy, body fat redistribution, osteomalacia. Hypophosphataemia, raised amylase and liver enzymes, hepatitis, hypertriglyceridaemia, hyperglycaemia, neutropenia, nephritis, nephrogenic diabetes insipidus, renal impairment, proximal tubulopathy, Fanconi syndrome, immune reconstitution syndrome. Potentially Fatal: Lactic acidosis with severe hepatomegaly with steatosis; severe acute exacerbations of hepatitis B. Acute renal failure.

Drug Interactions

Decreased atazanavir concentration with tenofovir unless also co-administered with ritonavir. Increased serum concentration of tenofovir or co-administered drug if taken with drugs that are eliminated by active tubular secretion.
Potentially Fatal: Increased risk of renal impairment with recent or concurrent use of nephrotoxic agents (e.g. aminoglycosides, amphotericin B, foscarnet, ganciclovir, pentamidine, vancomycin, cidofovir or interleukin-2); monitor renal function wkly if unavoidable. Increased didanosine levels and thereby increasing risk of pancreatitis and peripheral neuropathy, with a high treatment failure rate with concurrent use; avoid concurrent use.

Storage

Oral: Store between 15-30 °C (59-86 °F).

Mechanism of Action

Tenofovir disoproxil fumarate, a diester prodrug of tenofovir, is a nucleotide reverse transcriptase inhibitor. After oral absorption,

tenofovir disoproxil fumarate is rapidly converted to tenofovir and then undergo subsequent phosphorylation by cellular enzymes to the active tenofovir diphosphate, which inhibits the activity of HIV-1 reverse transcriptase.

Absorption: Rapidly absorbed; converted to tenofovir after oral doses. Oral bioavailability: Approx 25% after fasting, increased when taken with a high fat meal. Peak plasma concentrations reached in 1 hr (fasting) to 2 hr (with food).

Distribution: Widely distributed into most tissues, especially kidneys, liver and intestinal contents. Protein binding: <0.7% to plasma proteins, 7% to serum protein.

Excretion: Excreted renally by glomerular filtration and active tubular secretion. Terminal elimination half life: 12-18 hr.

CIMS Class

Antivirals

*tenofovir disoproxil fumarate information:

Note that there are some more drugs interacting with tenofovir disoproxil fumarate

tenofovir disoproxil fumarate

tenofovir disoproxil fumarate brands available in India

Always prescribe with Generic Name : tenofovir disoproxil fumarate, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : TAVIN tab TENTIDE tab TENVIR tab

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([all drugs])

tenoxicam

CIMS Class : (Nonsteroidal Anti-inflammatory Drugs (NSAIDs))

tenoxicam

P - Contraindicated in pregnancy

Food ¤ - Food interaction

related tenoxicam information

Indication & Dosage

Oral

Pain and inflammation associated with musculoskeletal and joint disorders

Adult: 20 mg as a single daily dose given for 7 days in acute musculoskeletal disorders and up to 14 days in severe cases. Max: 40 mg/day (short term use).

Parenteral

Pain and inflammation associated with musculoskeletal and joint disorders

Adult: Initially, 20 mg IM/IV as a single dose given for 1-2 days.

Administration

Should be taken with food. (Take w/ or immediately after meals.)

Contraindications

Active or history of recurrent GI bleed or peptic ulcer, hypersensitivity to NSAIDs, severe heart failure, haemorrhagic diathesis, asthma, pregnancy (3rd trimester).

Special Precautions

History of peptic ulceration, renal, cardiac or hepatic impairment, cerebovascular disease, fluid retention, inflammatory bowel disease, pregnancy, elderly.

Adverse Drug Reactions

GI upsets including epigastric pain and gastritis, nausea, hypersensitivity reactions, headache, dizziness, sleep disturbances. Potentially Fatal: CV thrombotic events, blood dyscrasias, nephrotoxicity, hepatotoxicity, toxic epidermal necrolysis, Stevens-Johnson syndrome.

Drug Interactions

Risk of nephrotoxicity may be increased with ACE inhibitors, ciclosporin, tacrolimus or diuretics. Increased risk of hyperkaelemia with ACE inhibitors, potassium sparing diuretics. Potentially Fatal: Concurrent use increased concentrations of lithium, methotrexate, cardiac glycoside; increased risk of bleeding with anticoagulants and other NSAIDs.

Food Interaction

Absorption slowed but overall bioavailability not reduced.

Storage

Oral: Do not store above 30°C Parenteral: Do not store above 30°C

Mechanism of Action

Tenoxicam is a potent inhibitor of prostaglandin synthesis by blocking the enzyme cyclo-oxygenase. Additional actions contributing to its anti-inflammatory effect includes inhibition of leucocyte function including phagocytosis and chemotaxis, and scavenging free O2 radicals. It has no effect on renal function at the usual doses.

Absorption: Absorbed well from the GIT (oral); peak plasma concentrations after 2 hr (fasting), 6 hr (non-fasting).

Distribution: Penetrates synovial fluid. Protein-binding: 98.5%

Metabolism: Hepatic; completely to inactive metabolites.

Excretion: Via urine (as metabolites), via bile (as conjugates of the metabolites); 60-75 hr (elimination half-life)

CIMS Class

Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

ATC Classification

M01AC02 - tenoxicam; Belongs to the class of non-steroidal antiinflammatory and antirheumatic products, oxicams. Used in the treatment of inflammation and rheumatism.

*tenoxicam information:

Note that there are some more drugs interacting with tenoxicam

tenoxicam

tenoxicam brands available in India

Always prescribe with Generic Name : tenoxicam, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : NOVOTIL tab TOBITIL tab

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([all drugs])

terazosin

CIMS Class : (Other Antihypertensives) , (Drugs for Bladder & Prostate Disorders)

terazosin

P - Caution when used during pregnancy

L - Caution when used during lactation

related terazosin information

Indication & Dosage

Oral

Hypertension

Adult: Initially, 1 mg at bedtime, gradually increased at 7-day intervals according to patient's response. Maintenance: 2-10 mg once daily. Max: 20 mg/day in 1 or 2 divided doses.

Max Dosage: 20 mg daily in a single or 2 divided doses.

Oral

Benign prostatic hyperplasia

Adult: 1 mg at bedtime gradually increased at 7-day intervals according to patient's response. Maintenance: 5-10 mg once daily. Max: 20mg daily.

Administration

May be taken with or without food.

Contraindications

Hypersensitivity to quinazoline derivatives.

Special Precautions

Elderly. Syncope and orthostatic associated with first dose phenomenon. Pregnancy and lactation.

Adverse Drug Reactions

Orthostatic hypotension, syncope, dizziness, fatigue, somnolence, peripheral oedema, headache, nasal congestion, nausea, blurred vision, postural hypotension, palpitations, priapism.

Drug Interactions

Decreased antihypertensive effect with NSAIDs. Orthostatic hypotension potentiated by other antihypertensive agents.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Terazosin is an a1-adrenoceptor antagonist with a longer duration of action than prazosin. It blocks peripheral postsynaptic receptors resulting to decreased arterial tone. It relaxes smooth muscle of the bladder neck causing a reduction of bladder outlet obstruction. It reduces BP with minimal effect on heart rate. In the prostate, terazosin reduces the vascular tone which is the dynamic component in benign prostatic enlargement. Terazosin can increase urinary flow rates in patients with benign prostatic hyperplasia (BPH).

Onset: 15 min.

Duration: 24 hr.

Absorption: Rapid and almost complete from the GI tract; bioavailability 90%; peak plasma concentrations after 1 hr (oral).

Distribution: Protein-binding: 90-94%

Metabolism: Hepatic.

Excretion: Faeces and urine (as unchanged drug and metabolites); 12 hr (elimination half-life).

CIMS Class

Other Antihypertensives / Drugs for Bladder & Prostate Disorders

ATC Classification

G04CA03 - terazosin; Belongs to the class of alpha-adrenoreceptor antagonists. Used in the treatment of benign prostatic hypertrophy.

*terazosin information:
Note that there are some more drugs interacting with terazosin
terazosin
terazosin brands available in India
Always prescribe with Generic Name : terazosin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : GOTERA tab HYTRIN tab OLYSTER tab TERAKARE tab TERALFA tab TERAPRESS tab ZYTRIN tab
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([all drugs])
terbinafine
CIMS Class : (Antifungals) , (Topical Antifungals & Antiparasites)
terbinafine
P - Caution when used during pregnancy
L - Contraindicated in lactation

Food ¤ - Food interaction

related terbinafine information

Indication & Dosage

Oral

Dermatophytosis

Adult: 250 mg once daily for 2-4 wk in tinea cruris, 6 wk for tinea pedis, 4 wk for tinea corporis and 6-12 wk for nail infections.

Child: 10-20 kg: 62.5 mg; 20-40 kg: 125 mg; >40 kg: 250 mg. Doses to be taken once daily. Treatment is usually given for 2 wk for tinea capitis; 2-4 wk for tinea cruris; 4 wk for tinea corporis; 6 wk in tinea pedis; 6-12 wk for nail infections.

CrCl (ml/min)

Dosage Recommendation

<50

Half the usual oral dose.

Topical/Cutaneous

Dermatophytosis

Adult: Apply a 1% cream/solution once or bid. 1-2 wk to treat tinea corporis and tinea cruris; 1-wk course is for tinea pedis; 2-wk course in cutaneous candidiasis and pityriasis versicolor

Administration

May be taken with or without food.

Contraindications

Hypersensitivity, active or chronic liver disease, lactation.

Special Precautions

Preexisting liver or renal impairment, pregnancy. Perform liver function tests prior to oral therapy.

Adverse Drug Reactions

Anorexia, nausea, abdominal pain, taste disturbances, diarrhoea, rash, urticaria.
Potentially Fatal: Liver failure, Stevens-Johnson syndrome, neutropaenia.

Drug Interactions

Possible increase in levels in drugs metabolised by CYP450 2D6. Decreased terbinafine concentration withrifampicin; increased terbinafine concentration with cimetidine.

Food Interaction

Oral bioavailability increased when administered with food.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Tab: Store below 25°C. Protect from light.

Mechanism of Action

Terbinafine causes fungal cell death by inhibiting squalene epoxidase, the main enzyme in sterol biosynthesis, resulting in

ergosterol deficiency within fungal cell walls. It has fungicidal activity against dermatophytes and some yeast.

Absorption: Absorbed well from the GI tract with 40% bioavailability (oral), minimal absorption (topical); peak plasma concentrations after 2 hr (oral).

Distribution: Distributed into stratum corneum of the skin, nail plate, hair (concentrations higher than plasma) and breastmilk. Protein-binding: Extensive.

Metabolism: Hepatic; converted to inactive metabolites.

Excretion: Via urine; 17-36 hr (plasma elimination half-life); up to 400 hr (terminal elimination half-life) in prolonged therapy.

CIMS Class

Antifungals / Topical Antifungals & Antiparasites

ATC Classification

D01AE15 - terbinafine; Belongs to the class of other antifungals for topical use. Used in the treatment of fungal infection.

D01BA02 - terbinafine; Belongs to the class of antifungals for systemic use. Used in the treatment of fungal infection.

*terbinafine information:

Note that there are some more drugs interacting with terbinafine

terbinafine further details are available in official CIMS India

terbinafine

terbinafine brands available in India

Always prescribe with Generic Name : terbinafine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : DASKIL CRM cream DASKIL tab DERMAFINE cream EXIFINE CRM cream EXIFINE tab FIN tab FUNGOTEK CRM cream FUNGOTEK tab LAMISIL tab MYCOFEM cream SEBIFIN cream SEBIFIN TAB tab TEBIF GEL gel TEBIF tab TEBINA CRM cream TEBINA tab TEBSIL tab TEFDIN cream TEFDIN-250 tab TERADERM cream TERADERM TAB tab TERBEE CRM cream TERBEE tab TERBEST CRM cream TERBEST tab TERBICIP cream TERBICIP TAB tab TERBICRAT cream TERBIDERM cream TERBINA cream TERBINYL cream TERBIZED CRM cream TERBIZED tab TERBO cream TERFAST CRM cream TERFAST tab TERIF tab TYZA CRM cream TYZA tab ZIMIG CRM cream ZIMIG tab

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([all drugs])

terbutaline

CIMS Class : (Antiasthmatic & COPD Preparations) , (Drugs Acting on the Uterus)

terbutaline

P - Caution when used during pregnancy

L - Caution when used during lactation

related terbutaline information

Indication & Dosage

Oral

Acute bronchospasm

Adult: Initially, 2.5 or 3 mg tid increased to 5 mg tid if necessary; as modified-release tablet: 7.5 mg bid.

Child: 75 mcg/kg tid; usual dose for >7 yr: 2.5 mg bid-tid.

Inhalation

Acute bronchospasm

Adult: As metered dose inhaler: 250 mcg or 500 mcg every 4-6 hrs. Max: 2000 mcg/24hr. As nebuliser: 5-10 mg inhaled 2-4 times or 1-2mg/hr given as a 0.01% nebuliser solution in sodium chloride 0.9%.

Child: As metered dose inhaler: 250 mcg or 500 mcg every 4-6 hrs. Max: 2000 mcg/24hr. As nebuliser: 2-5 mg inhaled 2-4 times.

Parenteral

Severe bronchospasm

Adult: 250-500 mcg SC, IM or slow IV Inj up to 4 times daily, or by IV infusion 3-5 mcg/ml run at a infusion rate of 0.5-1 mL/min.

Child: >2 yrs: 10 mcg/kg by SC, IM or slow IV injection. Max total dose: 300mcg.

Intravenous

Uncomplicated premature labour

Adult: 5 mcg/min for 20 min, increased every 20 min in steps of 2.5 mcg/min until contractions have ceased (usually 10 mcg/min sufficient), continue for 1 hr then decrease every 20 min in steps of 2.5 mcg/min to lowest dose that maintains suppression, continue at this level for 12 hrs. Max: 20mcg/min. Switch to oral at 2.5-10mg every 4-6hr if indicated and tolerated. Continue as long as needed to prolong pregnancy.

Administration

May be taken with or without food.

Overdosage

Headache, anxiety, tremor, nausea, palpitations, hypotension, tachycardia and arrhythmia, hypokaelaemia, hyperglycaemia and lactic acidosis. Supportive and symptomatic treatment; use ß-blockers (eg. metoprolol) cautiously for treatment of arrhythmias; IV loop diuretic for treatment of pulmonary oedema; IV propranolol 1 -2mg, if increased tendency to uterine bleed during Caesarean section.

Contraindications

Hypersensitivity to sympathomimetics. Any condition of mother or foetus in which prolongation of pregnancy is dangerous.

Special Precautions

Arrhythmias, hyperthyroidism, hypertension, diabetes, myocardial insufficiency, history of seizures, heart disease.

Adverse Drug Reactions

Fine skeletal muscle tremor esp hands, dizziness, anxiety, flushes, sweating, nausea, vomiting, lethargy, tinnitus, tachycardia,

palpitations, muscle cramps, headache, paradoxical bronchospasm.
IV: Transient hyperglycemia, transient hypokaelemia.
Potentially Fatal: (IV): MI, pulmonary oedema, ketoacidosis.

Drug Interactions

Antagonised effects of ß-blockers. Increased risk of hypokaelemia with xanthine derivatives, corticosteriods and diuretics; increased risk of arrhythmias with inhaled anaesthetics, sympathomimetics.

Pregnancy Category (US FDA)
Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).
Mechanism of Action

Terbutaline is a direct-acting sympathomimetic which relaxes bronchial smooth muscle by selective action on ß2 receptors. It also decreases uterine contractility.
Onset: Inhalation: 5 min; Oral: 30 min.

Duration: Inhalation: 3-4 hr; Oral: 8 hr.

Absorption: Absorbed from the GI tract.

Distribution: Some amounts cross the placenta and appear in breast milk. Half-life: 3 to 4 hr.

Metabolism: 60% of absorbed dose undergoes first-pass metabolism by sulphate conjugation in the liver and gut wall.

Excretion: Via the urine partly as inactive conjugates and partly as unchanged drug.

CIMS Class

Antiasthmatic & COPD Preparations / Drugs Acting on the Uterus

ATC Classification

R03AC03 - terbutaline; Belongs to the class of adrenergic inhalants, selective beta-2-adrenoreceptor agonists. Used in the treatment of obstructive airway diseases.

R03CC03 - terbutaline; Belongs to the class of adrenergics for systemic use, selective beta-2-adrenoreceptor agonists. Used in the treatment of obstructive airway diseases.

*terbutaline information:

Note that there are some more drugs interacting with terbutaline terbutaline further details are available in official CIMS India terbutaline

terbutaline brands available in India

Always prescribe with Generic Name : terbutaline, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ADCOLD-BR liqd ADCOLD-SBG liqd AMBROTER SYRUP syr ASMARIL syr ASMA-ZED tab ASTHAKIND syr BGT syr BRACHY syr BRICANYL amp BRICANYL DURULES durule BRICANYL inhaler BRICANYL MISTHALER inhaler BRICANYL nebules BRICANYL NEBULISING SOLN. soln BRICANYL syr BRICANYL tab BROCIN liqd BROCOTER syr BROCOTER-A syr BRONCHOSOLVIN susp BRONCHOSOLVIN tab BRONKEX syr BROZEET liqd CLEARTUSS-T syr COFQ-X liqd COFTEX-BT syr COS-P syr CUFOKIN syr DELETUS-BX expectorant EFELIN-X PD syr EFELIN-X tab ETOXIN-B EXP liqd ETOXIN-B tab EXOLIT syr GRILINCTUS-BM P- syr GRILINCTUS-BM syr GRILINCTUS-BM tab KAZIBROX-BT syr KOFORIL syr LIBITUS PLUS syr MAREX syr NT-KUF-M syr NUTUSS-BR syr OKARIL PLUS liqd PULMO-REST JUNIOR expectorant PULMO-REST S expectorant PULMO-REST S TAB

tab RESPICURE syr RESTIF syr REX syr SABROMIN-AT syr SUPRIVENT syr SUPRIVENT-A syr SYMCUF syr TBROX-AX syr TECORIL syr TERBET FORTE TAB tab TERBET syr TERBET tab TERBO-AM syr TERBOKOFF liqd TERBOLAX syr TERBUTALINE SULPHATE INJ amp TERPECT TAB. tab TERPHYLATE syr TERPHYLIN tab TERWIN expectorant TETRASMA tab THEOBRIC SR SR-tab THEOBRIC tab TOSSEX-AX liqd TUSSIL-X syr VENT SYR syr VENTIPHYLLINE-T tab VENTIREX-BR syr VENTORDYL expectorant VISCODRIL syr VISCORIL expectorant XRATE syr

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([all drugs])

terconazole

CIMS Class : (Preparations for Vaginal Conditions)

terconazole

P - Caution when used during pregnancy

L - Contraindicated in lactation

related terconazole information

Indication & Dosage

Vaginal

Vulvovaginal candidiasis

Adult: 40 mg (as 0.8% vag cream) or 80 mg (as pessary) at bedtime for 3 consecutive nights or 20 mg (as 0.4% cream) at bedtime for 7 consecutive nights.

Contraindications

Hypersensitivity. Lactation.

Special Precautions

Discontinue if irritation or flu-like symptoms develop. May damage latex or rubber contraceptives. Patients <18 yrs. Pregnancy.

Adverse Drug Reactions

Vulvovaginal burning, vulvar itching, dysmenorrhoea, genital, body and abdominal pain. Flu-like syndrome with headache, fever, chills and hypotension with doses >80 mg.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals

are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Vaginal: Store between 15-30°C.

Mechanism of Action

Terconazole disrupts ergosterol synthesis by binding to fungal cytochrome P450. It is active in vitro against Candida spp and other fungi. It has some antibacterial activity in vitro but not against usual vag flora eg, lactobacilli.

Absorption: Intravaginal: 5-16% absorbed

Metabolism: Hepatic metabolism

Excretion: Excreted in urine and faeces.

CIMS Class

Preparations for Vaginal Conditions

ATC Classification

G01AG02 - terconazole; Belongs to the class of triazole derivative antiinfectives. Used in the treatment of gynecological infections.

*terconazole information:

terconazole

terconazole brands available in India

Always prescribe with Generic Name : terconazole, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : GYNO-TERAZOL ovule GYNO-TERAZOL VG-cream

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([all drugs])

terfenadine

This product is no longer actively marketed.

CIMS Class : (Antihistamines & Antiallergics)

terfenadine

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related terfenadine information

Indication & Dosage

Oral

Allergic conditions

Adult: >12 yr and >50 kg: 60-120 mg in the morning or 60 mg bid. Max: 120 mg daily.

CrCl (ml/min)

Dosage Recommendation

<40

Half the usual daily dose

Contraindications

Porphyria.

Special Precautions

Child and elderly. Avoid in patients with cardiac or significant hepatic disease, electrolyte imbalance, or known or suspected prolongation of the QT interval. Lactation, pregnancy.

Adverse Drug Reactions

Anxiety, palpitations, insomnia, mild GI distubances, erythema multiforme and galactorrhoea.

Potentially Fatal: Ventricular arrhythmias including torsades de pointes. Palpitations, dizziness, syncope or convulsions may indicate arrhythmias. Hepatitis.

Food Interaction

Grapefruit juice may inhibit the metabolism of terfenadine.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Terfenadine, a piperidine derivative, is a non-sedating H1 receptor antagonist antihistamine.

Absorption: Rapidly absorbed from GI tract. Peak plasma concentrations: within 2 hr.

Distribution: Protein binding: 97% (terfenadine). Does not appear to cross the blood-brain barrier to significant extent. Limited amounts of fexofenadine, but not terfenadine detected in breast milk. Elimination half-life: 16-23 hr (terfenadine).
Metabolism: Prodrug and undergoes extensive first-pass metabolism in the liver to active (carboxylic acid derivative fexofenadine) and inactive metabolites.
Excretion: Excreted in the urine and faeces (traces of unchanged drug and metabolites)

CIMS Class

Antihistamines & Antiallergics

ATC Classification

R06AX12 - terfenadine; Belongs to the class of other agents used as systemic antihistamines.

*terfenadine information:
Note that there are some more drugs interacting with terfenadine
terfenadine
terfenadine brands available in India

Always prescribe with Generic Name : terfenadine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : DAYLERT syr HISTAFEN tab TERDANE tab TERFED susp TERFED tab TERFED-D tab TREXYDIN tab TREXYL susp TREXYL tab TUSANT susp ZENAD tab ZOTER syr ZOTER tab

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([all drugs])

terlipressin

CIMS Class : (Haemostatics)

terlipressin

P - Contraindicated in pregnancy

related terlipressin information

Indication & Dosage

Intravenous

Acute oesophageal variceal haemorrhage

Adult: Initially, 2 mg followed by 1 or 2 mg every 4-6 hr until bleeding is controlled, for up to 72 hr.

Contraindications

Hypersensitivity, vascular disease esp coronary artery disease, chronic nephritis (until normal blood-nitrogen conc attained). Pregnancy.

Special Precautions

Patients with hypertension, artherosclerosis, cardiac disorders, conditions which may be aggravated by water retention, eg. heart failure.

Adverse Drug Reactions

Abdominal cramps, cardiac arrhythmias, headache, transient blanching, increased arterial pressure.
Potentially Fatal: MI, cardiac failure.

Storage

Intravenous: Store below 25°C.

Mechanism of Action

Terlipressin, a synthetic triglycyl-lysine derivative of vasopressin, is a inactive prodrug. It has pressor and antidiuretic effects. Following IV injection, lysine vasopressin are released following the enzymatic cleavage of 3 glycyl moieties.
Duration: 4-6 hr.

CIMS Class

Haemostatics

ATC Classification

H01BA04 - terlipressin; Belongs to the class of vasopressin and analogues. Used in posterior pituitary lobe hormone preparations.

*terlipressin information:
Note that there are some more drugs interacting with terlipressin
terlipressin
terlipressin brands available in India
Always prescribe with Generic Name : terlipressin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : REMESTYP inj TERLINIS inj TERLISTAT inj TERLOC inj TERLYZ amp T-PRESSIN amp

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([all drugs])

testosterone and derivatives

CIMS Class : (Androgens & Related Synthetic Drugs)

testosterone and derivatives

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related testosterone and derivatives information

Indication & Dosage

Oral

Male hypogonadism

Adult: Initially, 120-160 mg daily of the undecylate ester followed by a maintenance dose of 40-120 mg daily.

Buccal

Male hypogonadism

Adult: 30 mg bid.

Intramuscular

Male hypogonadism

Adult: 50-400 mg every 2-4 wk for the cipionate; 50-400 mg every 2-4 wk for the enantate (or an initial dose of 250 mg every 2-3 wk followed by a maintenance dose every 3-6 wk); up to 50 mg 2-3 times wkly for the propionate.

Subcutaneous

Male hypogonadism

Adult: As SC implant: 100-600 mg. A dose of 600 mg is usually able to maintain plasma testosterone level within physiological range for 4-5 mth.

Transdermal

Male hypogonadism

Adult: As patch delivering 2.5-7.5 mg daily: Apply to the back, abdomen, thighs, upper arms as directed. As scrotal patch containing 10 or 15 mg (supplying 4-6 mg in 24 hr): Use as directed.

Intramuscular

Inoperable metastatic breast cancer

Adult: As enanthate: 200-400 mg every 2-4 wk.

Contraindications

Hypercalcaemia or hypercalciuria, males with breast or prostate carcinoma. Pregnancy and lactation.

Special Precautions

Cardiovascular disorders, skeletal metastases, renal or hepatic impairment, epilepsy, migraine, diabetes or other conditions which may be aggravated by fluid retention, eg heart failure. Elderly, prepubertal boys. Monitor signs of virilization (females) and development of priapism or excessive sexual stimulation (males). Periodic haemoglobin, lipid determinations and rectal prostate examination.

Adverse Drug Reactions

Fluid and electrolyte retention; increased vascularity of the skin; hypercalcaemia, impaired glucose tolerance; increased bone growth and skeletal weight; increase LDL cholesterol; increase haematocrit and fibrinolytic activity; headache, depression and GI bleeding. Males: spermatogenesis suppression, priapism, gynaecomastia, prostatic hyperplasia and accelerate growth of malignant prostate neoplasms. Females: suppression of lactation, ovarian activity and menstruation; virilization, clitoris

hypertrophy, increased libido, oily skin, acne, hirsutism, male pattern baldness. Children: Closure of the epiphyses and stop linear growth in early puberty, symptoms of virilisation. Precocious sexual development, increased frequency of erection in boys, and clitoral enlargement in girls. IM: urticaria, inflammation at Inj site, postinjection induration, furunculosis. Transdermal: local irritation. Buccal: Gum irritation, bitter taste, gum pain, tenderness. Potentially Fatal: Peliosis hepatis, liver toxicity, malignant neoplasm.

Drug Interactions

Enhance activities of ciclosporine, antidiabetics, thyroxine, anticoagulants. Long term use of testosterone may cause resistance to effects of neuromuscular blockers. Enhance fluid retention from corticosteroids.

Lab Interference

May decrease protein bound iodine (PBI) and thyroxine-binding globulin concentrations. May cause a decrease in excretion of creatinine and creatine and increase in excretion of 17-ketosteroids.

Pregnancy Category (US FDA)

Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.

Mechanism of Action

Testosterone is the principal endogenous androgen responsible for promoting the growth and development of male sexual organs and maintaining secondary sex characteristics in androgen-deficient males.

Absorption: Absorbed from GI tract, skin, and oral mucosa

Distribution: 80% bound to sex-hormone binding globulin. Undergo enterohepatic recirculation. Half-life of testosterone: 10 to 100 min.

Metabolism: Hepatic to active and inactive metabolites.

Excretion: Excreted via urine as metabolites; and faeces as unchanged drug (6%)

CIMS Class

Androgens & Related Synthetic Drugs

ATC Classification

G03BA03 - testosterone; Belongs to the class of 3-oxoandrosten (4) derivative androgens used in androgenic hormone preparations.

*testosterone and derivatives information:
testosterone and derivatives
testosterone and derivatives brands available in India
Always prescribe with Generic Name : testosterone and derivatives, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ANDRIOL cap ANDROFIL cap AQUAVIRON inj CERNOS cap CERNOS DEPOT amp CERNOS gel NUVIR cap SUSTANON inj SUSTRONE inj TESTANON inj TESTONOVA cap TESTOVIRON DEPOT amp
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([all drugs])
tetanus immunoglobulin

CIMS Class : (Vaccines, Antisera & Immunologicals)

tetanus immunoglobulin

P - Caution when used during pregnancy

L - Caution when used during lactation

related tetanus immunoglobulin information

Indication & Dosage

Intramuscular

Passive immunisation against tetanus

Adult: Prophylaxis: 250 units, increased to 500 units if >24 hr have elapsed or following burns or there is risk of heavy contamination. Treatment: 150 units/kg, given by IM inj into multiple sites.

Child: Prophylaxis: 250 units, increased to 500 units if >24 hr have elapsed or following burns or there is risk of heavy contamination. Treatment: 150 units/kg, given by IM inj into multiple sites.

Special Precautions

Caution when used in patients with coagulation disorders or thrombocytopenia. Not to be used for IV admin. Pregnancy, lactation. If adsorbed tetanus vaccine is to be used concurrently, the vaccine and immunoglobulin should be administered with separate syringes and into different inj sites with separate

lymphatic drainage. Patients should be observed for at least 20 minutes after admin.

Adverse Drug Reactions

Inj-site reactions: Pain, soreness and tenderness. Increased temperature, angioneurotic oedema, nephritic syndrome, anaphylactic shock.

Drug Interactions

May reduce the efficacy of live vaccines.

Storage

Intramuscular: Store at 2-8°C. Do not freeze.

Mechanism of Action

Tetanus immunoglobulin is used for passive immunisation against tetanus.
Absorption: Well absorbed.

CIMS Class

Vaccines, Antisera & Immunologicals

*tetanus immunoglobulin information:
tetanus immunoglobulin
tetanus immunoglobulin brands available in India
Always prescribe with Generic Name : tetanus immunoglobulin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : BEATS inj TETAGAM-P inj TETAGLOBULINE inj TETGLOB vial
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([all drugs])
tetrabenazine
CIMS Class : (Neuromuscular Disorder Drugs)
tetrabenazine
P - Caution when used during pregnancy
L - Contraindicated in lactation
related tetrabenazine information
Indication & Dosage

Oral

Movement disorders

Adult: Initially 12.5 mg bid, increased gradually to 12.5-25 mg tid. Max: 200mg daily. If no improvement at max dose for 7 days, drug unlikely to be of benefit.

Elderly: Initially 12.5 mg daily, increased gradually.

Oral

Moderate to severe tardive dyskinesia

Adult: Initially 12.5 mg daily increased gradually according to response.

Overdosage

Drowsiness, sweating, hypotension, and hypothermia. Supportive and symptomatic treatment.

Contraindications

Lactation.

Special Precautions

May exacerbate symptoms of parkinsonism. Caution to be exercised when driving or performing skilled tasks. Pregnancy.

Adverse Drug Reactions

Drowsiness, extrapyramidal symptoms, parkinsonism, depression, orthostatic hypotension, GI disturbances.
Potentially Fatal: Neuroleptic malignant syndrome (NMS).

Drug Interactions

Tetrabenazine should not be given with or within 14 days of discontinuation of MAOI therapy. Blocks action of reserpine. Decreases effects of levodopa and worsen parkinsonism. Increased risk of extrapyramidal side effects when given with amantadine, metoclopramide, antipsychotics.

Storage

Oral: Store below 30°C.

Mechanism of Action

Tetrabenazine act by depleting nerve endings of dopamine in the brain and is used to control movement disorders.

Absorption: Poorly and erratically absorbed from the GIT (oral).

Metabolism: Extensive hepatic first-pass metabolism reduced to hydroxytetrabenazine.

Excretion: Via urine (as metabolites).

CIMS Class

Neuromuscular Disorder Drugs

ATC Classification

N07XX06 - tetrabenazine;

*tetrabenazine information:

Note that there are some more drugs interacting with tetrabenazine

tetrabenazine

tetrabenazine brands available in India

Always prescribe with Generic Name : tetrabenazine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : REVOCON tab

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([all drugs])

tetracycline

CIMS Class : (Tetracyclines)

tetracycline

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related tetracycline information

Indication & Dosage

Oral

Susceptible infections

Adult: As hydrochloride: 250 or 500 mg every 6 hrs, increased to 4 g daily in severe infections.

Child: As hydrochloride: =12 yr: usual adult dose. Max: 2 g daily.

Renal impairment: Mild impairment: Avoid.

Hepatic impairment: Max: 1 g daily.

Oral

Acne

Adult: As hydrochloride: 500 mg-1 g daily in 4 divided doses for 1?2 wk or until clinical improvement occurs, then decreased slowly to maintenance dose of 125?500 mg daily until clinical improvement allows discontinuation of the drug.

Renal impairment: Mild: Avoid

Hepatic impairment: Max: 1g/day.

Intrapleural

Pleural effusions

Adult: As hydrochloride: 500 mg dissolved in 30-50 mL of 0.9% NaCl instilled into pleural spaces.

Administration

Should be taken on an empty stomach. (Take on an empty stomach 1 hr before or 2 hr after meals w/ a full glass of water, in upright position. May be taken w/ meals to reduce GI discomfort.)

Contraindications

Hypersensitivity; pregnancy, lactation, children; renal impairment.

Special Precautions

Hepatic impairment. Myasthenia gravis, SLE. Should be administered with plenty of water, while sitting or standing, and well before going to bed to avoid oesophageal ulceration. Avoid exposure to sunlight. Periodic evaluation of renal, hepatic and haematological system during prolonged therapy.

Adverse Drug Reactions

Oesophageal ulceration, nausea, vomiting, oral candidiasis, diarrhoea, epigastric burning, sore throat, black hairy tongue, pancreatitis, oncholysis, discolouration of tooth (children with developing teeth) and nails, tinnitus, visual disturbances, superinfections, photosensitivity, hypersensitivity,
Potentially Fatal: Anaphylaxis, hepatotoxicity, nephrotoxicity, blood dyscrasias.

Drug Interactions

Absorption reduced by divalent and trivalent cations, Fe prep and antacids. Decreases effectiveness of oral contraceptives. Concurrent use may increase levels of lithium, digoxin, halofantrine and theophylline; decrease concentrations of atovaquone; increase

anticoagulant effects with warfarin; increase risk of ergotism with ergot alkaloids.

Potentially Fatal: Nephrotoxic effects exacerbated by diuretics, methoxyflurane or other nephrotoxic drugs; avoid concurrent use with potentially hepatotoxic drugs. Increased incidence of benign intracranial hypertension with retinoids.

Food Interaction

Absorption reduced by milk, milk products, antacids containing aluminum, magnesium iron preparations and food.

Lab Interference

Interferes with diagnostic tests eg, urinary determination of glucose, false increase in fluorometric determinations of urine catecholamines.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not

confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Mechanism of Action

Tetracycline exhibits its bacteriostatic action by reversible binding to the 30s subunits of the ribosome thus preventing protein synthesis and arresting cell growth. It has a broad spectrum of antimicrobial activity including Chlamydiaceae, Mycoplasma spp., Rickettsia spp., spirochaetes, many aerobic and anaerobic Gram-positive and Gram-negative pathogenic bacteria, and some protozoa.

Absorption: Absorbed incompletely from the GIT (oral) with oral bioavailability 60-80%; absorption affected by the presence of divalent ot trivalent metal ions, food and milk.

Distribution: Widely distributed to body tissues and fluids, CSF (low, may be increased in meningitis), saliva (small amounts), eye, lung, bone (newly formed), teeth (recently calcified and newly

developed). Crosses the placenta into the foetal circulation and enters breast milk. Protein-binding: 20-65%. Half life: 6-12 hr.
Excretion: Via urine by glomerular filtration (as unchanged, 55% via oral and 60% via IV); may be increased in alkaline urine. Via bile; may undergo enterohepatic reabsorption.

CIMS Class

Tetracyclines

ATC Classification

A01AB13 - tetracycline; Belongs to the class of local antiinfective and antiseptic preparations. Used in the treatment of diseases of the mouth.
D06AA04 - tetracycline; Belongs to the class of topical tetracycline and derivatives agents used in the treatment of dermatological diseases.
J01AA07 - tetracycline; Belongs to the class of tetracyclines. Used in the treatment of systemic infections.
S01AA09 - tetracycline; Belongs to the class of antibiotics. Used in the treatment of eye infections.

S02AA08 - tetracycline; Belongs to the class of antiinfectives used in the treatment of ear infections.
S03AA02 - tetracycline; Belongs to the class of antiinfectives used in ophthalmologic and otologic preparations.

*tetracycline information:
Note that there are some more drugs interacting with tetracycline
tetracycline further details are available in official CIMS India
tetracycline
tetracycline brands available in India
Always prescribe with Generic Name : tetracycline, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ACHROMYCIN cap HOSTACYCLINE film-coated tab IDILIN cap INGACYCLINE cap LUPITERRA cap RESTECLIN cap RESTECLIN tab SUBAMYCIN cap TERAPAL cap TETLIN cap TETRABACT cap TETRABACT FC-tab TETRACYCLINE cap TETRALAB cap TETRASYM cap THREOCYCLINE cap TX OINT eye oint
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([all drugs])

thalidomide

CIMS Class : (Immunosuppressants) , (Antileprotics)

thalidomide

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related thalidomide information

Indication & Dosage

Oral

Erythema nodosum leprosum (Type 2)

Adult: 100-300 mg once daily at bedtime, reduced gradually by 50 mg every 2-4 wk once a satisfactory reponse is achieved. Not for monotherapy if moderate or severe neuritis present. Max: 400 mg/day. Patients < 50 kg: Initially, 100 mg daily.

Oral

Multiple myeloma

Adult: Initial dose of 200 mg once daily, increased by 100 mg at wkly intervals according to patient tolerance. Max: 800 mg daily.

Administration

Should be taken on an empty stomach. (Take on an empty stomach at least 1 hr after a meal, w/ a full glass of water.)

Contraindications

Pregnancy and lactation.

Special Precautions

All females of childbearing potential must use 2 reliable forms of contraception simultaneously 4 wk before starting therapy, during and 4 wk after therapy is discontinued. Therapy to be stopped immediately if pregnancy occurs. Male: Use of barrier methods of contraception if partner is of child-bearing potential. Do not donate blood or sperm during therapy. Patient should not drive or operate machinery. Discontinue therapy if any skin rash develops. Do not resume therapy if the rash is exfoliative, purpuric, or bullous, or if Stevens-Johnson syndrome or toxic epidermal necrolysis suspected.

Adverse Drug Reactions

Severe and irreversible peripheral neuropathy, constipation, dizziness, orthostatic hypotension, drowsiness, somnolence,

bradycardia, increase of viral load in HIV-infected patients, hypersensitivity reaction.
Potentially Fatal: Stevens-Johnson syndrome, toxic epidermal necrolysis and blood dyscrasias.

Drug Interactions

Thalidomide enhances sedative activity of barbiturates, alcohol, chlorpromazine and reserpine. Avoid use of other drugs that have the potential to cause peripheral neuropathy. Increased risk of thromboembolic events with darbepoetin-alfa and doxorubicin.
Potentially Fatal: Increased risk of bone marrow supression with peg interferon alfa.

Pregnancy Category (US FDA)
Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.
Mechanism of Action

Thalidomide is a synthetic glutamic acid derivative immunomodulator with anti-inflammatory, antiangiogenetic, sedative and hypnotic activity.

Absorption: Slowly absorbed from GI tract. Peak plasma concentrations: 3 to 6 hr. Food may delay but does not significantly affect extent of absorption of thalidomide.

Distribution: Crosses the placenta, distributed into the semen. Elimination half-life: 5-7 hr.

Metabolism: Exact metabolic fate unknown, it appears to undergo non-enzymatic hydrolysis in plasma.

CIMS Class

Immunosuppressants / Antileprotics

ATC Classification

L04AX02 - thalidomide; Belongs to the class of other immunosupressive agents. Used to induce immunosuppression.

*thalidomide information:

Note that there are some more drugs interacting with thalidomide

thalidomide

thalidomide brands available in India

Always prescribe with Generic Name : thalidomide, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ONCOTHAL cap TALIMYDE cap THAANGIO cap THALIX cap THALODA cap THALOMA cap THYCAD cap

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([all drugs])

theophylline

CIMS Class : (Antiasthmatic & COPD Preparations)

theophylline

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related theophylline information

Indication & Dosage

Oral

Acute bronchospasm

Adult: As conventional tablet: 5 mg/kg every 6-8 hr.

Child: As conventional tablet: 5 mg/kg every 4-6 hr.

Hepatic impairment: Dose adjustment needed.

Oral

Chronic bronchospasm

Adult: As conventional dosage form: 300-1000 mg in divided doses, every 6-8 hr daily. As modified-release preparations: 175-500 mg every 12 hr. Rate of absorption of modified released preparations varies for different brands.

Child: <2 yr: Not recommended; 2-6 yr: ¼ the adult dose; 20-35 kg (about 6-12 yr old): ½ the adult dose. Rate of absorption of modified released preparations varies for different brands.

Hepatic impairment: Dose adjustment needed.

Oral

Apnoea in infants

Child: Initial dose in neonates: =24 days: 1 mg/kg every 12 hr; >24 days: 1.5 mg/kg every 12 hr. Full-term infants: initial daily dosage calculated based on formula, given in 3-4 divided doses: daily dose (mg/kg) = (0.2 X age in wk) + 5.0. If loading dose is needed, 5 mg/kg (or in those already on theophylline, 1 mg/kg for each 2 mcg/ml increase in serum-theophylline concentration).

Intravenous

Severe bronchospasm

Adult: Patients who are not taking theophylline or other xanthine medication: 4-5 mg/kg as loading dose by IV infusion over 20-30 minutes followed by maintenance: 0.4 mg/kg/hr.
Child: Patients who are not taking theophylline or other xanthine medication: 4-5 mg/kg as loading dose by IV infusion over 20-30 minutes, followed by maintenance dose: 1-9 yr: 0.8 mg/kg/hr; >9 yr: 0.6-0.7 mg/kg/hr.
Hepatic impairment: Dose adjustment needed.

Special Populations: Reduce dose in patients with cor pulmonale, heart failure, liver disease and in the elderly. Increase maintenance dose for smokers.

Administration

May be taken with or without food. (May be taken w/ meals to reduce GI discomfort. Some individual prep must be taken w/ meals or on an empty stomach. Ref to monographs for individual formulations.)

Overdosage

Nausea, vomiting, diarrhoea, agitation, tremor, hypertonicity, hyperventilation, diuresis and repeated vomiting (sometimes haematemesis), cardiac arrhythmias including tachycardia, hypotension, electrolyte disturbances including hypokalaemia, hyperglycaemia, hypophosphataemia, hypercalcaemia, metabolic acidosis, respiratory alkalosis and convulsions. Other reported effects include dementia, toxic psychosis, symptoms of acute pancreatitis, rhabdomyolysis with renal failure and acute compartment syndrome. Empty stomach by lavage if within 2 hr of overdose, with repeated oral doses of activated charcoal and osmotic laxative, especially if modified-release tablets taken. Symptomatic and supportive treatment with monitoring of serum theophylline concentrations. Non-selective ßblockers to be used in non-asthmatic patient for tachycardia, IV diazepam or a barbiturate to control convulsions, disopyramide may be used in patients with both ventricular arrhythmias and convulsions. In severe cases, general anaesthesia and neuromuscular blockade with ventilation may be needed. Charcoal haemoperfusion or haemodialysis may be helpful especially in CHF or liver disease.

Contraindications

Hypersensitivity to xanthine derivatives, porphyria.

Special Precautions

Admin IV inj very slowly to avoid direct stimulation of the CNS and CVS. Cardiac failure, hypertension, epilepsy, hyperthyroidism, history of peptic ulcer disease, renal or hepatic dysfunction, glaucoma, DM, severe hypoxaemia, chronic alcoholism, acute febrile illness. On influenza immunization or active influenza infection, COPD and cor pulmonale. Smokers may need higher dose. Pregnancy, lactation, children and elderly.

Adverse Drug Reactions

Nausea, vomiting, abdominal pain, diarrhoea, headache, insomnia, dizziness, anxiety, restlessness, tremor, palpitations.
Potentially Fatal: Convulsions, cardiac arrhythmias, hypotension and sudden death after too rapid IV inj.

Drug Interactions

Other xanthines. Theophylline clearance reduced by high dose allopurinol, some antiarrhythmics, cimetidine,disulfiram, propranolol, methotrexate,

aciclovir, mexiletine, pentoxifylline, tacrine, ticlopidine, fluvoxamine, interferon-a, macrolide antibiotics, quinolones, oral contraceptives, thiabendazole and viloxazine. Theophylline clearance increased by phenytoin, anticonvulsants, ritonavir, rifampicin, sulfinpyrazone, aminoglutethimide, barbiturates, ipriflavone, cigarette smoking. Concurrent use decreased lithium, alprazolam levels. Increased risk of arrhythmias with ephedrine, sympathomimetic, general anaesthetics. Increased heart rate with tadalafil.

Food Interaction

St John's wort may increase theophylline levels. Avoiding giving enteral feed for 1 hour before or after theophylline to prevent reduction in theophylline levels.

Lab Interference

May cause false positive elevations of serum uric acid (by Bittner or colorimetric method) and increase in urinary catecholamines. Serum theophylline concentrations may be falsely elevated by furosemide, sulfathiazole, phenylbutazone, probenecid,

theobromine, caffeine-containing beverages, chocolate and paracetamol if measured by spectrophotometric methods. Theophylline can inhibit the effects of adenosine infusions used in conjunction with radionuclide myocardial imaging, if not withheld 12-24 hr before procedure; reduces the diagnostic accuracy of myocardial imaging using dipyridamole.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Theophylline competitively blocks phosphodiesterase which increases cAMP tissue concentrations causing bronchodilatation, diuresis, CNS and cardiac stimulation, and gastric acid secretion.

Absorption: Rapid and completely absorbed following oral and rectal (enemas) administration, slow after rectal (suppositories) and IM administration. Food delays rate but not extent of absorption. Peak serum concentrations: 1-2 hr (liquid, capsules or uncoated tablets); 4 hr (modified-release preparations).

Distribution: Rapidly distributed throughout extracellular fluids and body tissues. Crosses the placenta and enters breast milk. Protein binding: 40%.
Metabolism: Hepatic metabolism via cytochrome P450 isoenzyme CYP1A2, CYP2E1 and CYP3A3. Serum half-life: 6-12 hr (healthy, non-smoking asthmatic adult); 1-5 hr (children); 4-5 hr (cigarette smokers); 10-45 hr (neonates and premature infants).
Excretion: Via urine as metabolites and unchanged drug; small amount via faeces as unchanged drug

CIMS Class

Antiasthmatic & COPD Preparations

ATC Classification

R03DA04 - theophylline; Belongs to the class of other systemic drugs used in the treatment of obstructive airway diseases, xanthines.

*theophylline information:
Note that there are some more drugs interacting with theophylline
theophylline further details are available in official CIMS India

theophylline

theophylline brands available in India

Always prescribe with Generic Name : theophylline, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AGROPHYLLIN tab ALERGIN tab ASMAPAX DEPOT tab ASMATIDE-BR tab BIRYTH tab BRONCORDIL elixir BRONCORDIL XL SR-tab CADIPHYLATE tab DELIN inj DELIN TAB CR-tab DERICIP amp DERIPHYLLIN amp DERIPHYLLIN OD tab DERIPHYLLIN RETARD 150 tab DERIPHYLLIN RETARD 300 tab DERIPHYLLIN RETARD 450 tab DERIPHYLLIN SYRUP syr DERIPHYLLIN tab DERIPHYLLIN TAB tab DERIPIL RETARD tab DERIPIL tab DURALYN-CR CR-cap ETOPHYLATE syr GLOPHYLLIN amp LONTIF tab LUNGFYL SR SR-tab MARAX cap MULTIMIX oralliqd MULTIMIX syr MULTIMIX tab OD-PHYLLIN CR-tab PHYLOBID tab PHYLODAY CR-tab RELASMIN inj RESPIPHYLLINE INJ inj SLOWTHYLLINE tab T R PHYLLIN cap T R PHYLLIN inj T R PHYLLIN syr TEDRAL tab TEDRAL-SA SR-tab THEO PA tab THEO SR SR-tab THEOBID SR-tab THEOBUS SR-tab THEOCORT tab THEODAY SR-tab THEODER inj THEOPED syr THEOPHYLLINE tab THEORESP tab THEOSTAN-CR

tab THP-1 SR-tab TSR tab UNICONTIN-E tab VENTIPHYLLINE LIQUID liqd VENTIPHYLLINE PD LIQUID liqd VENT-T tab ZOMONT THEO tab ZYTHO SRtab

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([all drugs])

thiamine

CIMS Class : (Vitamin B-Complex / with C)

thiamine

Lab ¤ - Lab interference

related thiamine information

Indication & Dosage

Oral

Treatment and prophylaxis of mild chronic thiamine deficiency

Adult: 10-25 mg daily in single or divided doses.

Oral

Thiamine deficiency

Adult: Up to 300 mg daily.

Parenteral

Wernicke-Korsakoff syndrome

Adult: Initially, 100 mg by slow IV Inj over 10 min, then 50-100 mg/day IM or IV until the patient can take oral thiamine.

Incompatibility: Alkaline or neutral solutions and with oxidizing and reducing agents.

Administration

Should be taken with food.

Special Precautions

Parenteral admin. Increased daily requirements in pregnancy and lactation.

Adverse Drug Reactions

IV: Warm sensation, tingling, pruritus, pain, urticaria, weakness, sweating, nausea, restlessness, tightness of the throat, angioedema, respiratory distress, cyanosis, pulmonary oedema, GI bleeding, transient vasodilation and hypotension, vascular collapse. IM: Tenderness and induration.
Potentially Fatal: Very rarely, fatal anaphylactic shock.

Drug Interactions

May enhance the effect of neuromuscular blocking agents.

Lab Interference

False-positive results in the phosphotungstate method for uric acid determination and in the urine spot test with Ehrlich's reagent for urobilinogen. High doses of thiamine reportedly interfere with the Schack and Waxler spectrophotometric determination of theophylline serum concentrations.

Storage

Oral: Store between 15-30°C. Parenteral: Store between 15-30°C.

Mechanism of Action

Thiamine, a water soluble vitamin, combines with ATP to form thiamine pyrophosphate, an essential coenzyme in carbohydrate metabolism.
Absorption: Well-absorbed from the GI tract after oral admin and rapidly and completely absorbed following IM administration.

Distribution: Widely distributed in most body tissues; enters breastmilk.
Excretion: Excess thiamine is excreted in the urine as metabolites and unchanged drug.

CIMS Class

Vitamin B-Complex / with C

*thiamine information:
thiamine
thiamine brands available in India
Always prescribe with Generic Name : thiamine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : BERIN inj BERIN TAB tab THAI tab THIAMIN INJ amp TIM inj TIM tab
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([all drugs])
thiocolchicoside
CIMS Class : (Muscle Relaxants)

thiocolchicoside

related thiocolchicoside information

Indication & Dosage

Oral

Muscle spasms

Adult: Initially, 16 mg daily.

Intramuscular

Muscle spasms

Adult: Up to 8 mg daily.

Adverse Drug Reactions

Photosensitivity reactions.

Mechanism of Action

Thiocolchicoside is a muscle relaxant which has been claimed to possess GABA-mimetic and glycinergic actions.

CIMS Class

Muscle Relaxants

ATC Classification

M03BX05 - thiocolchicoside; Belongs to the class of otheragents used as centrally-acting muscle relaxants.

*thiocolchicoside information:
thiocolchicoside
thiocolchicoside brands available in India
Always prescribe with Generic Name : thiocolchicoside, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : COLCHICO cap LUPIFLEX tab MUSCODOL cap MYORIL amp MYORIL cap NUCOXIA-MR film-coated tab TDP tab THIOACT cap THIOFACT cap THIOFAST cap THIOGESIC tab THIOLEX tab THIOLEX-A tab THIOLEX-AP tab THIONEX cap THIOSOZ cap THIOSPAS cap THIOSPAS-A tab ZYFLEX amp ZYFLEX cap
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([all drugs])
thiopental sodium

CIMS Class : (Anaesthetics - Local & General)

thiopental sodium

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related thiopental sodium information

Indication & Dosage

Intravenous

Induction of anaesthesia

Adult: 100-150 mg of a 2.5 or 5% solution injected over 10-15 sec repeated every 30-60 sec according to response or as a continuous infusion of a 0.2 or 0.4% solution. Max: 500mg. Max in pregnancy: 250mg.

Child: 2-7 mg/kg over 10-15 seconds; repeated after 1 minute if needed..

Elderly: Dose reduction may be needed.

Renal impairment: Dose reduction may be needed.

Hepatic impairment: Dose reduction may be needed.

Intravenous

Status epilepticus

Adult: In conjunction with assisted ventilation: 75-125 mg as a 2.5% solution.

Child: 5 mg/kg by slow IV inj followed by, neonates: continuous iv infusion of 2.5 mg/kg/hr; >1 month: 2-8 mg/kg/hr. Adjust infusion dose according to response.

Elderly: Dose reduction may be needed.

Renal impairment: Dose reduction may be needed.

Hepatic impairment: Dose reduction may be needed.

Intravenous

Reduction of raised intracranial pressure

Adult: Intermittent bolus inj of 1.5?3.5 mg/kg, if adequate ventilation is provided.

Child: 3 mth-15 yr: initial 5-10-mg/kg IV followed by a continuous IV infusion at 1?4 mg/kg/hr.

Elderly: Dose reduction may be needed.

Renal impairment: Dose reduction may be needed.

Hepatic impairment: Dose reduction may be needed.

Incompatibility: Incompatible with acidic and oxidising substances, eg. amikacin sulfate, benzylpenicillin salts, cefapirin sodium, codeine phosphate, ephedrine sulfate, fentanyl citrate, glycopyrronium bromide, morphine sulfate, pentazocine lactate, prochlorperazine edisilate, suxamethonium salts and tubocurarine chloride. Do not use sterile water in IV infusion concentrations

<2% since use of the resulting hypotonic solutions will cause haemolysis.

Incompatibility: Incompatible with acidic and oxidising substances, eg. amikacin sulfate, benzylpenicillin salts, cefapirin sodium, codeine phosphate, ephedrine sulfate, fentanyl citrate, glycopyrronium bromide, morphine sulfate, pentazocine lactate, prochlorperazine edisilate, suxamethonium salts and tubocurarine chloride. Do not use sterile water in IV infusion concentrations <2% since use of the resulting hypotonic solutions will cause haemolysis.

Overdosage

Acute lethal dose in human is unknown and variable. Lethal dose can be as low as 10 mcg/ml if co-admin with other CNS depressants or alcohol. Pulmonary (eg. apnea, laryngospasm, coughing), cardiovascular (eg. hypotension progressing to shock) and CNS effects. Discontinue drug and maintain patent airway, using assisted or controlled respiration and oxygen as necessary. Close monitoring of vital signs (eg. respiratory rate), fluid intake, blood gases and serum electrolytes. Laryngospasm may be relieved with a skeletal muscle relaxant, positive-pressure ventilation, endotracheal intubation or even tracheostomy.

Contraindications

Porphyria; dyspnoea or respiratory obstruction.

Special Precautions

Hypovolaemia; history of severe asthma, severe cardiac disease, severe anaemia, hyperkalaemia, toxaemia, myasthenia gravis, myxoedema; severe renal or hepatic disease; muscular dystrophies, adrenocortical insufficiency; increased intracranial pressure; elderly, pregnancy, lactation. Avoid extravasation or intra-arterial administration. IV inj of concentrated thiopental solution e.g. 5% may cause thrombophloebitis.

Adverse Drug Reactions

Coughing, hiccupping, sneezing, muscle twitching, laryngospasm, bronchospasm. IV: tissue necrosis (if extravasation occurs). Intra-arterial: Severe arterial spasm with burning pain, blanching of forearm and hands and gangrene of digits.
Potentially Fatal: Respiratory depression, arrhythmias, circulatory failure and anaphylactoid reactions.

Drug Interactions

Possible increase in difficulty in producing anaesthesia in patients taking alcohol or CNS depressants. Additive action with other CNS depressants including sedatives, hypnotics, nitrous oxide or alcohol. Increased hypotension and excitatory effects with phenothiazine antipsychotics. Increased hypnotic effect with antipsychotic. Decreased requirement of thiopental sodium with metoclopramide, sulfisoxazole, aspirin,
meprobamate, probenecid and other highly protein bound drugs.
Potentially Fatal: Increased resp depression with opioids.

Food Interaction

Use of valerian, kava kava or St John?s wort may prolong effect of thiopental. All herbal medicines should be stopped 2 wk prior to elective surgery.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals

are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intravenous: Store at 20-25°C.

Mechanism of Action

Thiopental sodium, a short-acting barbiturate anaesthetic, is a CNS depressant inducing hypnosis and anaesthesia but not analgesia. It has also been used in the control of refractory tonic-clonic status epilepticus and to reduce increased intracranial pressure in neurosurgical patients.

Onset: IV: 30 sec. Rectal: 8-10 min.

Distribution: Crosses the placenta and enters breast milk. Protein-binding: 80%

Metabolism: Hepatic; mostly converted to inactive metabolites.

Excretion: Elimination half-life: 10-12 hr (adults); 6 hr (childn); 26-28 hr (obese and pregnant patients).

CIMS Class

Anaesthetics - Local & General

*thiopental sodium information:

Note that there are some more drugs interacting with thiopental sodium

thiopental sodium

thiopental sodium brands available in India

Always prescribe with Generic Name : thiopental sodium, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ANESTHAL inj INTRAVAL SODIUM inj PENTONE inj PENTOTHAL SODIUM vial PENTOTHAL vial THIOJEX vial THIOSOL vial THIPEN vial

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([all drugs])

thioridazine

CIMS Class : (Antipsychotics)

thioridazine

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related thioridazine information

Indication & Dosage

Oral

Schizophrenia

Adult: Initially, 50-100 tid daily and slowly titrated upwards at no more than 100 mg wkly. Max: 800 mg daily in 2-4 divided doses.

Child: 2?12 yr: Initially, 0.5 mg/kg daily in divided doses, increased gradually until optimum effect obtained. Max: 3 mg/kg daily.

Renal impairment: Lower initial doses and more gradual dosage increase.

Hepatic impairment: Lower initial doses and more gradual dosage increase.

Oral

Depression

Adult: Initially, 25 mg tid, titrated to 20?200 mg daily.

Renal impairment: Lower initial doses and more gradual dosage increase.

Hepatic impairment: Lower initial doses and more gradual dosage increase.

Incompatibility: Oral liquid thioridazine should not be admin simultaneously with carbamazepine oral suspension.

Administration

Should be taken with food.

Overdosage

Overdosage may produce effects that are extensions of the adverse reactions. Extrapyramidal reactions, hypotension, sedation, CNS depression progressing to coma or CNS stimulation with convulsions followed by respiratory depression, shock (e.g. ECG changes and cardiac arrhythmias), increased QT and PR intervals, non-specific ST and T wave changes, torsades de pointes, myocardial depression, agitation, urinary retention, oliguria, uremia, blurring of vision, hypothermia, hyperthermia, mydriasis, miosis, tremor, muscle twitching, rigidity, seizures, muscular hypotonia, respiratory and/or vasomotor collapse and pulmonary oedema. Treatment is symptomatic and supportive with ECG monitoring for at least 24 hr or as long as QT interval is prolonged. A patent airway should be established and adequate oxygenation and ventilation maintained. Emesis (less preferable due to risk of dystonia and potential of aspiration of vomitus) or gastric lavage followed by repeated doses of activated charcoal. Management of arrhythmias include ventricular pacing, defibrillation, admin of IV

magnesium sulfate, lidocaine, phenytoin or isoproterenol with correction of electrolyte abnormalities and acid-base balance. Lidocaine should be admin cautiously due to increased risk of seizures.

Contraindications

Hypersensitivity to phenothiazines, comatose states, pre-exisitng CNS depression, severe CVS disorders, uncorrected hypokalaemia or any electrolyte imbalance, known or suspected QT prolongation, history of ventricular arrhythmias including torsades de pointes and porphyria. Bone-marrow suppression, phaeochromocytoma, or prolactin-dependent tumours, angle-closure glaucoma, history of jaundice, parkinsonism, DM, hypothyroidism, myasthenia gravis, paralytic ileus, prostatic hyperplasia, or urinary retention. Patients with reduced activity of cytochrome P450 isoenzyme CYP2D6.

Special Precautions

Pregnancy, lactation; renal or hepatic impairment, epilepsy. Perform ECG screening and electrolyte measurement before therapy, after each dose increase and at 6-mthly intervals. Monitor for visual defects on long-term therapy. May impair ability to

perform skilled tasks. Withdrawal of drug to be carried out gradually over 1-2 wk.

Adverse Drug Reactions

Drowsiness, sedation, dry mouth, nasal congestion, blurring of vision, tremor, mydriasis, constipation, urinary retention, tachycardia, postural hypotension, sexual dysfunction, pigmentary retinopathy (high doses and prolonged therapy), contact dermatitis, tardive dyskinesias.
Potentially Fatal: Neuroleptic malignant syndrome. Sudden deaths due to cardiac arrhythmias and arrest.

Drug Interactions

Potentiates adverse effects of anticholinergics. Concurrent use of TCAs leads to raised blood levels of both drugs. May antagonise effects of levodopa, bromocriptine and other dopamine agonists. Avoid co-admin with drugs that cause electrolyte imbalance. Monitor phenytoin therapy due to inconsistent effects of thioridazine on phenytoin levels.
Potentially Fatal: Increased risk of QT prolongation with class IA and class II antiarrhythmics,

astemizole,cisapride, pimozide, droperidol, erythromycin IV, sparfloxacin, terfenadine, clarithromycin and other drugs that may prolong QT interval. Potentiates CNS depression with opioids. Increased risk of arrhythmias with ephedrine-like drugs e.g. phenylpropanolamine. Increased thioridazone levels with fluovoxamine, pindolol,propranolol, ritonavir and other CYP2D6 isoenzymes inhibitors (e.g. fluoxetine, paroxetine).

Lab Interference

Urinary metabolites may cause urine to darken and result in false-positive test results for urobilinogen, amylase, uroporphyrins, porphobilinogens and 5-hydroxyindolacetic acid. False-positive test results for phenylketonuria and pregnancy test (e.g. frog test, Gravindex®, HCG test, Pregnosticon®, UCG test).

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Tablet/oral concentrate: Store 15-30°C.

Mechanism of Action

Thioridazine, a phenothiazine antipsychotic, exhibits strong a-adrenergic blocking effects and depresses the release of hypothalamic and hypophyseal hormones by blocking postsynaptic mesolimbic, dopaminergic receptors in the brain.

Duration: 4-5 days.

Distribution: Protein-binding (Thioridazine and metabolites): >95%. Crosses the placenta and is distributed into breast milk

Metabolism: Hepatic by the cytochrome P450 isoenzyme CYP2D6; converted to active metabolites, mesoridazine and sulforidazine.

Excretion: 4-10 hr (plasma half-life).

CIMS Class

Antipsychotics

ATC Classification

N05AC02 - thioridazine; Belongs to the class of phenothiazine antipsychotics with piperidine structure. Used in the management of psychosis.

*thioridazine information:
Note that there are some more drugs interacting with thioridazine
thioridazine
thioridazine brands available in India
Always prescribe with Generic Name : thioridazine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : MELLERIL tab MELOZINE tab RIDAZIN tab SYCHOZINE film-coated tab SYCORIL tab TENSARIL film-coated tab THIORIDAZINE tab THIORIL tab THIOZID tab ZENERIL tab
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([all drugs])
tianeptine
CIMS Class : (Antidepressants)
tianeptine
P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related tianeptine information

Indication & Dosage

Oral

Depression

Adult: 12.5 mg tid.

Elderly: Dose reduction to total daily dose of 25 mg.

Renal impairment: Reduce total daily dose to 25 mg/day.

Administration

Should be taken on an empty stomach. (Take before main meals.)

Overdosage

Gastric lavage followed by symptomatic treatment and monitoring of CV, respiratory, metabolic and renal function.

Contraindications

Childn <15 yrs. Pregnancy and lactation.

Special Precautions

General anaesthesia; tasks requiring mental alertness. Avoid abrupt withdrawal, dosage to be decreased gradually over 7-14 days.

Adverse Drug Reactions

Abdominal pain, fatigue, nausea, constipation, lack of appetite, insomnia, drowsiness, palpitations, muscular or joint pain, headache, vertigo, tremour, dry mouth, hepatitis (rare)

Food Interaction

Decreased absorption with alcohol.

Storage

Oral: Store below 30°C.

Mechanism of Action

Tianeptine exerts its antidepressant action by increasing the presynaptic re-uptake of serotonin.

CIMS Class

Antidepressants

ATC Classification

N06AX14 - tianeptine; Belongs to the class of other agents used in the management of depression.

*tianeptine information:
Note that there are some more drugs interacting with tianeptine
tianeptine
tianeptine brands available in India
Always prescribe with Generic Name : tianeptine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : STABLON tab
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([all drugs])

tibolone

CIMS Class : (Oestrogens & Progesterones & Related Synthetic Drugs)

tibolone

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related tibolone information

Indication & Dosage

Oral

Prophylaxis of postmenopausal osteoporosis, Menopausal vasomotor symptoms

Adult: 2.5 mg daily.

Administration

May be taken with or without food.

Contraindications

Known or suspected oestrogen dependent tumours in women, present or history of breast cancer, undiagnosed vaginal bleeding,

severe liver disease, history or current CV or cerebrovascular disorders, untreated endometrial hyperplasia, porphyria, pregnancy and lactation, premenopausal women.

Special Precautions

Liver disease, history or risk factors of thromboembolic disorder, impaired glucose tolerance, hypercholesterolaemia, hypertriglyceridaemia, hypertension, cholelithiasis, SLE, uterine fibroids, endometriosis and history of endometrial hyperplasia. Disorders that may be worsened by fluid retention, eg. renal dysfunction, migraine, epilepsy. Discontinue in the event of thromboembolic or abnormal liver function results, significant increase in BP, new onset of migraine-type headache. Not recommended in women within 1 yr of menopause because of irregular vaginal bleeding. Stop tibolone 4 wk before elective surgery especially when prolonged immobilisation after surgery is expected. Adjustment of antidiabetic medications may be needed.

Adverse Drug Reactions

Weight gain; dizziness; rash; pruritus; headache; migraine; visual disturbances; GI symptoms; facial hair growth; altered liver

function; ankle oedema; depression; arthralgia or myalgia; irregular vaginal bleeding.
Potentially Fatal: Breast or endometrial cancer and stroke.

Drug Interactions

Enzyme inducers eg, barbiturates, phenytoin, carbamazepine and rifampicin may accelerate tibolone metabolism. Increased anticoagulant effects of warfarin.

Mechanism of Action

Tibolone is a steroid that possesses oestrogenic, progestogenic and weak androgenic properties.
Absorption: Rapidly and extensively absorbed after oral admin. Peak plasma concentrations after 1-1.5 hr (oral).
Metabolism: Converted into 3 active metabolites with 2 having predominantly oestrogenic property and 1 with progestogenic and androgenic property.
Excretion: Faeces (via the bile); via the urine (about 30% of a dose). The 2 main metabolites have an elimination half-life of about 7 hr.

CIMS Class

Oestrogens & Progesterones & Related Synthetic Drugs

ATC Classification

G03CX01 - tibolone;

*tibolone information:
Note that there are some more drugs interacting with tibolone
tibolone
tibolone brands available in India
Always prescribe with Generic Name : tibolone, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : LIVIAL tab MAXTIB tab SIBOLONE tab TIBOFEM tab TIBOMAX tab
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([all drugs])
ticarcillin
CIMS Class : (Penicillins)
ticarcillin

Lab ¤ - Lab interference

related ticarcillin information

Indication & Dosage

Intravenous

Severe Gram-negative infections

Adult: 200-300 mg/kg daily by infusion in divided doses every 4 or 6 hr.

Child: 200-300 mg/kg by infusion in divided doses every 4 or 6 hr.

Renal impairment: Peritoneal dialysis patients: 3 g every 12 hr; haemodialysis patients: 2 g every 12 hr plus an additional dose of 3 g after each dialysis session.

CrCl (ml/min)

Dosage Recommendation

30-60

Initial IV loading dose of 3 g, followed by 2 g every 4 hr.

10-30

Initial IV loading dose of 3 g, followed by 2 g every 8 hr.

<10

Initial IV loading dose of 3 g, followed by 2 g every 12 hr (or 1 g IM every 6 hr).

<10> with hepatic impairment

Initial IV loading dose of 3 g, followed by 2 g IV every 24 hr or 1 g IM every 12 hr.

Intravenous

Skin infections

Adult: 200-300 mg/kg daily by infusion in divided doses every 4 or 6 hr.

Child: 200-300 mg/kg by infusion in divided doses every 4 or 6 hr.

Renal impairment: Peritoneal dialysis patients: 3 g every 12 hr; haemodialysis patients: 2 g every 12 hr plus an additional dose of 3 g after each dialysis session.

CrCl (ml/min)

Dosage Recommendation

30-60

Initial IV loading dose of 3 g, followed by 2 g every 4 hr.

10-30

Initial IV loading dose of 3 g, followed by 2 g every 8 hr.

<10

Initial IV loading dose of 3 g, followed by 2 g every 12 hr (or 1 g IM every 6 hr).

<10> with hepatic impairment

Initial IV loading dose of 3 g, followed by 2 g IV every 24 hr or 1 g IM every 12 hr.

Intravenous

Septicaemia

Adult: 200-300 mg/kg daily by infusion in divided doses every 4 or 6 hr.

Child: 200-300 mg/kg by infusion in divided doses every 4 or 6 hr.

Renal impairment: Peritoneal dialysis patients: 3 g every 12 hr; haemodialysis patients: 2 g every 12 hr plus an additional dose of 3 g after each dialysis session.

CrCl (ml/min)

Dosage Recommendation

30-60

Initial IV loading dose of 3 g, followed by 2 g every 4 hr.

10-30

Initial IV loading dose of 3 g, followed by 2 g every 8 hr.

<10

Initial IV loading dose of 3 g, followed by 2 g every 12 hr (or 1 g IM every 6 hr).

<10> with hepatic impairment

Initial IV loading dose of 3 g, followed by 2 g IV every 24 hr or 1 g IM every 12 hr.

Intravenous

Peritonitis

Adult: 200-300 mg/kg daily by infusion in divided doses every 4 or 6 hr.

Child: 200-300 mg/kg by infusion in divided doses every 4 or 6 hr.

Renal impairment: Peritoneal dialysis patients: 3 g every 12 hr; haemodialysis patients: 2 g every 12 hr plus an additional dose of 3 g after each dialysis session.

CrCl (ml/min)

Dosage Recommendation

30-60

Initial IV loading dose of 3 g, followed by 2 g every 4 hr.

10-30

Initial IV loading dose of 3 g, followed by 2 g every 8 hr.

<10

Initial IV loading dose of 3 g, followed by 2 g every 12 hr (or 1 g IM every 6 hr).

<10> with hepatic impairment

Initial IV loading dose of 3 g, followed by 2 g IV every 24 hr or 1 g IM every 12 hr.

Intravenous

Bone and joint infections

Adult: 200-300 mg/kg daily by infusion in divided doses every 4 or 6 hr.

Child: 200-300 mg/kg by infusion in divided doses every 4 or 6 hr.

Renal impairment: Peritoneal dialysis patients: 3 g every 12 hr; haemodialysis patients: 2 g every 12 hr plus an additional dose of 3 g after each dialysis session.

CrCl (ml/min)

Dosage Recommendation

30-60

Initial IV loading dose of 3 g, followed by 2 g every 4 hr.

10-30

Initial IV loading dose of 3 g, followed by 2 g every 8 hr.

<10

Initial IV loading dose of 3 g, followed by 2 g every 12 hr (or 1 g IM every 6 hr).

<10> with hepatic impairment

Initial IV loading dose of 3 g, followed by 2 g IV every 24 hr or 1 g IM every 12 hr.

Parenteral

Uncomplicated urinary tract infections

Adult: 1 g IM/slow IV Inj every 6 hr.

Child: 50-100 mg/kg in divided doses every 6-8 hr. Do not inject >2 g into each IM site.

Parenteral

Complicated urinary tract infections

Adult: 150-200 mg/kg daily by IV infusion in divided doses every 4 or 6 hr.

Child: 150-200 mg/kg daily by IV infusion in divided doses every 4 or 6 hr.

Renal impairment: Peritoneal dialysis patients: 3 g every 12 hr; haemodialysis patients: 2 g every 12 hr plus an additional dose of 3 g after each dialysis session.

CrCl (ml/min)

Dosage Recommendation

30-60

Initial IV loading dose of 3 g, followed by 2 g every 4 hr.

10-30

Initial IV loading dose of 3 g, followed by 2 g every 8 hr.

<10

Initial IV loading dose of 3 g, followed by 2 g every 12 hr (or 1 g IM every 6 hr).

<10 with hepatic impairment

Initial IV loading dose of 3 g, followed by 2 g IV every 24 hr or 1 g IM every 12 hr.

Incompatibility: Incompatible with aminoglycosides.

Contraindications

Hypersensitivity to penicillins.

Special Precautions

Restricted sodium diet. Very high doses in poor renal function (risk of neurotoxicity) or heart failure. Avoid contact, skin sensitisation may occur. Monitor electrolyte concentrations, renal, hepatic and haematological status during prolonged and high dose therapy. Jarisch-Herxheimer reaction may be seen in spirochete infections particularly syphilis; avoid intrathecal route.

Adverse Drug Reactions

Pain at the inj site and phlebitis; electrolyte disturbances (hypokalaemia or hypernatraemia); dose-dependent coagulation defect; purpura and haemorrhage; hypersensitivity reactions; haemolytic anaemia; interstitial nephritis; neutropenia; CNS toxicity including convulsions; diarrhoea; pseudomembranous colitis. Haemorrhagic cystitis especially in cystic fibrosis patients.
Potentially Fatal: Anaphylaxis.

Drug Interactions

Probenecid decreases clearance of ticarcillin. Increased bleeding risk with warfarin, acenocoumarol. Possible increase in ciclosporin, methotrexate levels with concurrent use. Possible contraceptive failure with combined oral contraceptives.

Lab Interference

May interfere with diagnostic tests for urinary glucose using copper sulfate, direct Coombs' test, and test for urinary or serum proteins. May interfere with diagnostic tests that use bacteria.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Mechanism of Action

Ticarcillin is bactericidal through inhibition of the final cross-linking stage of peptidoglycan production by binding and inactivating transpeptidases thus inhibiting bacterial cell wall synthesis. It is active against gram-positive bacteria, gram-negative cocci, Pseudomonas aeruginosa, spirochetes, actinomycetes and has an extended spectrum of gram-negative bacteria compared to benzylpenicillin.

Absorption: Not absorbed from GI tract. Peak plasma concentrations: 0.5-1 hr (IM).

Distribution: Widely distibuted. Protein-binding: 50%. Plasma half-life: 70 min; 50 min (patients with cystic fibrosis).

Metabolism: Limited metabolism.

Excretion: 90% excreted unchanged in urine.

CIMS Class

Penicillins

ATC Classification

J01CA13 - ticarcillin; Belongs to the class of penicillins with extended spectrum. Used in the treatment of systemic infections.

*ticarcillin information:

Note that there are some more drugs interacting with ticarcillin

ticarcillin

ticarcillin brands available in India

Always prescribe with Generic Name : ticarcillin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : TICARNIC vial TIMENTIN vial

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([all drugs])

ticlopidine

CIMS Class : (Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics))

ticlopidine

P - Caution when used during pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related ticlopidine information

Indication & Dosage

Oral

Prophylaxis of thrombotic stroke

Adult: >18 yr: 250 mg bid.

Renal impairment: Dose reduction or discontinuance if haemorrhagic or haematopoietic complications occur.

Hepatic impairment: Severe: contraindicated.

Oral

Ischaemic heart disease

Adult: >18 yr: 250 mg bid.

Renal impairment: Dose reduction or discontinuance if haemorrhagic or haematopoietic complications occur.

Hepatic impairment: Severe: contraindicated.

Oral

Intermittent claudication

Adult: >18 yr: 250 mg bid.

Renal impairment: Dose reduction or discontinuance if haemorrhagic or haematopoietic complications occur.

Hepatic impairment: Severe: contraindicated.

Oral

Prophylaxis of subacute stent occlusion after intracoronary stenting

Adult: >18 yr: 250 mg bid for 4 wk, in conjunction with aspirin, starting at the time of stent placement.

Renal impairment: Dose reduction or discontinuance if haemorrhagic or haematopoietic complications occur.
Hepatic impairment: Severe: contraindicated.

Administration

Should be taken with food.

Overdosage

GI haemorrhage, convulsions, hypothermia, dyspnoea, loss of equilibrium and abnormal gait.

Contraindications

Pre-existing or history of blood dyscrasias; haemostatic disorder or active pathological bleeding (eg. bleeding peptic ulcer, intracranial bleeding); severe hepatic dysfunction. Hypersensitivity. Lactation.

Special Precautions

Patients with increased risk of bleeding from trauma, surgery or pathological disorder. Moderate to severe renal impairment. May

need to stop therapy 10-14 days before elective surgery. Full blood counts should be performed prior to therapy and every 2 wk during the first 3 mth of treatment. Pregnancy.

Adverse Drug Reactions

Diarrhoea, nausea, dyspepsia, bleeding, pupura, skin rash, increase in serum cholesterol concentration, elevation of LFTs, hepatitis, cholestatic jaundice.
Potentially Fatal: Neutropenia, agranulocytosis, thrombotic thrombocytopenic purpura and aplastic anaemia.

Drug Interactions

Reduced clearance with cimetidine; corticosteroid may antagonise effects on bleeding time. Avoid concurrent use with clopidogrel.
Potentially Fatal: Risk of haemorrhage increased with NSAIDs and oral anticoagulants; decreased metabolism of theophylline, phenytoin and bupropion.

Food Interaction

Increased risk of bleeding with Ginkgo biloba and Kangen-karyu.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Mechanism of Action

Ticlopidine inhibits adenosine diphosphate-mediated platelet aggregation.

Absorption: Rapidly and almost completely absorbed from the GI tract (oral). Oral bioavailability increased by 20% when taken after meals.

Distribution: Protein-binding: Extensive.

Metabolism: Hepatic: Extensive.

Excretion: As metabolites; via urine (60%), via faeces (25%). Terminal half-life: 30-50 hr.

CIMS Class

Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics)

ATC Classification

B01AC05 - ticlopidine; Belongs to the class of platelet aggregation inhibitors excluding heparin. Used in the treatment of thrombosis.

*ticlopidine information:
Note that there are some more drugs interacting with ticlopidine
ticlopidine further details are available in official CIMS India
ticlopidine
ticlopidine brands available in India
Always prescribe with Generic Name : ticlopidine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : APLAKET tab TIC tab TICLANTIN tab TICLOBEST tab TICLOP tab TICLOPID tab TICLOVAS tab TIKLA tab TIKLEEN tab TILKON tab TYKLID tab
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([all drugs])
timolol
CIMS Class : (Beta-Blockers) , (Antiglaucoma Preparations)

timolol

P - Contraindicated in pregnancy

related timolol information

Indication & Dosage

Oral

Hypertension

Adult: As maleate: 10 mg daily, increased according to response every 7 or more days. Maintenance: 10-40 mg/day in single or 2 divided doses. Max: 60 mg daily. Doses >30 mg should be given in 2 divided doses.

Renal impairment: Dose reduction may be needed.

Hepatic impairment: Dose reduction may be needed.

Oral

Prophylaxis of migraine

Adult: As maleate: 10-20 mg daily in 1-2 divided doses. Max: 30 mg daily.

Renal impairment: Dose reduction may be needed.

Hepatic impairment: Dose reduction may be needed.

Oral

Angina pectoris

Adult: As maleate: 5 mg bid, increased every 3 or more days to not > 10 mg daily. Maintenance: 35-45 mg daily in divided doses. Max: 60 mg daily.

Renal impairment: Dose reduction may be needed.

Hepatic impairment: Dose reduction may be needed.

Oral

Post myocardial infarction

Adult: As maleate: Initially, 5 mg bid for 2 days, starting 1-4 wk after MI, increased up to 10 mg bid, if necessary.

Renal impairment: Dose reduction may be needed.

Hepatic impairment: Dose reduction may be needed.

Ophthalmic

Open-angle glaucoma

Adult: Eye drop: Initially, instil 1 drop of 0.25% solution bid, increased to 0.5% solution if there is inadequate response; decrease to 1 drop daily if controlled. Gel-forming eyedrop: Instil 1 drop of 0.25% or 0.5% preparation in affected eyes once daily.

Ophthalmic

Ocular hypertension

Adult: Eye drop: Initially, instil 1 drop of 0.25% solution bid, increased to 0.5% solution if there is inadequate response; decrease to 1 drop daily if controlled. Gel-forming eyedrop: Instil 1 drop of 0.25% or 0.5% preparation in affected eyes once daily.

Administration

Should be taken with food.

Overdosage

Symptomatic bradycardia, hypotension, bronchospasm and acute heart failure. Gastric lavage followed by symptomatic and supportive treatment.

Contraindications

Present or history of bronchial asthma, COPD, present or history of bronchospastic disease, sinus bradycardia, 2nd and 3rd degree heart block, overt heart failure, cardiogenic shock. Pregnancy.

Special Precautions

Due to systemic absorption, side effects associated with ß-blockers may occur. Heart block, cerebrovascular insufficiency, myasthenia gravis. May mask signs of hypoglycaemia, hyperthyroidism. Abrupt withdrawal may precipitate thyroid storm in patients suspected of

developing thyrotoxicosis. Avoid sudden withdrawal in patients with ischaemic heart disease.

Adverse Drug Reactions

Fatigue, coldness of extremities, paraesthesia, GI symptoms, skin rash, alopecia, dry mouth, bradycardia. Ophthalmic use: Blurred vision, burning, stinging, ocular irritation, decreased corneal sensitivity, visual disturbances, diplopia, ptosis, cystoid macular oedema, pseudopemphigoid, choroidal detachment following filtration surgery. Systemic absorption with systemic effects may occur.
Potentially Fatal: Heart failure, heart block, bronchospasm, respiratory failure.

Drug Interactions

Hypotensive action may be reduced by NSAIDs. Increased hypotensive effect of antihypertensives, aldesleukin, general anaesthetics, catecholamine-depleting drugs e.g. reserpine. Increased risk of bradycardia with digoxin. Decreased response to sympathomimetics. Increased timolol levels with CYP2D6 inhibitors e.g.quinidine. Increased risk of prolongation of AV

conduction with calcium-channel blockers and digoxin. May exacerbate rebound hypertension following discontinuance of clonidine. Additive effects on ß-blockade with other ß-blockers.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

in 2nd & 3rd trimesters.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Ophthalmic: Store at 15-30°C (59-86°F). Oral: Store at 15-30°C (59-86°F).

Mechanism of Action

Timolol is a non-selective ß-adrenergic receptor blocker which does not have significant intrinsic sympathomimetic, direct myocardial depressant or local anaesthetic activity. It decreases intraocular pressure by reducing aqueous humor formation or increase outflow.

Onset: Topical: 30 min.

Duration: As long as 24 hr.

Absorption: Almost completely absorbed from GI tract. Peak plasma concentration in 1-2 hr.

Distribution: Protein-binding: Low. Crosses the placenta and distributed into breastmilk.

Metabolism: Undergo first-pass metabolism. Plasma half-life: 4hr.

Excretion: Excreted in urine as metabolites and unchanged drug.

CIMS Class

Beta-Blockers / Antiglaucoma Preparations

ATC Classification

C07AA06 - timolol; Belongs to the class of non-selective beta-blocking agents. Used in the treatment of cardiovascular diseases.

S01ED01 - timolol; Belongs to the class of beta blocking agents used in the treatment of glaucoma and miosis.

*timolol information:

Note that there are some more drugs interacting with timolol

timolol

timolol brands available in India

Always prescribe with Generic Name : timolol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BRIMOLOL eye lotion CAREPROST PLUS eye soln GANFORT eye drops GLUCOMOL eye drops GLUCOMOL OD eye gel GLUCOTIM eye drops IOTIM eye drops IOTIM-PLUS eye drops LOPRES DPS eye drops NYOLOL eye drops O'CLEAN eye drops OCOBAR eye drops OCULAN eye drops OCU-LOL eye drops OCUPRES GEL eye gel OCUPRES soln OCUTIM eye drops OPTILAX EYE DROPS eye drops TEOPTIC eye drops TIMDUS eye drops TIMO-5 eye drops TIMOLEN eye drops TIMOLET eye drops TIMOLET GFS eye gel TIMOLET PLUS eye drops TIMORITE DPS eye drops TIMORIV eye drops VEMOL eye drops

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([all drugs])

tinidazole

CIMS Class : (Other Antibiotics) , (Antiamoebics)

tinidazole

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related tinidazole information

Indication & Dosage

Oral

Bacterial vaginosis

Adult: 2 g as a single dose or 2 g given on 2 consecutive days.

Renal impairment: Haemodialysis: additional dose may be needed.

Oral

Anaerobic bacterial infections

Adult: 2 g on 1st day, followed by 1 g daily as a single dose or 500 mg bid for 5-6 days.

Renal impairment: Haemodialysis: additional dose may be needed.

Oral

Endometritis

Adult: 2 g on 1st day, followed by 1 g daily as a single dose or 500 mg bid for 5-6 days.

Renal impairment: Haemodialysis: additional dose may be needed.

Oral

Lung abscess

Adult: 2 g on 1st day, followed by 1 g daily as a single dose or 500 mg bid for 5-6 days.

Renal impairment: Haemodialysis: additional dose may be needed.

Oral

Skin and soft tissue infections

Adult: 2 g on 1st day, followed by 1 g daily as a single dose or 500 mg bid for 5-6 days.

Renal impairment: Haemodialysis: additional dose may be needed.

Oral

Peritonitis

Adult: 2 g on 1st day, followed by 1 g daily as a single dose or 500 mg bid for 5-6 days.

Renal impairment: Haemodialysis: additional dose may be needed.

Oral

Pneumonia

Adult: 2 g on 1st day, followed by 1 g daily as a single dose or 500 mg bid for 5-6 days.

Renal impairment: Haemodialysis: additional dose may be needed.

Oral

Prophylaxis of postoperative anaerobic bacterial infections

Adult: 2 g given 12 hr before surgery.

Renal impairment: Haemodialysis: additional dose may be needed.

Oral

Eradication of H. pylori associated with peptic ulcer disease

Adult: 500 mg bid; given with clarithromycin and omeprazole for 7 days.

Renal impairment: Haemodialysis: additional dose may be needed.

Oral

Intestinal amoebiasis

Adult: Single daily dose of 2 g for 2 or 3 days. Tinidazole therapy to be followed by a luminal amoebicide (e.g. paromomycin).

Child: A single daily dose of 50-60 mg/kg daily for 3 days. Tinidazole therapy to be followed by a luminal amoebicide (e.g. paromomycin).

Renal impairment: Haemodialysis: additional dose may be needed.

Oral

Hepatic amoebiasis

Adult: 1.5-2 g as a single daily dose for 3-6 days. Tinidazole therapy to be followed by a luminal amoebicide (e.g. paromomycin).

Child: A single daily dose of 50-60 mg/kg for 5 days. Tinidazole therapy to be followed by a luminal amoebicide (e.g. paromomycin).

Renal impairment: Haemodialysis: additional dose may be needed.

Oral

Giardiasis

Adult: 2 g as a single dose. In trichomoniasis, sexual partners should be treated.

Child: 50-75 mg/kg as a single dose, repeat this dose if necessary.

Renal impairment: Haemodialysis: additional dose may be needed.

Oral

Trichomoniasis

Adult: 2 g as a single dose. In trichomoniasis, sexual partners should be treated.

Child: 50-75 mg/kg as a single dose, repeat this dose if necessary.

Renal impairment: Haemodialysis: additional dose may be needed.

Oral

Acute necrotising ulcerative gingivitis

Adult: 2 g as a single dose.

Renal impairment: Haemodialysis: additional dose may be needed.

Intravenous

Anaerobic bacterial infections

Adult: Initially, 800 mg/400 ml infused at a rate of 10 ml/min followed by 800 mg daily or 400 mg bid until oral therapy can be substituted.

Renal impairment: Haemodialysis: additional dose may be needed.

Intravenous

Skin and soft tissue infections

Adult: Initially, 800 mg/400 ml infused at a rate of 10 ml/min followed by 800 mg daily or 400 mg bid until oral therapy can be substituted.

Renal impairment: Haemodialysis: additional dose may be needed.

Intravenous

Pneumonia

Adult: Initially, 800 mg/400 ml infused at a rate of 10 ml/min followed by 800 mg daily or 400 mg bid until oral therapy can be substituted.

Renal impairment: Haemodialysis: additional dose may be needed.

Intravenous

Peritonitis

Adult: Initially, 800 mg/400 ml infused at a rate of 10 ml/min followed by 800 mg daily or 400 mg bid until oral therapy can be substituted.

Renal impairment: Haemodialysis: additional dose may be needed.

Intravenous

Lung abscess

Adult: Initially, 800 mg/400 ml infused at a rate of 10 ml/min followed by 800 mg daily or 400 mg bid until oral therapy can be substituted.

Renal impairment: Haemodialysis: additional dose may be needed.

Intravenous

Endometritis

Adult: Initially, 800 mg/400 ml infused at a rate of 10 ml/min followed by 800 mg daily or 400 mg bid until oral therapy can be substituted.

Renal impairment: Haemodialysis: additional dose may be needed.

Intravenous

Prophylaxis of postoperative anaerobic bacterial infections

Adult: 1.6 g given as a single infusion prior to surgery.

Renal impairment: Haemodialysis: additional dose may be needed.

Administration

Should be taken with food. (Take during or immediately after meals.)

Overdosage

Treatment is symptomatic and supportive. Gastric lavage and dialysis may be useful.

Contraindications

Blood dyscrasias, organic neurologic disorders, hypersensitivity to 5-nitroimidazole derivatives, porphyria. Lactation, pregnancy (1st trimester).

Special Precautions

Alcohol should be avoided until 72 hr after stopping therapy. Discontinue if abnormal neurological signs (e.g. dizziness, incoordination, ataxia) develop. CNS diseases, pregnancy (2nd and 3rd trimester).

Adverse Drug Reactions

Metallic taste, nausea, headache, vomiting, dark urine, flushing, anorexia, diarrhoea, tiredness, transient leucopenia.
Potentially Fatal: Hypersensitivity.

Drug Interactions

Possible decrease in absorption with colestyramine. Possible increase in anticoagulant effect of warfarin. Monitor for toxicity if used with ciclosporin, tacrolimus or lithium.

Food Interaction

Disulfiram-like reaction with alcohol.

Lab Interference

May cause falsely decreased values in tests where determinations are based on the decrease in ultraviolet absorbance that occurs during oxidation of NADH to NAD e.g. alanine aminotransferase (ALT), aspartate aminotransferase (AST), lactate dehydrogenase (LDH), triglycerides or glucose.

Storage

Oral: Store below 25°C.

Mechanism of Action

Tinidazole, a 5 nitroimidazole derivative with antimicrobial actions similar to metronidazole, is active against both protozoa (e.g.Trichomonas vaginalis, Entamoeba histolytica and Giardia lamblia) and obligate anaerobic bacteria. It damages DNA strands or inhibit DNA synthesis in microorganism.

Absorption: Almost completely absorbed from the GI tract (oral); peak plasma concentrations after 2 hr.

Distribution: Widely distributed; breast milk, CSF, saliva, bile and body tissues (high concentrations similar to plasma), crosses the placenta. Protein-binding: 12%.

Metabolism: Converted to an active hydroxy metabolite. Plasma elimination half-life: 12-14 hr.

Excretion: Via urine (as unchanged drug and metabolites), via faeces (small amounts).

CIMS Class

Other Antibiotics / Antiamoebics

ATC Classification

J01XD02 - tinidazole; Belongs to the class of imidazole derivative antibacterials. Used in the treatment of systemic infections.

P01AB02 - tinidazole; Belongs to the class of nitroimidazole derivatives antiprotozoals. Used in the treatment amoebiasis and other protozoal diseases.

*tinidazole information:
Note that there are some more drugs interacting with tinidazole
tinidazole further details are available in official CIMS India
tinidazole
tinidazole brands available in India
Always prescribe with Generic Name : tinidazole, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : AMEBAMAGMA tab COSTINI tab COZIT tab DATISOLE-SR tab ENIDAZOL tab FASIGYN dispertab FASIGYN tab PROTORID FORTE tab TINA tab TINI susp TINI tab TINIBA INF infusion TINIBA infusion TINIBA tab TINIBA-PP tab TINIBID-DS tab TINIDAFYL tab TINI-DS film-coated tab TINI-F SUSP susp TINIFAS film-coated tab TINIPIDI IV inj TINJECT-OD infusion TINVISTA film-coated tab TRAG tab TRIDA tab TZOLE tab
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([all drugs])

tioguanine

CIMS Class : (Cytotoxic Chemotherapy)

tioguanine

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related tioguanine information

Indication & Dosage

Oral

Acute myeloid leukaemia, Chronic myeloid leukaemia, Acute lymphoblastic leukaemia

Adult: As a single agent chemotherapy: Initially 2 mg/kg/day, increased to 3 mg/kg/day after 4 wk if no improvement and no leukocyte or platelet depression. Alternatively, induction therapy: 100-200 mg/m2/day in 1-2 divided doses over a period of 5-20 days. Maintenance therapy: Intermittent or continuous daily doses between 60-200 mg/m2. In combination with other cytotoxic drugs: Refer to currently published protocols for dose, method and sequence of admin. Dose and duration depends on the combination of cytotoxic drug used.

Child: As a single agent chemotherapy: Initially 2 mg/kg/day, increased to 3 mg/kg/day after 4 wk if no improvement and no

leukocyte or platelet depression. Alternatively, induction therapy: 60-200 mg/m2/day in 1-2 divided doses over a period of 5-20 days. Maintenance therapy: Intermittent or continuous daily doses between 60-200 mg/m2. In combination with other cytotoxic drugs: Refer to currently published protocols for dose, method and sequence of admin. Dose and duration depends on the combination of cytotoxic drug used.
Renal impairment: Dosage adjustment may be needed.
Hepatic impairment: Dosage adjustment may be needed.

Special Populations: Inherited deficiency of the enzyme thiopurine methyltransferase: Dose reductions needed.

Overdosage

Nausea, vomiting, malaise, hypotension, diaphoresis, myelosuppression and azotaemia. Induce emesis to reduce absorption of drug. Treatment is symptomatic and supportive. There is no known antidote. Haemodialysis unlikely to be helpful.

Contraindications

Pregnancy, lactation, prior resistance to drug. Immunisation with live vaccines.

Special Precautions

Renal or hepatic impairment. Inherited deficiency of thiopurine methyltransferase. Resistance to tioguanine therapy in Lesch-Nyhan syndrome. Monitor haemoglobin concentration, haematocrit, total WBC count, differential count and platelet count at least once a wk or more frequently during therapy. Discontinue treatment temporarily at first signs of unusually large decrease in leukocytes, platelets or haemoglobin. Resume therapy if leukocyte or platelet count increases or stays at an acceptable level for 2-3 days. Withhold therapy if there is worsening of LFT, jaundice, hepatomegaly, anorexia with tenderness in the right hypochondrium, or if there is evidence of toxic hepatitis, biliary stasis or severe bone marrow depression. Not recommended for maintenance therapy or long-term continuous treatments due to hepatotoxicity.

Adverse Drug Reactions

Myelosuppression especially leukopenia, thrombocytopenia, anaemia; hyperuricaemia; nausea; vomiting; diarrhoea; anorexia and stomatitis; rash; dermatitis; jaundice; increased risk of infections.

Potentially Fatal: Hepatotoxicity, life-threatening infections due to myelosupression.

Drug Interactions

Increased risk of heptotoxicity, portal hypertension and oesophageal varices during long-term continuous therapy with busulfan. Increased haematological toxicity with aminosalicylate derivatives (e.g. olsalazine,mesalazine or sulfasalazine), which may inhibit the thiopurine methyltransferase enzyme. May decrease phenytoin or carbamazepine levels.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store at 15-25°C (59-77°F).

Mechanism of Action

Tioguanine, an antineoplastic that acts as an antimetabolite, has actions similar to those of mercaptopurine. It is an analogue of the natural purine, guanine and is rapidly converted to ribonucleotides which are then incorporated into the DNA and RNA after repeated dosing. The cytotoxic effects arises from the substitution of the ribonucleotides into DNA.Tioguanine has some immunosuppressive activity and there is complete cross-resistance between tioguanine and mercaptopurine.

Absorption: Incomplete and variable absorption from GI tract. Average bioavailbility: 30%.

Distribution: Does not cross the blood-brain barrier significantly; crosses the placenta.

Metabolism: Rapidly and extensively metabolised in liver and other tissues. Inactivated mainly by methylation to aminomethylthiopurine; some are deaminated to thioxanthine which may be further oxidised by xanthine oxidase to thiouric acid. Inactivation is independent of xanthine oxidase and is unaffected by enzyme inhibition.

Excretion: Excreted in urine mainly as metabolites and unchanged drug (negligible).

CIMS Class

Cytotoxic Chemotherapy

ATC Classification

L01BB03 - tioguanine; Belongs to the class of antimetabolites, purine analogues. Used in the treatment of cancer.

*tioguanine information:
Note that there are some more drugs interacting with tioguanine
tioguanine
tioguanine brands available in India
Always prescribe with Generic Name : tioguanine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : 6-TG tab THIONINE tab
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([all drugs])

tiotropium bromide

CIMS Class : (Antiasthmatic & COPD Preparations)

tiotropium bromide

P - Caution when used during pregnancy

L - Caution when used during lactation

related tiotropium bromide information

Indication & Dosage

Inhalation

Maintenance therapy in chronic obstructive pulmonary disease

Adult: >18 yr: 1 cap (18 mcg of tiotropium) inhaled daily, with the inhalation device, at the same time of day.

CrCl (ml/min)

Dosage Recommendation

=50

Use with caution and monitor closely.

Contraindications

Hypersensitivity to atropine and its derivatives (e.g. ipratropium).

Special Precautions

Narrow-angle glaucoma; prostatic hypertrophy or bladder-neck obstruction; renal impairment. Pregnancy and lactation. Discontinue if immediate hypersensitivity (e.g. angioedema) or paradoxical bronchospasm occurs. Discontinue if eye pain, red eye, visual halos, and other signs of acute narrow-angle glaucoma.

Adverse Drug Reactions

Dry mouth, constipation, cough and local irritation, tachycardia, urinary retention, UTI, upper respiratory tract infection, hypersensitivity reactions, pupil dilation, blurred vision, myalgia, dyspepsia, rash. Pharyngitis, sinusitis, rhinitis and epistaxis reported with the use of inhalation powder.

Storage

Inhalation: Store at 15-30°C (59-86°F). Do not store in the inhalation device.

Mechanism of Action

Tiotropium bromide, a long-acting quaternary ammonium antimuscarinic, is structurally related to ipratropium. It is a nonselective competitive antagonist of muscarinic (M1-M5) receptors and causes bronchodilation by inhibiting the actions of acetylcholine and other cholinergic stimuli at M<290>3<>190> receptors in the smooth muscle of the respiratory tract.

Absorption: Bioavailability 20% (lungs).

Distribution: Protein-binding: 72%.

Metabolism: Undergoes some metabolism by non-enzymatic cleavage and by cytochrome P450 isoenzymes CYP2D6 and CYP3A4.

Excretion: Excreted largely unchanged in urine. Terminal half-life: 5-6 days.

CIMS Class

Antiasthmatic & COPD Preparations

ATC Classification

R03BB04 - tiotropium bromide; Belongs to the class of other inhalants used in the treatment of obstructive airway diseases, anticholinergics.

*tiotropium bromide information:

Note that there are some more drugs interacting with tiotropium bromide

tiotropium bromide

tiotropium bromide brands available in India

Always prescribe with Generic Name : tiotropium bromide, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : TIATE cap TIATE inhalant TIOMIST Novocortpowd TIOMIST Respi-cap TIOTROP inhaler TIOVA INHALER accuhaler TIOVA rotacap

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([all drugs])

tirofiban

CIMS Class : (Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics))

tirofiban

related tirofiban information

Indication & Dosage

Intravenous

Acute coronary syndrome

Adult: Loading dose: 0.4 mcg/kg/minute for 30 minutes followed by 0.1 mcg/kg/minute. Patients undergoing percutaneous coronary intervention (PCI): Loading dose: 0.4 mcg/kg/minute for 30 minutes followed by 0.1 mcg/kg/minute given during angiography and for 12?24 hr after angioplasty or atherectomy. Patients who require CABG: Discontinue tirofiban at least 4?6 hr before CABG. All patients should receive aspirin before start of tirofiban therapy and unfractionated heparin simultaneously with the start of tirofiban therapy, unless contra-indicated. Max duration of treatment: 108 hr.

CrCl (ml/min)

Dosage Recommendation

<30

Reduce dose by 50%.

Reconstitution: Preparing inj concentrate for infusion: Withdraw and discard 50-100 ml of solution from a 250 or 500 ml bag, respectively, of 0.9% sodium chloride or 5% dextrose inj and replace this volume with 50 ml (12.5 mg of tirofiban) or 100 mL (25 mg of tirofiban) of tirofiban inj to achieve a final tirofiban concentration of 50 mcg/ml.

Incompatibility: Do not admin diazepam in the same IV line.

Overdosage

Bleeding, usually mucosal and localised bleeding at the arterial puncture site for cardiac catheterisation. In severe cases, intracranial haemorrhages and retroperitoneal bleeding. Management: Discontinue infusion and transfusions of blood and/or thrombocytes if required. Tirofiban can be removed by haemodialysis.

Contraindications

History of thrombocytopenia with glycoprotein IIb/IIIa receptor antagonist. Active internal bleeding. Active peptic ulcer within the past 3 mth. History of bleeding diathesis within the previous 30 days; history of stroke within 30 days or history of intracranial haemorrhage; history or findings suggestive of aortic dissection; intracranial neoplasm, arteriovenous malformation, or aneurysm; acute pericarditis; vasculitis; haemorrhagic retinopathy; uncontrolled hypertension >180/110 mm Hg; anaemia. Recent major surgery or severe trauma. Traumatic or protracted CPR,

organ biopsy or lithotripsy within the past 2 wk. Serious hepatic impairment.

Special Precautions

Anaemia, thrombocytopenia or known history of platelet function disturbance. Puncture of a non-compressible vessel within 24 hr, recent epidural procedure, severe CHF, cardiogenic shock. Discontinue in case of uncontrolled bleeding or require emergency surgery or thrombolytic therapy. Severe renal impairment. Monitor platelet counts, haematocrit and haemoglobin before and periodically (e.g. within the first 6 hr of the loading infusion and daily thereafter). Monitor activated clotting time (ACT) or aPTT if on concurrent heparin therapy. Defer PCI for at least 4 hr after initiation of therapy. Elderly, females, patients with low body weight.

Adverse Drug Reactions

Bleeding, thrombocytopenia, bradycardia, dissection of the coronary artery, dizziness, oedema, pelvic pain, sweating, nausea, fever, headache, rashes.
Potentially Fatal: Anaphylaxis.

Storage

Intravenous: Store between 15-30°C. Protect from light. Avoid freezing. Discard unused portions.

Mechanism of Action

Tirofiban, a synthetic nonpeptide tyrosine derivative, is a platelet glycoprotein (GP IIb/IIIa)-receptor inhibitor. It reversibly inhibits binding of fibrinogen to the glycoprotein IIb/IIIa receptors of platelets.

Duration: 4-8 hr.

Distribution: Plasma half-life: 2 hr. Protein-binding: 65%. Volume of distribution: 22-42 L.

Metabolism: Limited metabolism.

Excretion: Eliminated largely unchanged in the urine, with some biliary excretion in the faeces.

CIMS Class

Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics)

ATC Classification

B01AC17 - tirofiban; Belongs to the class of platelet aggregation inhibitors excluding heparin. Used in the treatment of thrombosis.

*tirofiban information:

Note that there are some more drugs interacting with tirofiban

tirofiban

tirofiban brands available in India

Always prescribe with Generic Name : tirofiban, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AGGRAMED infusion AGGRASTAT inj AGGRIBLOC inj AGGRITOR infusion AGRABAN infusion GP-2 BAN inj TIROBAN vial TIROFUSE inj XTRABAN IV infusion

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([all drugs])

tizanidine

CIMS Class : (Muscle Relaxants)

tizanidine

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related tizanidine information

Indication & Dosage

Oral

Spasticity

Adult: >18 yr: Initially, 2 mg once daily increased according to response by 2-mg increments at intervals of at least 3-4 days up to 24 mg daily in 3-4 divided doses. Max: 8 mg/dose. Max: 24 mg/day.

Elderly: Not recommended.

CrCl (ml/min)

Dosage Recommendation

<25

Initially, 2 mg once daily, gradually increasing the dose before increasing the frequency of admin.

Hepatic impairment: Avoid or use with extreme caution.

Oral

Painful muscle spasm associated with musculoskeletal conditions

Adult: >18 yr: 2-4 mg tid.

Elderly: Not recommended.

CrCl (ml/min)
Dosage Recommendation
<25
Initially, 2 mg once daily, gradually increasing the dose before increasing the frequency of admin.

Hepatic impairment: Avoid or use with extreme caution.

Overdosage

Nausea, vomiting, hypotension, miosis, dizziness, respiratory distress, coma, restlessness and somnolence. Treatment is supportive and symptomatic. Gastric lavage or use activated charcoal to reduce drug absorption. Patient to be well hydrated.

Contraindications

Severe hepatic dysfunction.

Special Precautions

Hepatic or renal insufficiency. Children, elderly, pregnancy and lactation. Monitor LFT regularly. Stop treatment if liver enzymes are raised persistently >3 times upper limit of normal range. Avoid abrupt withdrawal of therapy.

Adverse Drug Reactions

Drowsiness, fatigue, dizziness, insomnia, headache, anxiety, nausea, dryness of mouth, GI disturbances, hypotension, bradycardia, muscle pain and weakness, transient increase in serum transaminases, hallucinations.
Potentially Fatal: Hepatitis.

Drug Interactions

Potentiates hypotensive effect of antihypertensives. Increased CNS effects with alcohol and CNS depressants. Increased bradycardia with ß-blockers and digoxin. Increased serum concentration of tizanidine with CYP1A2 inhibitors e.g. zileuton, ciprofloxacin and other fluoroquinolones, antiarrhythmics, cimetidine, famotidine, oral contraceptives, aciclovir and ticlopidine. Decreased serum concentrations of tizanidine with rifampicin. Use with caution with drugs that may prolong QT interval.

Food Interaction

Tablets and capsules bioequivalent if taken under fasting conditions but differs when taken with food. Tablets: Food increases the median time to peak plasma concentration from about 60 min to about 85 min but increases the mean peak plasma concentration and extent of absorption by about 30%. Capsules: Food increases the median time to peak plasma concentration from about 1 hr to 3 hr; decreases mean peak plasma concentration by 20% while increases the extent of absorption by about 10%. Amount absorbed from capsule is 80% of amount absorbed from tablet when taken with food. Admin of the capsule contents sprinkled on applesauce: 15-20% increase in peak plasma concentration and amount absorbed and a 15-min decrease in median lag time and time to achieve peak plasma concentration, compared with admin of intact capsule under fasting.

Mechanism of Action

Tizanidine, an a2-adrenergic agonist, is a centrally acting muscle relaxant structurally related to clonidine. It reduces spasticity by increasing presynaptic inhibition of motor neurons and has no

direct effect on skeletal muscle, the neuromuscular junction or on monosynaptic spinal reflexes.

Absorption: Absorbed from the GI tract (oral); peak plasma concentrations in 1-2 hr.

Distribution: Protein-binding: 30%. Elimination half-life: 2-4 hr.

Metabolism: Extensive hepatic first-pass metabolism mainly via the cytochrome P450 isoenzyme CYP1A2.

Excretion: Via urine (mainly as inactive metabolites).

CIMS Class

Muscle Relaxants

ATC Classification

M03BX02 - tizanidine; Belongs to the class of otheragents used as centrally-acting muscle relaxants.

*tizanidine information:

Note that there are some more drugs interacting with tizanidine

tizanidine

tizanidine brands available in India

Always prescribe with Generic Name : tizanidine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACCETIZ-P film-coated tab ACENT-TZ tab ACICLOFLEX-MR tab ACOTA-MR film-coated tab ALSOLIDE-MR tab ANTIPEN-T tab ASFLAM tab BESTOGESIC MR tab BRUFEN-MR soft-gelatin caps CANMET-MR tab CARNIL MR tab CITANZ softgel DICLORAN-MR tab DIPLONIM-MR tab DOLOFLAM-MR tab DTN 52 tab EMSULIDE-MR tab ETIZA tab GESNIM-MR tab GONIM MR tab ICOBIT-MR tab INGESIC-MR tab ITZGON tab JUSGO-MR tab LUMBRIL-T tab MEF-T tab MEFTAL-MR tab MINIPAR-TZ tab NELSID-MR tab NEOMOL-MR tab NICIFLEX-T tab NICIP T tab NILE-TZ tab NIMAT-MR tab NIMCOM-MR tab NIMDIN tab NIMEB-T tab NIMERIL-T tab NIMETIZ tab NIMI-LB tab NIMITIZ tab NIMOTIZ MR tab NIMPAIN T tab NIMSAID-T tab NIMTIZ-MR tab NIMUDIN tab NIMUFLEX-T tab NIMVAR-MR tab NIMVEN-T tab NIXIA-MR tab NIZI dispertab NIZOX-MR tab NOBEL-MR tab NOVOLID-MR tab ONALIDE-MR tab OPEL M.R. tab ORTHOBID-MR tab ORTHODEX-MR tab PRINIM-T tab PROXYVON-MR tab RELAXYL-T tab SEREZON-MR tab SHINNAC-MR tab SIRDALUD tab SIXER-TIZ tab STARNAC-TZ tab SUMO-MR

tab TAB SIENNA tab TEKNOFLEX tab TIZADIC film-coated tab TIZAFEN tab TIZAFLEX tab TIZALIDE tab TIZAN tab TIZANAC tab TIZANIM tab TIZAREN tab TIZAREX tab TIZILEX tab TIZPA tab TIZPA-DP tab TIZU tab TROMAZINE tab VABRA-TZ tab VALDINE tab VALDONE-MR film-coated tab VALERON MR tab VALSAFE-MR tab VELYCOX-MR tab XAPPY-T tab ZALIDE tab ZERODOL-MR film-coated tab ZITA tab ZOLANDIN-MR tab ZULU FORTE tab ZULU tab

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([all drugs])

tobramycin

CIMS Class : (Aminoglycosides) , (Eye Anti-infectives & Antiseptics)

tobramycin

P - Contraindicated in pregnancy

L - Caution when used during lactation

related tobramycin information

Indication & Dosage

Parenteral

Susceptible infections

Adult: 3-5 mg/kg/day, to be given in 3-4 divided doses for 7-10 days. Dose may be given via IM/IV infusion in 50-100 ml of 0.9% sodium chloride or 5% glucose over 20-60 minutes.

Child: IM/IV infusion over 20-60 min: 6-7.5 mg/kg daily in 3-4 divided doses; premature and full-term neonates: 2 mg/kg bid. Treatment is given for 7-10 days.

Renal impairment: Initial loading dose of 1 mg/kg, subsequent dosage or frequency of admin adjusted based on serum concentration.

Parenteral

Mild to moderate urinary tract infections

Adult: 2-3 mg/kg once daily for 7-10 days. Dose to be given via IM/IV infusion in 50-100 ml of 0.9% sodium chloride or 5% glucose over 20-60 minutes.

Renal impairment: Initial loading dose of 1 mg/kg, subsequent dosage or frequency of admin adjusted based on serum concentration.

Inhalation

Cystic fibrosis

Adult: 300 mg every 12 hr inhaled from a suitable nebuliser for 28 days, then stop for 28 days and repeat in cycles of 28 days as needed. Do not give doses <6 hr apart.

Ophthalmic

Ocular infections

Adult: As 0.3% eye drop: Mild to moderate infections: Instill 1-2 drops into affected eye every 4 hr. Severe infections: Instill 2 drops into affected eye every 30-60 minutes initially until improvement, reduce treatment frequency before discontinuation. As 0.3% eye ointment: Mild to moderate infections: Apply a half-inch ribbon bid-tid into affected eye. Severe infections: Apply a half-inch ribbon into the affected eye every 3-4 hr until improvement, reduce treatment frequency before discontinuation.

Incompatibility: Inactivated by b-lactam-type antibiotics (e.g. penicillins or cephalosporins).

Overdosage

If orally ingested, toxicity is less likely as it is poorly absorbed from an intact GI tract. In parenteral overdose, nephrotoxicity may occur if trough blood concentrations fail to fall below 2 mcg/ml. Auditory and vestibular toxicities may occur in patients treated for >10 days; abnormal renal function; dehydrated patients; or receiving medications with additive auditory toxicities. Ototoxicity signs and symptoms (e.g. dizziness, tinnitus, vertigo, loss of high-tone acuity) may manifest even after the drug has been discontinued.

Neuromuscular blockade, respiratory failure and prolonged respiratory paralysis may also occur. Treatment is supportive and symptomatic. Neuromuscular blockade may be reversed by the admin of calcium salts. Monitor fluid balance, creatinine clearance and tobramycin plasma levels until the serum tobramycin level falls below 2 mcg/ml. Ensure adequate hydration in patients with normal renal function. In patients with abnormal renal function, aggressive therapy e.g. haemodialysis may be beneficial.

Contraindications

Hypersensitivity to aminoglycosides; pregnancy.

Special Precautions

Preexisting renal and auditory or vestibular impairment; dehydration; neuromuscular blockade, muscular disorders (e.g. myasthenia gravis, parkinsonism); neonates; elderly; lactation. Avoid peak plasma concentrations > 10 mcg/ml or trough concentrations >2 mcg/ml when used parenterally.

Adverse Drug Reactions

Nausea, vomiting, dizziness or vertigo, acute renal failure, interstitial nephritis, acute tubular necrosis, electrolyte imbalances, purpura, encephalopathy, convulsions, mental depression, hallucinations, ototoxicity, blood dyscrasias, increased LFT and bilirubin concentrations. Topical: Ocular toxicity and hypersensitivity reactions (e.g. itching and oedema of the eyelid), conjunctival erythema, punctate keratitis and tearing.
Potentially Fatal: Neuromuscular blockade, respiratory paralysis, anaphylaxis.

Drug Interactions

Increased nephrotoxicity or ototoxicity with etacrynic acid, furosemide, other aminoglycosides, cefalotin,cisplatin, vancomycin, piperacillin, ciclos porin, amphotericin B. Decrease serum tobramycin levels with miconazole.
Potentially Fatal: Increased neuromuscular-blocking activity with magnesium and other neuromuscular-blocking agents.

Pregnancy Category (US FDA)
Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in

pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Ophthalmic: Store at 8-27°C (46-80°F). Parenteral: Store between 15-30°C (59-86°F).

Mechanism of Action

Tobramycin acts by binding to 30S ribosomal subunits thus interfering with bacterial protein synthesis. It is active against many aerobic gram-negative bacteria and some aerobic gram-positive bacteria but inactive against Chlamydia, fungi, viruses, and most anaerobic bacteria.

Absorption: Rapid and complete absorption (IM); peak plasma concentrations after 30-90 min (IM). Poor oral absorption.

Distribution: Crosses the placenta.

Excretion: Via the urine; elimination half-life: 2-3 hr.

CIMS Class

Aminoglycosides / Eye Anti-infectives & Antiseptics

ATC Classification

J01GB01 - tobramycin; Belongs to the class of other aminoglycosides. Used in the treatment of systemic infections.

S01AA12 - tobramycin; Belongs to the class of antibiotics. Used in the treatment of eye infections.

*tobramycin information:

Note that there are some more drugs interacting with tobramycin

tobramycin

tobramycin brands available in India

Always prescribe with Generic Name : tobramycin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BACTOB inj BELTOB vial ELTOL vial EYEBREX eye drops FYTOBRA eye drops FYTOBRA-80 vial GLYTOB eye drops IBREX eye drops INTOB eye drops LT-CIN eye drops MDAS eye drops MYTOB inj MYTOBRA vial NUTOB eye drops NUTOB-F eye drops OBRA drops OBRA oint OCUTOB eye drops SUPRATOB eye drops SWITOB eye/ear drops TOBA eye drops TOBACIN eye/ear drops TOBACIN INJ vial TOBA-F eye drops TOBAMIST RESP RESP-soln TOBANAC vial TOBAREN eye drops TOBASAFE eye drops TOBAX amp TOBRA eye/ear drops TOBRABACT eye drops TOBRAFIL eye drops TOBRAGEN DPS eye/ear drops TOBRAGEN inj TOBRANEG vial TOBRASULF vial TOBREAGE DPS eye drops TOBREB DPS eye drops TOBREB vial TOBREX eye drops TOBROP eye drops TOCIN vial TOSANA inj TOZEN eye drops TROMACYN eye drops TROMACYN eye oint

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([all drugs])

tobramycin + dexamethasone

CIMS Class : (Eye Antiseptics with Corticosteroids)

tobramycin + dexamethasone

P - Caution when used during pregnancy

L - Caution when used during lactation

related tobramycin + dexamethasone information

Indication & Dosage

Ophthalmic

Ocular inflammation with suspected or confirmed bacterial infection

Adult: As suspension containing tobramycin 0.3% and dexamethasone 0.1%: 1-2 drops instilled into the conjunctival sac(s) 4-6 hrly. Dosage may be increased to every 2 hrly during the initial 24-48 hr, decrease frequency gradually as improvement seen. As ointment containing tobramycin 0.3% and dexamethasone 0.1%: Apply about ½ inch of ointment into the conjunctival sac(s) up to 3-4 times daily.

Contraindications

Viral infections of corneal and conjunctiva (e.g. epithelial herpes simplex keratitis, vaccinia, varicella). Mycobacterial or fungal infection of the eye.

Special Precautions

Pregnancy and lactation. Avoid prolonged use, monitor intraocular pressure routinely. Safety and effectiveness in children <2 yr not established.

Adverse Drug Reactions

Hypersensitivity reactions, lid itching and swelling, conjunctival erythema, increase in intraocular pressure, glaucoma, optic nerve damage, posterior subcapsular cataract formation and delayed wound healing. Secondary infections especially after prolonged use.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Ophthalmic: Suspension: Store between 8-27°C (46-80°F); shake well before using. Ointment: Store between 8-27°C (46-80°F).

Mechanism of Action

Tobramycin, an aminoglycoside antibiotic, has actions similar to that of gentamicin and is active against Staphylococci, Streptococci, Pseudomonas aeruginosa, Escherichia coli, Klebsiella pneumoniae,Enterobacter aerogenes, Proteus mirabilis, Morganella morganii, most Proteus vulgaris strains,Haemophilus influenzae and H. aegyptius, Moraxella lacunata, Acinetobacter calcoaceticus and someNeisseria species. Dexamethasone, a synthetic fluorinated corticosteroid, has mainly glucocorticoid activity and suppresses inflammatory response.

CIMS Class

Eye Antiseptics with Corticosteroids

ATC Classification

A01AC02 - dexamethasone; Belongs to the class of local corticosteroid preparations. Used in the treatment of diseases of the mouth.
C05AA09 - dexamethasone; Belongs to the class of products containing corticosteroids for topical use. Used in the treatment of hemorrhoids.

D07AB19 - dexamethasone; Belongs to the class of moderately potent (group II) corticosteroids. Used in the treatment of dermatological diseases.

D07XB05 - dexamethasone; Belongs to the class of moderately potent (group II) corticosteroids in other combinations. Used in the treatment of dermatological diseases.

D10AA03 - dexamethasone; Belongs to the class of topical corticosteroids used in the treatment of acne.

H02AB02 - dexamethasone; Belongs to the class of glucocorticoids. Used in systemic corticosteroid preparations.

J01GB01 - tobramycin; Belongs to the class of other aminoglycosides. Used in the treatment of systemic infections.

R01AD03 - dexamethasone; Belongs to the class of topical corticosteroids used as nasal decongestants.

S01AA12 - tobramycin; Belongs to the class of antibiotics. Used in the treatment of eye infections.

S01BA01 - dexamethasone; Belongs to the class of corticosteroids. Used in the treatment of inflammation of the eye.

S01CB01 - dexamethasone; Belongs to the class of corticosteroids/antiinfectives/mydriatics combinations. Used in the treatment of eye diseases.

S02BA06 - dexamethasone; Belongs to the class of corticosteroids used in the treatment of inflammation of the ear.

S03BA01 - dexamethasone; Belongs to the class of corticosteroids used in ophthalmologic and otologic preparations.

*tobramycin + dexamethasone information:
Note that there are some more drugs interacting with tobramycin + dexamethasone
tobramycin + dexamethasone
tobramycin + dexamethasone brands available in India
Always prescribe with Generic Name : tobramycin + dexamethasone, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : GLYTOB-D eye drops MOGITOB-D eye/ear drops OBRASONE eye drops OCUTOB-D eye drops TOBACIN-D eye drops TOBADEX eye drops TOBA-DM eye drops TOBAREN-D eye drops TOBRA D eye/ear drops TOBRADEX eye drops TOBRAFIL-DM eye drops TOBREB-D eye drops TOBROP-DM eye drops TROMADEX eye drops TROMADEX eye oint
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([all drugs])
tolbutamide

CIMS Class : (Antidiabetic Agents)

tolbutamide

P - Caution when used during pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

related tolbutamide information

Indication & Dosage

Oral

Type 2 diabetes mellitus

Adult: Initially, 1-2 g daily, given either as a single dose with breakfast or, more commonly in divided doses. Maintenance dose: 0.25-2 g daily. Max: 3 g daily.

Elderly: Dose adjustments may be needed.

Renal impairment: Dose adjustments may be needed.

Hepatic impairment: Dose adjustments may be needed.

Intravenous

Diagnosis of insulinoma and other pancreatic disorders

Adult: 1 g IV as a 5% solution over 2-3 minutes.

Elderly: Dose adjustments may be needed.

Renal impairment: Dose adjustments may be needed.

Hepatic impairment: Dose adjustments may be needed.

Administration

Should be taken with food.

Overdosage

Symptoms: Hypoglycaemia. Management: In mild hypoglycemia without loss of consciousness or neurologic findings, treat with oral glucose, drug dosage and meal patterns adjustments. In severe hypoglycaemia with coma, seizure or other neurological impairment, immediate hospitalisation is needed. In hypoglycaemic coma, rapid IV inj of concentrated (50%) dextrose, followed by continuous infusion of a more dilute (10%) dextrose inj in order to maintain the blood glucose > 100 mg/dl. Monitor closely for a minimum of 24-48 hr as hypoglycaemia may recur.

Contraindications

Diabetes complicated by ketosis, acidosis, diabetic coma; as sole therapy in IDDM; severe renal impairment.

Special Precautions

Renal, hepatic, adrenocortical or thyroid function impairment; stress due to surgery or trauma, history of hepatic porphyria. Pregnancy and lactation. Frequently monitor glucose and hepatic function during initial phase.

Adverse Drug Reactions

Hypoglycaemia, nausea, epigastric fullness, heartburn, headache, allergic skin reactions, jaundice, hyponatraemia, hepatic dysfunction, photosensitivity, syndrome of inappropriate secretion of antidiuretic hormone (SIADH) and blood dyscrasias.

Drug Interactions

Hypoglycaemic symptoms masked by ß-blockers. Hypoglycaemic effect reduced by corticosteroids, thiazide diuretics, ß-blockers, niacin, oral contraceptives, sympathomimetics, thyroid preparations, estrogens,phenytoin, phenothiazines, calcium-channel blocking agents and isoniazid. Hypoglycaemic effect enhanced by dicoumarol, salicylates, phenylbutazone, fibrates (e.g. clofibrate, gemfibrozil), chloramphenicol,cyclophosphamide and azole antifungals. Disulfiram-like reaction with alcohol.

Lab Interference

May give false-positive result for urinary albumin with test using heat and acetic acid or sulfosalicylic acid. Tolbutamide may interfere with test results of radioactive iodine uptake by decreasing uptake of radioactive iodine.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Tolbutamide acts mainly by enhancing insulin secretion and is only effective when some residual pancreatic ß-cell activity is present. It

may enhance peripheral sensitivity to insulin and reduce basal hepatic glucose production during long-term admin.

Duration: 10 hr.

Absorption: Readily absorbed from the GI tract.

Distribution: Protein-binding: Extensive (95%). Half-life: 4-25 hr. Distributed into breastmilk.

Metabolism: Metabolised in the liver by cytochrome P450 isoenzyme CYP2C9.

Excretion: Excreted in the urine mainly as metabolites with little hypoglycaemic activity.

CIMS Class

Antidiabetic Agents

ATC Classification

A10BB03 - tolbutamide; Belongs to the class of sulfonamides, urea derivatives. Used in the treatment of diabetes.

V04CA01 - tolbutamide; Belongs to the class of diagnostic agents used to test for diabetes.

*tolbutamide information:

Note that there are some more drugs interacting with tolbutamide
tolbutamide further details are available in official CIMS India
tolbutamide
tolbutamide brands available in India
Always prescribe with Generic Name : tolbutamide, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : RASTINONE tab
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([all drugs])
tolnaftate
CIMS Class : (Topical Antifungals & Antiparasites)
tolnaftate
related tolnaftate information
Indication & Dosage

Topical/Cutaneous
Superficial dermatophyte infections, Pityriasis versicolor
Adult: Apply a 1% gel/solution/powder/cream bid for 2-6 wk; repeat if necessary. Continue treatment for 2 wk after disappearance of all symptoms to prevent recurrence of infection.

Contraindications

Hypersensitivity. Nail and scalp infections.

Special Precautions

Exposure to eyes. For external use only. Discontinue treatment if condition does not improve within 10 days.

Adverse Drug Reactions

Irritation, pruritus, contact dermatitis.

Storage

Topical/Cutaneous: Store at 15-30°C.

Mechanism of Action

Tolnaftate is an antifungal which inhibits growth of dermatophytes e.g. Epidermophyton, Microsporum, trichophyton spp,

and Malassezia furfur by distorting the hyphae and stopping mycelial growth. It is inactive against Candida spp or bacteria.
Onset: 24-72 hr.

CIMS Class

Topical Antifungals & Antiparasites

ATC Classification

D01AE18 - tolnaftate; Belongs to the class of other antifungals for topical use. Used in the treatment of fungal infection.

*tolnaftate information:
tolnaftate
tolnaftate brands available in India
Always prescribe with Generic Name : tolnaftate, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : DERMITOP CREAM cream TANACIDAL soln TINADERM cream TINADERM soln TINADERM-M cream TINAVATE cream TINAVATE soln

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([all drugs])

tolterodine

CIMS Class : (Drugs for Bladder & Prostate Disorders)

tolterodine

P - Contraindicated in pregnancy

related tolterodine information

Indication & Dosage

Oral

Overactive bladder

Adult: >18 yr: As immediate release preparation: 2 mg bid, reduce to 1 mg bid if needed to reduce side effects. Reduce to 1 mg bid in patients concurrently taking CYP3A4 inhibitors. As extended release preparation: 4 mg once daily, may reduce to 2 mg daily if needed to reduce side effects. Reduce to 2 mg daily in patients concurrently taking CYP3A4 inhibitors.

CrCl (ml/min)

Dosage Recommendation

=30

1 mg bid (as immediate-release tablets) or 2 mg once daily (as extended-release capsules).

Hepatic impairment: 1 mg bid (as immediate-release tablets) or 2 mg once daily (as extended-release capsules).

Overdosage

Symptoms: Severe central anticholinergic effects (e.g. hallucinations, severe excitation), accommodation disturbances, micturition difficulties and QT prolongation. Management: Treatment is symtomatic and supportive. Reduce absorption by gastric lavage and activated charcoal. Severe central anticholingeric effects may be treated with physostigmine. Mydriasis may be managed by pilocarpine eye drops and/or placing patient in dark room. Convulsions or marked excitation can be managed by benzodiazepines and ß-blockers may be used in tachycardia.

Contraindications

Severe ulcerative colitis, toxic megacolon, urinary retention, gastric retention, myasthenia gravis, uncontrolled narrow-angle glaucoma, pregnancy.

Special Precautions

Bladder flow obstruction, GI obstructive disorders, renal or hepatic impairment, autonomic neuropathy, hiatus hernia, risk of decreased GI motility, patients at risk of QT interval prolongation (e.g. electrolyte disturbances, bradycardia, pre-exisiting cardiac disorder).

Adverse Drug Reactions

Dry mouth, chest pain, headache, somnolence, fatigue, dry skin, abdominal pain, constipation, dyspepsia, diarrhoea, dizziness, anxiety, wt gain, abnormal vision, dry eyes, paraesthesia, nervousness, urinary retention.

Drug Interactions

Increased risk of overdosage with potent CYP3A4 inhibitors e.g. macrolide antibiotics (erythromycin and clarithromycin), azole antifungals (e.g. ketoconazole and itraconazole), protease inhibitors, ciclosporin or vinblastine. Increased risk of torsade de pointes with drugs that prolong the QT interval (e.g. class Ia and

class III antiarrhythmics). Increased risk of 'cholinergic neurogenic hypersensitivity' with centrally acting anticholinesterases (e.g. donepezil, rivastigmine). Increased risk of antimuscarinic side effects with antimuscarinic drugs.

Storage

Oral: Store at 15-30°C. Protect from light.

Mechanism of Action

Tolterodine is a competitive muscarinic receptor antagonist with actions similar to atropine. It is used in the management of urge urinary incontinence, urgency and frequency.

Absorption: Peak plasma concentration in 1-3 hr. Absolute bioavailability: 17%; 65% (poor metabolisers).

Distribution: Protein-binding: Extensive (mainly to a1-acid glycoprotein). Half-life: 2-3 hr; 10 hr (poor metabolisers).

Metabolism: Metabolised mainly in the liver by the CYP2D6 to active 5-hydroxymethyl tolterodine (in extensive metabolisers accounting for majority of population). Poor metabolisers, accounting for 7% of population: Metabolised via CYP3A4 to inactive N-dealkylated metabolites. Clinical use not affected by

metabolism differences as tolterodine and its CYP2D6-dependent metabolite, 5-hydroxymethyl tolterodine are equipotent.
Excretion: Excreted in the urine, mainly as metabolites and some as unchanged drug (<1%) and via faeces (17%).

CIMS Class

Drugs for Bladder & Prostate Disorders

ATC Classification

G04BD07 - tolterodine; Belongs to the class of urinary antispasmodics. Used in the treatment of urological problems.

*tolterodine information:
Note that there are some more drugs interacting with tolterodine
tolterodine
tolterodine brands available in India
Always prescribe with Generic Name : tolterodine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : DETRUSITOL tab DEZROLALA cap DEZROLALA tab FLOCHEK cap ROLIFLO-OD cap ROLITEN tab ROLITEN-OD cap TEROL-LA ER-cap TEROL-LA film-coated tab TOLTER tab TOLTER-OD tab TORQ SR cap TORQ SR-tab UFTOL ER-cap URIDIN SR-tab

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([all drugs])

topiramate

CIMS Class : (Anticonvulsants)

topiramate

P - Caution when used during pregnancy

L - Contraindicated in lactation

related topiramate information

Indication & Dosage

Oral

Adjunct for seizures associated with the Lennox-gastaut syndrome

Adult: Initially, 25 mg at night for 1 wk, thereafter increase in steps of 25?50 mg at intervals of 1?2 wk until effective dose is achieved. Doses >25 mg/day should be taken in 2 divided doses. Usual dose: 200?400 mg daily. Max: 800 mg daily.

Child: 2-16 yr: Initially, 25 mg nightly for the 1st wk increased at intervals of 1-2 wk by increments of 1-3 mg/kg daily according to response. Daily doses of >25 mg should be taken in 2 divided doses. Usual dose: 5-9 mg/kg daily. Max: 30 mg/kg/day.

Renal impairment: Moderate to severe: Doses should be halved. Haemodialysis: Supplemental dose equal to about ½ of the daily dose should be given in divided doses (at the start and finish of haemodialysis).

Hepatic impairment: Dosage adjustment may be needed.

Oral

Epilepsy

Adult: Monotherapy: Initially, 25 mg at night for 1 wk, thereafter increase in steps of 25?50 mg at intervals of 1?2 wk. Doses >25 mg/day should be taken in 2 divided doses. Usual dose: 100-400 mg daily. Max: 400 mg daily. Adjunctive treatment: Initially, 25 mg at night for 1 wk, thereafter increase in steps of 25?50 mg at intervals of 1?2 wk until effective dose is achieved. Doses >25 mg/day should be taken in 2 divided doses. Usual dose: 200?400 mg daily. Max: 800 mg daily.

Child: 10-16 yr: Initially, 0.5-1 mg/kg at night for the 1st wk, increased at intervals of 1-2 wk by increments of 0.5 to 1 mg/kg daily. Usual dose: 3-6 mg/kg daily. Daily doses >25 mg should be taken in 2 divided doses. Max: 16 mg/kg/day.

Renal impairment: Moderate to severe: Doses should be halved. Haemodialysis: Supplemental dose equal to about ½ of the daily dose should be given in divided doses (at the start and finish of haemodialysis).

Hepatic impairment: Dosage adjustment may be needed.

Oral

Prophylaxis of migraine

Adult: >16 yr: Initially 25 mg daily at night for 1 wk, increased in steps of 25-mg at wkly intervals. Usual dose: 50-100 mg daily in 2 divided doses. Daily doses >25 mg should be taken in 2 divided doses.

Renal impairment: Moderate to severe: Doses should be halved. Haemodialysis: supplemental dose equal to about ½ of the daily dose should be given in divided doses (at the start and finish of haemodialysis).

Hepatic impairment: Dosage adjustment may be needed.

Administration

May be taken with or without food.

Overdosage

Symptoms: Convulsions, drowsiness, speech disturbances, blurred vision, diplopia, impaired mental status, lethargy, abnormal co-ordination, stupor, hypotension, abdominal pain, agitation, metabolic acidosis, dizziness and depression. Management: Empty stomach by emesis or gastric lavage and activated charcoal if recent ingestion. Treatment is supportive and keep patient well hydrated. Haemodialysis is useful in drug removal.

Contraindications

Lactation.

Special Precautions

Renal or hepatic impairment, pregnancy. May impair ability to drive or operate machinery. Maintain adequate hydration to reduce the risk of renal calculi especially in predisposed patients. Measure serum bicarbonate at baseline and periodically during treatment. Avoid abrupt withdrawal; decrease dose by 100 mg daily at wkly intervals. Seek immediate medical attention if blurred vision or eye pain. Monitor closely for decreased sweating and increased body temperature, especially in hot weather. Ensure proper hydration before and during activities or exposure to warm temperatures.

Adverse Drug Reactions

Confusion, dizziness, drowsiness, generalised slowing of mental and physical activity, difficulty with concentrations, ataxia, paresthesia, anorexia, weight loss, abnormal vision, metabolic acidosis, mood or mental changes, behavioural disturbances, depression, fatigue, agitation, nervousness, anxiety, oligohidrosis, hyperthermia and hyperammonaemic encephalopathy.

Drug Interactions

Coadmin with antiepileptic drugs e.g. phenytoin, carbamazepine, phenobarbital decreases plasma concentration of topiramate. Possible increase in phenytoin levels. Increased risk of renal stone formation with carbonic anhydrase inhibitors e.g. acetazolamide. Increased risk of CNS depression with CNS depressants and alcohol. Increased risk of hyperammonaemia and encephalopathy with valproic acid. Increased risk of contraceptive failure in women taking combined oral contraceptives.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 15-30°C.

Mechanism of Action

Topiramate is a sulfamate-substituted monosaccharide with precise mechanism of action unknown. It may be due to various mechanisms e.g. blocking of voltage-dependent sodium channels; augmenting the activity of ?-aminobutyric acid (GABA) at GABA-A receptor; antagonising AMPA/kainate glutamate receptors; inhibiting carbonic anhydrase.

Absorption: Readily absorbed from the GI tract (oral); peak plasma concentrations after 2 hr. Bioavailability unaffected by food.

Distribution: Protein-binding: 9-17%. Volume of distribution in man is double that in woman. Crosses the placenta, distributed into breast milk.

Metabolism: Not extensively metabolised.

Excretion: Excreted by urine (as unchanged drug and metabolites); elimination half-life: 21 hr. Children has a higher clearance and shorter elimination half-life than adults.

CIMS Class

Anticonvulsants

ATC Classification

N03AX11 - topiramate; Belongs to the class of other antiepileptics. Used in the management of epilepsy.

*topiramate information:
Note that there are some more drugs interacting with topiramate
topiramate further details are available in official CIMS India
topiramate
topiramate brands available in India
Always prescribe with Generic Name : topiramate, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : EPIMATE tab EPITOME tab EPITOP tab NEXTOP tab TOPAMAC tab TOPAMATE film-coated tab TOPEX tab TOPIRAIN tab TOPIRAM tab TOPIROL tab TOPIVAL tab TOPSE tab

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([all drugs])

topotecan

CIMS Class : (Cytotoxic Chemotherapy)

topotecan

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related topotecan information

Indication & Dosage

Intravenous

Small cell lung cancer

Adult: 1.5 mg/m2/day by IV infusion over 30 min on days 1-5 of a 21-day course. Min: 4 courses to be given (provided blood counts and haemoglobin have adequately recovered). In the event of severe neutropenia or platelet count falls below 25,000 cells/mm3, reduce dose to 1.25 mg/m2. Alternatively, in the event of severe

neutropenia, granulocyte colony-stimulating factor (G-CSF) to be given following the subsequent course (before resorting to dose reduction) starting from day 6 of the course (24 hr after topotecan treatment completion).

CrCl (ml/min)
Dosage Recommendation
20-30
Initial dose 0.75 mg/m2.

Hepatic impairment: Severe: Avoid.
Intravenous
Ovarian carcinoma
Adult: 1.5 mg/m2/day by IV infusion over 30 min on days 1-5 of a 21-day course. Min: 4 courses to be given (provided blood counts and haemoglobin have adequately recovered). In the event of severe neutropenia or platelet count falls below 25,000 cells/mm3, reduce dose to 1.25 mg/m2. Alternatively, in the event of severe neutropenia, granulocyte colony-stimulating factor (G-CSF) to be given following the subsequent course (before resorting to dose reduction) starting from day 6 of the course (24 hr after topotecan treatment completion).

CrCl (ml/min)

Dosage Recommendation

20-30

Initial dose 0.75 mg/m2.

Hepatic impairment: Severe: Avoid.

Intravenous

Cervical cancer

Adult: As combination therapy with cisplatin: 0.75 mg/m2, by IV infusion over 30 min on days 1, 2 and 3 of a 21-day course; cisplatin 50 mg/m2 as IV infusion after topotecan on day 1. Dosage adjustments for subsequent courses are specific for each drug. If severe febrile neutropenia or if the platelet count drops below 10,000 cells/mm3, topotecan dose to be reduced to 0.6 mg/m2. Alternatively, in severe febrile neutropenia, granulocyte colony-stimulating factor (G-CSF) to be given from day 4 of the subsequent course (before resorting to dose reduction), 24 hr after topotecan treatment completion; if febrile neutropenia recurs despite G-CSF , topotecan dosage to be further reduced to 0.45 mg/m2 for subsequent courses.

Renal impairment: Treatment to be initiated only if serum creatinine =1.5 mg/dl.

Hepatic impairment: Severe: avoid.

Reconstitution: Add 4 ml of sterile water for inj to the vial containing 4 mg of topotecan in order to obtain a solution with 1 mg/ml of topotecan. The required daily dose is further diluted in a suitable volume (e.g. 50-250 ml) of 5% dextrose or 0.9% sodium chloride inj and infused IV over a period of 30 min. Solution should be prepared immediately before use.

Incompatibility: Incompatible with ticarcillin sodium, potassium clavulanate, dexamethasone sodium phosphate, fluorouracil and mitomycin.

Administration

Cap: May be taken with or without food. (Swallow whole, do not open/ chew/ crush.)

Overdosage

Symptoms: Bone marrow supression.

Contraindications

Severe bone marrow depression (e.g. baseline neutrophil count of <1500 cells/mm3 and platelet count <100,000/mm3). Pregnancy, lactation, severe renal or hepatic impairment.

Special Precautions

Preexisting bone marrow depression. Frequent monitoring of peripheral blood cell counts during treatment. Do not continue subsequent courses until neutrophils recover to >1000 cells/mm3, platelets recover to >100,000 cells/mm3 and haemoglobin levels recover to 9.0 g/dl (with transfusion if needed). May impair ability to drive or operate machinery.

Adverse Drug Reactions

Neutropenia (nadir of white cell count occurs about 9-12 days after admin), thrombocytopenia and anaemia. GI upset, total alopecia, headache, dyspnoea. Fatigue, weakness, malaise, pruritus and hyperbilirubinaemia.

Drug Interactions

Increased clearance with phenytoin. G-CGF to be given 24 hr after completion of treatment with topotecan as concurrent admin may prolong duration of neutropenia. Increased bone marrow supression with other cytotoxic drugs (e.g. cisplatin) so dose reduction may be needed.

Food Interaction

Possible decrease in activity with St John's wort.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Unopened vial: Store at 20-25°C; protect from light. Reconstituted solution: Stable for 24 hr at 20-25°C in ambient light.

Mechanism of Action

Topotecan, an alkaloid, is a semi-synthetic derivative of camptothecin which inhibits topoisomerase I, preventing DNA replication and translocation. It acts in the S phase of DNA synthesis.

Distribution: Widely distributed. Protein-binding: 35%. Terminal half-life: 2-3 hr.

Metabolism: Undergoes reversible hydrolysis to inactive hydroxy acid form; small amounts demethylated in the liver.

Excretion: Excreted in urine.

CIMS Class

Cytotoxic Chemotherapy

ATC Classification

L01XX17 - topotecan; Belongs to the class of other antineoplastic agents. Used in the treatment of cancer.

*topotecan information:

Note that there are some more drugs interacting with topotecan

topotecan

topotecan brands available in India

Always prescribe with Generic Name : topotecan, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CANTOP vial TOPOTEL 4 vial TOPOTEL INJ. inj

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([all drugs])

torasemide

CIMS Class : (Diuretics)

torasemide

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related torasemide information

Indication & Dosage

Oral

Hypertension

Adult: 2.5-5 mg once daily. Max: 5 mg daily.

Oral

Oedema in patients with hepatic cirrhosis

Adult: Initially, 5-10 mg once daily, given together with an aldosterone antagonist or a potassium-sparing diuretic, titrated

upwards until the desired diuretic response is obtained. Max: 40 mg daily.

Oral

Oedema

Adult: 5 mg once daily, increased to 20 mg once daily if necessary. Max: 40 mg/day.

Intravenous

Oedema

Adult: 10-20 mg daily as IV inj slowly over 2 min. Max: 200 mg daily.

Administration

May be taken with or without food.

Overdosage

Symptoms: Marked diuresis with severe dehydration and electrolytes disturbances. Somnolence, confusion, hypotension, circulatory collapse and GI disturbances. Management: Reduce or stop torasemide. There is no antidote and treatment involves simultaneous replacement of fluid and electrolytes. Haemodialysis unlikely to be useful.

Contraindications

Hypersensitivity to sulfonylureas, renal failure with anuria, hepatic coma and pre-coma, hypotension, cardiac arrhythmias. Pregnancy and lactation.

Special Precautions

Risk of hyperuricaemia, gout and DM. Correct electrolyte distubances and disorders of micturition before treatment. Monitor electrolyte balance, glucose, uric acid, creatinine and lipids regularly. May impair ability to drive or operate machinery.

Adverse Drug Reactions

Electrolyte disturbances e.g. hypokalaemia, dehydration, dry mouth, headache, dizziness, hypotension, weakness, drowsiness, confusional states, loss of appetite, cramps, increased serum uric acid, glucose, lipids, urea and creatinine, increase in LFT, metabolic alkalosis, tinnitus and hearing loss.

Drug Interactions

Increased risk of severe hypokalaemia with amphotercin B, corticosteroids, carbenoxolone, hypokalaemia-causing medications. Increased risk of lithium toxicity. Increased potential for ototoxicity and nephrotoxicity with nephrotoxic or ototoxic medications e.g. aminoglycosides. High dose salicylates may increase the risk of salicylate toxicity. Increased risk of toxicity with digoxin. Reduced diuretic effect with NSAIDs. Increased risk of hypotension with antihypertensives.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Mechanism of Action

Torasemide, a sulfonylurea loop diuretic, acts from within the lumen of the thick ascending portion of the loop of Henle, where it inhibits the Na+/K+/2CI--carrier system.

Onset: Diuresis: Oral: Within 1 hr; IV: Within 10 min.

Duration: Diuresis: Oral and IV: 8 hr.

Absorption: Absorbed rapidly and almost completely (oral). Peak serum levels after 1-2 hr. Food decreases rate but not extent of absorption.

Distribution: Protein-binding: >99%. Apparent distribution volume: 16 L.

Metabolism: Metabolised by the cytochrome P450 isoenzyme CYP2C9. Elimination half-life: 3.5 hr.

Excretion: Excreted by urine as unchanged drug (24%) and metabolites.

CIMS Class

Diuretics

ATC Classification

C03CA04 - torasemide; Belongs to the class of high-ceiling sulfonamide diuretics. Used to promote excretion of urine.

*torasemide information:

Note that there are some more drugs interacting with torasemide torasemide further details are available in official CIMS India

torasemide

torasemide brands available in India

Always prescribe with Generic Name : torasemide, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : DEMATOR tab DIURATOR tab DYAMIDE PLUS tab DYAMIDE tab DYTOR inj DYTOR PLUS tab DYTOR tab DYTRO-KEM inj DYTRO-KEM vial EDETO tab RETORLIX tab TIDE 5MG tab TIDE inj TIDE tab TORGET sachet TORIDE tab TORLACTONE tab TORSEMI tab TORSIKIND tab TORSINEX inj TORSINEX tab ZATOR amp ZATOR PLUS tab ZATOR tab

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([all drugs])

tramadol

CIMS Class : (Analgesics (Opioid))

tramadol

P - Caution when used during pregnancy

L - Contraindicated in lactation

related tramadol information

Indication & Dosage

Oral

Moderate to severe pain

Adult: As conventional tablet: 50-100 mg every 4-6 hr. Max: 400 mg daily. As extended-release tablet: 50-100 mg once or twice daily. Max: 300 mg daily.

Elderly: Lower initial dose. Max: 300 mg daily (>75 yr).

Max Dosage: 400 mg daily.

CrCl (ml/min)

Dosage Recommendation

10-<30

As conventional tablet: increase dosage interval to 12 hr; max: 200 mg/day.

<10

Contraindicated.

Hepatic impairment: As conventional tablet: Increase dosage interval to 12 hr in severe impairment e.g. 50 mg bid in hepatic cirrhosis. As extended-release tablet: Contraindicated in Child Pugh Class C.

Parenteral

Moderate to severe pain

Adult: IM/IV inj over 2-3 min/IV infusion: 50-100 mg given every 4-6 hr.
Elderly: Lower initial dose. Max: 300 mg daily (>75 yr).

CrCl (ml/min)
Dosage Recommendation
10-<30
Increase dosage interval to 12 hr.
<10
Contraindicated.

Hepatic impairment: Severe: Increase dosage interval to 12 hr.
Parenteral
Postoperative pain
Adult: IM/IV inj over 2-3 min/IV infusion: Initially, 100 mg followed by 50 mg every 10-20 min if necessary up to 250 mg for the 1st hr. Maintenance: 50-100 mg every 4-6 hr. Max: 600 mg daily.
Elderly: Lower initial dose. Max: 300 mg daily (>75 yr).

CrCl (ml/min)
Dosage Recommendation
10-<30

Increase dosage interval to 12 hr.

<10

Contraindicated.

Hepatic impairment: Severe: increase dosage interval to 12 hr.

Rectal

Moderate to severe pain

Adult: 100 mg suppository up to 4 times daily.

Elderly: Lower initial dose. Max: 300 mg daily (>75 yr).

CrCl (ml/min)

Dosage Recommendation

<30

Increase dosage interval to 12 hr.

<10

Contraindicated.

Hepatic impairment: Severe: Increase dosage interval to 12 hr.

Incompatibility: Incompatible with injections of diazepam, diclofenac sodium, indometacin, midazolam, piroxicam, phenylbutazone, aciclovir, clindamycin and lysine aspirin if mixed in the same syringe.

Administration

May be taken with or without food.

Overdosage

Symptoms: Miosis, vomiting, cold and clammy skin, respiratory depression, lethargy, flaccid skeletal muscle, coma, seizures, bradycardia, hypotension, cardiac arrest, cardiac collapse and death. Management: Treatment is supportive and ensure adequate ventilation. Although naloxone will reverse some, but not all, symptoms of tramadol overdosage, there is an increased risk of seizures which has to be taken into consideration. Haemodialysis is unlikely to be helpful.

Contraindications

Suicidal patients, acute alcoholism; head injuries; raised intracranial pressure; severe renal impairment; lactation.

Special Precautions

Hypothyroidism; adrenocortical insufficiency; renal or hepatic impairment; history of epilepsy or increased risk of seizures; inflammatory or obstructive bowel disease; myasthaenia gravis; respiratory depression; prostatic hyperplasia. Pregnancy.

Adverse Drug Reactions

Sweating, dizziness, nausea, vomiting, dry mouth, fatigue, asthenia, somnolence, confusion, constipation, flushing, headache, vertigo, tachycardia, palpitations, miosis, insomnia, orthostatic hypotension, seizures, CNS stimulation e.g. hallucinations.
Potentially Fatal: Respiratory depression.

Drug Interactions

Possible increase in anticoagulation with warfarin. Increased risk of seizures with SSRI, TCA. Increased risk of serotonin syndrome with mirtazapine, venlafaxine, SSRI and MAOI; tramadol should not be given to patients receiving MAOIs or within 14 days of their discontinuation. Reduced analgesic efficacy of tramadol withcarbamazepine, 5-HT3-receptor antagonist e.g. ondansetron. Increased respiratory and CNS depression with CNS depressants

e.g. alcohol, opioids, anaesthetic agents, narcotics, phenothiazines, tranquilisers or sedative hypnotics.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 20-25°C (68-77°F). Parenteral: Do not store above 30°C.

Mechanism of Action

Tramadol inhibits reuptake of norepinephrine, serotonin and enhances serotonin release. It alters perception and response to pain by binding to mu-opiate receptors in the CNS.

Onset: Oral (conventional tablet): 1 hr.

Duration: Oral (conventional tablet): 3-6 hr.

Absorption: Readily absorbed from the GI tract (oral).

Distribution: Widely distributed. Crosses the placenta and enters breast milk.
Metabolism: Extensive hepatic first-pass metabolism; converted to O-desmethyltramadol (active) by N- and O-demethylation via the cytochrome P450 isoenzymes CYP3A4 and CYP2D6 and glucuronidation or sulfation.
Excretion: Via urine (as metabolites); 6 hr (elimination half-life).

CIMS Class

Analgesics (Opioid)

ATC Classification

N02AX02 - tramadol; Belongs to the class of other opioids. Used to relieve pain.

*tramadol information:
Note that there are some more drugs interacting with tramadol
tramadol further details are available in official CIMS India
tramadol
tramadol brands available in India

Always prescribe with Generic Name : tramadol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACEMA inj ADAMON cap ADAMON inj ADAMON suscap ADMADOL cap ADMADOL INJ amp AMTADOL inj ANATRAM inj ANATRAM tab ARRESTADOL inj ATDOL inj AVDOL inj BESTODOL inj BESTODOL tab BLUDOL INJ amp BOLODOL inj BRAMADOL inj CADOL amp CEMADOL CR-cap CEMADOL inj CG-MAC cap CONTRAMAL cap CONTRAMAL dispertab CONTRAMAL inj CONTRAMAL SR-tab CORMADOL inj CRADOL inj DAMOL inj DECOTRAM cap DECOTRAM inj DIDOL inj DOL inj DOLEIRA inj DOLODOL amp DOLOMED-T vial DOLOTRAM cap DOLOTRAM inj DOLRIZ amp DOLS amp DOLSTAR inj DOLTEL inj DOMADOL cap DOMADOL vial E-DOL amp ELTRAM amp FORMADOR amp FS amp GEMODOL amp HALEDOL inj IDOL inj IVYDOL SR-tab KAMADOL amp KEVTRAM tab LEEDOL amp MADOL inj MADOL-SR tab MEDOL inj MEDOL SR-tab MEDOL tab MERIDOL amp NEUTRAM cap NEUTRAM inj NICTRAM amp NICTRAM-DT dispertab NOBLIGAN inj NOBLIGAN SR-tab NOBLIGAN tab NOVADOL inj OPIATE inj OPIATE-P tab OPI-OT INJ amp ORCHIDOL amp ORCHIDOL tab OSHDOL

tab OSPIDOL inj OSPIDOL tab PAINADOL inj PAINADOL SR-tab PAINEX inj PAXMAX INJ inj PAXMAX tab PENTAZEN INJ amp POSTADOL inj RADOL inj RAMADOL INJ inj RAMADOL-SR tab RAMAX cap RAMAX inj RAMCET INJ amp RELIDOL amp RELIDOL cap RIMOL amp SAYODOL amp SAYODOL-DT tab SEDATE inj SERVODOL INJ inj SIATRAM inj SIGMADOL INJ inj SIMOL amp SOZTRAM tab STEMADOL inj STROM-SR tab SUPRIDOL cap SUPRIDOL inj TAKOL-CR tab TANDAM tab TAXIDOL tab TRACETA INJ inj TRADOL cap TRADOL inj TRAIZ inj TRAK amp TRAMA dispertab TRAMABIT amp TRAMABIT CAP cap TRAMACIP cap TRAMACIP inj TRAMADEX amp TRAMADEX cap TRAMAFLAM inj TRAMAFLAM tab TRAMAGESIC inj TRAMALEX amp TRAMALEX cap TRAMASOL cap TRAMATAS cap TRAMATAS inj TRAMATAUR cap TRAMATAUR inj TRAMATAUR tab TRAMAZAC amp TRAMAZAC cap TRAMAZAC OD tab TRAMAZAC OD-tab TRAMAZAC tab TRAMAZAC-TC SR-tab TRAMAZOL inj TRAMBAX tab TRAMDOP INJ inj TRAMED amp TRAMED SR-tab TRAMEST inj TRAMEX inj TRAMEX tab TRAMOFLEX amp TRAMOL amp TRAMOT cap TRAMOT inj TRANAT inj TRANDOL inj TRANY inj TRANZAT amp TRAPAIN amp TRASIC cap TRASIC inj TRASIC SR-tab TRAZAC tab TREAT amp TREAT

tab TRECTADOL amp TREMTEC inj TREST amp TRIM tab TROFEL amp TROFEL tab TROMA cap TROMA inj TRUM inj TRUMP inj TRUMP tab TRYDOL-100 amp TRYME amp TYPHON amp ULTRAM INJ inj UNIDOL amp UNIDOL cap UNIDOL-DP dispertab UNIDOL-SR tab URGENDOL cap URGENDOL inj URGENDOL MELT-tab URGENDOL SR-tab URGENDOL XL-tab VARDOL amp VERDOL vial VICTADOL tab XIDOL inj ZOTADOL amp ZYTRAM amp

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([all drugs])

tramadol + paracetamol

CIMS Class : (Analgesics (Opioid)) , (Analgesics (Non-Opioid) & Antipyretics)

tramadol + paracetamol

P - Caution when used during pregnancy

L - Caution when used during lactation

related tramadol + paracetamol information

Indication & Dosage

Oral

Moderate to severe pain

Adult: =12 yr: As combination tablet containing tramadol hydrochloride 37.5 mg and paracetamol 325 mg: 2 tablets every 6 hr. Max: 8 tablets daily.
Child: =12 yr: As combination tablet containing tramadol hydrochloride 37.5 mg and paracetamol 325 mg: 2 tablets at least every 6 hrly. Max: 8 tablets daily.

CrCl (ml/min)
Dosage Recommendation
10-30
Max: 2 tablets 12 hrly.
Overdosage

Symptoms: Tramadol: CNS depression, respiratory depression, lethargy, seizure, cardiac arrest, coma. Paracetamol: hepatic necrosis, hepatic failure, renal tubular necrosis, hypoglycemia and coagulation defects. Management: Treatment is supportive and symptomatic with maintenance of respiratory and circulatory functions. Oral methionine or IV N-acetylcysteine may be admin up to at least 48 hr after the paracetamol overdose. Naloxone may be used to reverse respiratory depression caused by tramadol but may increase seizure risk. Haemodialysis and haemofiltration unlikely to be helpful.

Contraindications

Hypersensitivity to tramadol, paracetamol or opioids. Situations where opioid use may be contra-indicated (e.g. acute intoxication with alcohol, hypnotic drugs, centrally-acting analgesics, opioids or psychotropic drugs). Severe hepatic impairment, uncontrolled epilepsy. Concurrent use or within 2 wk of discontinuation from MAOIs.

Special Precautions

Not recommended in severe renal impairment (CrCl <10 ml/min), severe respiratory insufficiency, liver disease or opioid dependent patients. Increased intracranial pressure or head injury, patients at risk of seizures or on drugs that may lower the seizure threshold (e.g. SSRI, TCA, antipsychotics, centrally acting analgesics or local anaesthesia), biliary tract disorders, in a state of shock or unconsciousness. May impair ability to drive or operate machinery. Avoid abrupt withdrawal. May cause withdrawal symptoms, dependence and abuse. Elderly. Pregnancy, lactation.

Adverse Drug Reactions

Nausea, vomiting, constipation, diarrhoea, abdominal pain, dry mouth, dyspepsia, flatulence, dizziness, somnolence, headache, confusion, mood changes, nightmares, amnesia, sweating, pruritus.
Potentially Fatal: Severe anaphylactic reactions.

Drug Interactions

Increased risk serotonin syndrome with SSRI and triptans. Increased risk of seizures of SSRI, TCA, antipsychotics, centrally acting analgesics or local anaesthesia. Decreased tramadol levels withcarbamazepine. Decreased analgesic efficacy of tramadol with ondansetron. Increased INR with warfarin.
Potentially Fatal: Increased risk of serotonin syndrome with MAOIs, avoid concurrent use or within 2 wk of discontinuation from MAOIs. Increased risk of CNS and respiratory depression with CNS depressants (e.g.alcohol, opioids, anaesthetic agents, narcotics, phenothiazines, tranquilizers or sedative hypnotics).

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals

are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store between 15 - 30°C (59 - 86°F).

Mechanism of Action

Tramadol is a centrally acting opioid analgesic which binds to mu-opioid receptors and weakly inhibits the reuptake of norepinephrine and serotonin. Paracetamol, a para-aminophenol derivative, has analgesic, antipyretic and weak anti-inflammatory activity. Used together, tramadol and paracetamol combination has a faster onset of action compared to tramadol alone and longer duration of action compared to paracetamol alone.

Onset: 17 minutes

Duration: 5 hr

Absorption: Tramadol: Readily absorbed from GI tract; mean absolute bioavailability 75-90%. Paracetamol: Readily absorbed from GI tract, peak plasma concentrations reached in 10-60 minutes.

Distribution: Tramadol: Widely distributed, crosses the placenta and distributes into the breast milk; protein binding: 20%.

Paracetamol: Widely distributed; crosses placenta and distributes into breast milk; negligible protein binding.

Metabolism: Tramadol: Undergoes metabolism by the cytochrome P450 isoenzymes CYP3A4 and CYP2D6; one of the metabolites, O-desmethyltramadol is pharmacologically active. Paracetamol: Metabolised in liver.

Excretion: Tramadol: Excreted via urine as metabolites (60%) and unchanged drug (30%); elimination half-life of O-desmethyltramadol: 7 hr. Paracetamol: Excreted mainly in urine as metabolites and unchanged drugs (<5%); elimination half life: 1-3 hr.

CIMS Class

Analgesics (Opioid) / Analgesics (Non-Opioid) & Antipyretics

ATC Classification

N02AX02 - tramadol; Belongs to the class of other opioids. Used to relieve pain.

N02BE01 - paracetamol; Belongs to the class of anilide preparations. Used to relieve pain and fever.

*tramadol + paracetamol information:

Note that there are some more drugs interacting with tramadol + paracetamol

tramadol + paracetamol

tramadol + paracetamol brands available in India

Always prescribe with Generic Name : tramadol + paracetamol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACEMA-P tab ACTIDOL-DP tab ACUVIN tab ALTIDOL PLUS tab ANATRAM-P tab ANBROL tab ARRESTADOL-P tab ATDOL-PLUS tab AVDOL-P tab BIODIL-P tab BLUDOL tab BLUDOL-PD tab BRAMADOL-P cap CADOL-P tab CRADOL-P cap DECOTRAM-PD tab DIDOL-D tab DIDOL-P tab DOLFEN-P tab DOLOCET tab DOLS PLUS tab DOLWIN-T tab DOMADOL PLUS tab E-DOL PLUS tab ESGIPYRIN-T tab FENTRA tab FREZE tab FS PLUS tab FS-D tab INGESIC FORTE tab KAMADOL-P tab KDOL-P tab KEVTRAM-DP tab KEVTRAM-P tab LEEDOL-P tab MADOL-P tab MAXOFLAM-T tab MERIDOL TAB tab MERIDOL-D tab MIRADOL tab MORTRIN COMPOUND tab NEUTRAM-P tab NICTRAM PLUS tab NOVADOL-P film-coated tab NOVODOL tab OMODOL tab OPIATE-PD tab OPI-OT tab OSTEODOL tab OTRAM tab PAINADOL-P tab PARATEL-T

tab PATRADOL tab PENOVER tab PENTAZEN tab PROMOL-P tab PTR tab RAMCET tab REVODOL tab SEDATE-P tab SERVODOL-P tab SERVODOL-PD tab SIGMADOL tab SOZTRAM-P tab TADANOL tab TOL-A tab TOLYDOL tab TOPTRA-P tab TRACETA tab TRACIN-P tab TRAK-PLUS tab TRAMACET tab TRAMACIP PLUS film-coated tab TRAMAGESIC PLUS tab TRAMAZAC-PD film-coated tab TRAMDOP tab TRAMEX-P tab TRAMFAST film-coated tab TRAMOFLEX-P tab TRAMOL PLUS tab TRAMOT PLUS tab TRAMPAR tab TRANAT-P tab TRANY-P tab TRAPSURE-P tab TRAUSPI tab TREAT PLUS tab TRIDEV PLUS tab TRIDEV tab TRIM PLUS tab TROFEL PLUS tab TROMA P tab TROMANIL EXTRA tab TROMASET dispertab TRP tab ULTRACET tab ULTRAM tab ULTRAZAC tab ULTRAZAC-D tab URGENDOL-P tab VARDOL-PLUS tab VERDOL-P tab VICTADOL-P tab ZARLEX-MR film-coated tab ZODOL-P tab ZOTADOL-PLUS tab ZYTRAM-PD tab

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([all drugs])

trandolapril

CIMS Class : (ACE Inhibitors)

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related trandolapril information

Indication & Dosage

Oral

Hypertension

Adult: Initially, 0.5 mg once daily. First dose preferably given at bedtime. Maintenance: 1-2 mg once daily. Max: 4 mg daily in 1-2 divided doses. In patients with co-existing heart failure, start treatment under close medical supervision.

CrCl (ml/min)

Dosage Recommendation

<10

Initially, 0.5 mg daily. Max: 2 mg/day.

Hepatic impairment: Hepatic cirrhosis: Initially, 0.5 mg once daily and titrate accordingly.

Oral

Left ventricular dysfunction post myocardial infarction

Adult: Initially, 0.5 mg once daily, may increase dose gradually to a target dose of 4 mg once daily. Patient may continue at the max tolerated dose if patient is unable to tolerate 4 mg/day dose.

CrCl (ml/min)

Dosage Recommendation

<10

Initially, 0.5 mg daily. Max: 2 mg/day.

Hepatic impairment: Hepatic cirrhosis: Initially, 0.5 mg once daily and titrate accordingly.

Oral

Heart failure post myocardial infarction

Adult: Initially, 0.5 mg once daily, may increase dose gradually to a target dose of 4 mg once daily. Patient may continue at the max tolerated dose if patient is unable to tolerate 4 mg/day dose.

CrCl (ml/min)

Dosage Recommendation

<10

Initially, 0.5 mg daily. Max: 2 mg/day.

Hepatic impairment: Hepatic cirrhosis: Initially, 0.5 mg once daily and titrate accordingly.

Administration

May be taken with or without food.

Overdosage

Symptoms: Severe hypotension. Management: Treatment is symptomatic. Activated charcoal may be used in severe overdose if presented within 1 hr of ingestion. If hypotension persists, sympathomimetics may be given, although they may not be required. Infusion of normal saline solution and haemodialysis may also be helpful.

Contraindications

Aortic stenosis or outflow tract obstruction; renovascular disease; ascites. Pregnancy and lactation. Hypersensitivity or history of angioedema related to previous treatment with an ACE inhibitor, unilateral or bilateral renal artery stenosis.

Special Precautions

Renal and hepatic impairment, idiopathic or hereditary angioedema, severe heart failure, patients likely to be salt or water

depleted, liver cirrhosis. Conduct regular WBC counts in patient with collagen vascular disease. Monitor renal function during first few wk and then periodically. Discontinue if jaundice develops or marked increase in LFT. Discontinue diuretics 2-3 days before starting therapy and resume later if necessary. Elderly.

Adverse Drug Reactions

Dizziness, headache, fatigue, GI disturbances, diarrhoea, taste disturbances, persistent dry cough and other upper respiratory tract symptoms, skin rashes, angioedema, hypersensitivity reactions, renal impairment, hyperkalaemia, hyponatraemia, chest pain, palpitations, tachycardia, pancreatitis, cholestatic jaundice, alopecia, paraesthesias, impotence, eosinophilic pneumonitis, hypotension, hyperuricaemia.
Potentially Fatal: Fulminant hepatic necrosis, blood dyscrasias especially neutropenia.

Drug Interactions

Additive hyperkalaemic effects with potassium-sparing diuretics, potassium supplements, heparin, LMWH and other drugs that can cause hyperkalaemia. Diminished antihypertensive effects with

NSAIDs. Increased risk oflithium toxicity with concurent use. Increased risk of hypotension with alcohol, diuretics and other agents that lowerBP. Increased risk of nephrotoxicity and hyperkalaemia with ciclosporin, tacrolimus. Increased risk of granulocytopenia with interferon.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store at 20-25°C (68-77°F).

Mechanism of Action

Trandolapril is a prodrug of trandolaprilat, which is a inhibitor of angiotensin-converting enzyme (ACE). It prevents conversion of angiotensin I to angiotensin II, a potent peripheral vasoconstrictor. Lower levels of angiotensin II results in an increase in plasma renin activity and reduction in aldosterone secretion. Reduced

aldosterone leads to diuresis, natriuresis and a small increase in serum potassium. Trandolapril can also minimise or prevent the development of left ventricular dilatation and dysfunction following acute MI.

Onset: 1 hr.

Duration: At least 24 hr.

Absorption: Bioavailability: 40-60%. Peak plasma concentrations in 4-6 hr. Food may decrease the rate but not extent of absorption.

Distribution: Plasma protein-binding: >80%. Volume of distribution: 18 L.

Metabolism: Metabolised in liver to active and inactive metabolites.

Excretion: Excreted via urine (33%) and faeces (66%).

CIMS Class

ACE Inhibitors

ATC Classification

C09AA10 - trandolapril; Belongs to the class of ACE inhibitors. Used in the treatment of cardiovascular disease.

*trandolapril information:

Note that there are some more drugs interacting with trandolapril

trandolapril further details are available in official CIMS India

trandolapril

trandolapril brands available in India

Always prescribe with Generic Name : trandolapril, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

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([all drugs])

tranexamic acid

CIMS Class : (Haemostatics)

tranexamic acid

P - Caution when used during pregnancy

L - Caution when used during lactation

related tranexamic acid information

Indication & Dosage

Oral

Short-term management of haemorrhage

Adult: 1-1.5 g or 15-25 mg/kg 2-4 times daily.

Child: 25 mg/kg bid or tid.

Renal impairment: Adjust dose based on serum creatinine concentration: 120-250 micromol/l: 15 mg/kg bid daily; 250-500 micromol/l: 15 mg/kg once daily; >500 micromol/l: 7.5 mg/kg once daily or 15 mg/kg once every 48 hr.

Oral

Management of hereditary angioedema

Adult: 1-1.5 g bid or tid.

Child: 25 mg/kg bid or tid.

Renal impairment: Adjust dose based on serum creatinine concentration: 120-250 micromol/l: 15 mg/kg bid daily; 250-500 micromol/l: 15 mg/kg once daily; >500 micromol/l: 7.5 mg/kg once daily or 15 mg/kg once every 48 hr.

Intravenous

Short-term management of haemorrhage

Adult: 0.5-1 g or 10 mg/kg tid or 25-50 mg/kg daily by continuous infusion.

Child: 10 mg/kg bid or tid.

Renal impairment: Adjust dose based on the serum-creatinine concentration: 120-250 micromol/l: 10 mg/kg bid daily; 250-500 micromoles/l: 10 mg/kg once daily; >500 micromol/l: 5 mg/kg once daily or 10 mg/kg once every 48 hr.

Incompatibility: Incompatible with benzylpenicillin.

Administration

May be taken with or without food.

Overdosage

Symptoms: Nausea, vomiting, orthostatic symptoms and/or hypotension.

Contraindications

Severe renal failure, active intravascular clotting, thromboembolic disease, colour vision disorders, subarachnoid bleeding.

Special Precautions

Mild to moderate renal impairment, irregular menstrual bleeding, previous history of thromboembolic disease, haematuria. Monitor closely in disseminated intravascular coagulation. Monitor LFT and eye examination regularly during long-term use. Discontinue if disturbance in colour vision occurs. Avoid IV inj rate >1 ml/minute due to risk of hypotension. Pregnancy, lactation.

Adverse Drug Reactions

Diarrhoea, nausea, vomiting, disturbances in colour vision, giddiness, hypotension (after rapid IV inj), thromboembolic events.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Intravenous: Store at 15-30°C (59-86°F). Oral: Store at 15-30°C (59-86°F).

Mechanism of Action

Tranexamic acid is an antifibrinolytic agent that competitively inhibits breakdown of fibrin clots. It blocks binding of plasminogen

and plasmin to fibrin, thereby preventing haemostatic plug dissolution.

Absorption: Absorbed from the GI tract; peak plasma concentrations after 3 hr (oral). Bioavailability: 30-50%, unaffected by food intake.

Distribution: Widely throughout the body. Protein-binding: Very low. Crosses the placenta and distributed into breast milk.

Excretion: Urine (as unchanged drug); 2 hr (elimination half-life).

CIMS Class

Haemostatics

ATC Classification

B02AA02 - tranexamic acid; Belongs to the class of amino acid antifibrinolytics. Used in the treatment of hemorrhage.

*tranexamic acid information:

Note that there are some more drugs interacting with tranexamic acid

tranexamic acid further details are available in official CIMS India tranexamic acid

tranexamic acid brands available in India

Always prescribe with Generic Name : tranexamic acid, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BIO-STAT amp CAPITRAX PLUS tab CAPITRAX tab CLIP amp CLIP film-coated tab CLOTAWIN-T inj CLOTAWIN-T TAB tab COASTAT amp COASTAT film-coated tab COASTAT PLUS film-coated tab COSKLOT PLUS tab CYKLOKAPRON amp CYMIN tab DUBATRAN amp DUBATRAN tab ETHATOL film-coated tab ETOSYS tab EXAMIC vial FETRAN-ES tab FIBRAN PLUS film-coated tab GYNAE-PIL FORTE tab GYNAE-PIL tab MENOGIA amp MENOGIA tab MENOGUARD film-coated tab MOUZEX inj NEXIM inj PAUSE amp PAUSE tab REOTRAN-ES tab RHEONEX tab SONEX inj SYNOSTAT tab TANMIC tab TEMSYL tab TEMSYL-T inj TEXAKIND inj TEXANIS inj TEXID tab TEXID vial TRACE tab TRAKLOT tab TRAMIX amp TRANAREST amp TRANAREST tab TRANE inj TRANECID amp TRANECID tab TRANEE tab TRANEE vial TRANEMIC inj TRANEMIC tab TRANFIB film-coated tab TRANSYS inj TRAPIC E film-coated tab TRAXX amp TRENAXA inj TRENAXA tab T-SYL inj T-SYL tab WISTRAN tab XAMIC inj XAMIC tab X-TRAN-500 inj X-TRAN-500 tab

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([all drugs])

trazodone hydrochloride

CIMS Class : (Anxiolytics) , (Antidepressants)

trazodone hydrochloride

P - Contraindicated in pregnancy

L - Caution when used during lactation

related trazodone hydrochloride information

Indication & Dosage

Oral

Depression

Adult: Initially, 150 mg daily increased by 50-mg increments every 3-4 days up to 300-400 mg daily if necessary. Daily dosage may be given in divided doses or as a single dose at night. Max: 600 mg daily in divided doses in severely depressed patients.

Elderly: Initially, 100 mg daily up to 300 mg daily. Daily dosage may be given in divided doses or as a single dose at night.

Renal impairment: Severe: use with caution.

Hepatic impairment: Severe: use with caution.

Oral

Anxiety

Adult: Initially, 75 mg daily increased to 300 mg daily if necessary. Daily dosage may be given in divided doses or as a single dose at night.
Renal impairment: Severe: use with caution.
Hepatic impairment: Severe: use with caution.

Administration

Should be taken with food. (Take shortly after a meal or a light snack.)

Overdosage

Symptoms: drowsiness, dizziness, vomiting, priapism, respiratory arrest, convulsions and changes in ECG . Management: Gastric lavage may be considered in life-threatening cases. Activated charcoal may also be used if used within 1 hr (in adults who have taken more than 1 g or children more than 150 mg). Treatment is symptomatic and supportive. Haemodialysis is unlikely to be useful.

Contraindications

Immediate recovery phase post MI, porphyria. Pregnancy.

Special Precautions

Cardiovascular disorders, epilepsy, severe hepatic or renal insufficiency. Lactation. Monitor closely during initial therapy for signs of suicide. Discontinue if signs of hepatic dysfunction, blood dyscrasias or prolonged erection. Withdraw gradually. May impair ability to drive or operate machinery.

Adverse Drug Reactions

Drowsiness, dizziness, restlessness, confusional state, headache, nausea, vomiting, weakness, weight loss, dry mouth, constipation, diarrhoea, tremor, bradycardia or tachycardia, orthostatic hypotension, oedema, blurred vision, priapism, skin rash, syndrome of inappropriate secretion of antidiuretic hormone.
Potentially Fatal: Blood dyscrasias, hepatocellular damage, neuroleptic maglignant syndrome.

Drug Interactions

May diminish action of some antihypertensives (e.g. clonidine). Increased trazodone concentrations with potent CYP3A4 inhibitors such as azole antifungals, HIV-protease inhibitors and macrolides. Reduced trazodone concentrations with CYP3A4 inducers such as carbamazepine. Increased risk of excessive hypotension and hepatotoxicity with phenothiazines. Decreased anticoagulant effect of warfarin. Increased digoxin or phenytoinlevels with trazodone. Increased risk of neurotoxicity, serotonin syndrome with lithium. Sedative effect enhanced by alcohol and other CNS depressants (sedatives, hypnotics, antihistamines, opioid analgesics).

Potentially Fatal: Dangerous combination with MAOIs. Trazodone should not be given within 2 wk of discontinuing MAOIs and MAOIs should not be started within 1 wk of discontinuing trazodone.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store below 30°C.

Mechanism of Action

Trazodone is a triazolopyridine antidepressant which selectively inhibits serotonin re-uptake at presynaptic neurons. Unlike TCAs, peripheral re-uptake of noradrenaline is not affected. It does not have very significant antimuscarinic properties but has a marked sedative action.

Absorption: Readily absorbed from the GI tract (oral); peak plasma concentrations after 1 hr (empty stomach), 2 hr (with food).

Distribution: Enters breast milk (small amounts). Protein-binding: 89-95%.

Metabolism: Extensively hepatic by N-oxidation and hydroxylation. Metabolised to its active metabolite m-chlorophenylpiperazine via cytochrome P450 isoenzyme CYP3A4.

Excretion: Urine (as metabolites), faeces; 5-9 hr (terminal elimination half-life).

CIMS Class

Anxiolytics / Antidepressants

ATC Classification

N06AX05 - trazodone; Belongs to the class of other agents used in the management of depression.

*trazodone hydrochloride information:
Note that there are some more drugs interacting with trazodone hydrochloride
trazodone hydrochloride
trazodone hydrochloride brands available in India
Always prescribe with Generic Name : trazodone hydrochloride, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : DEPRYL tab TAZODAC tab TRAZALON tab TRAZARIL tab TRAZE tab TRAZONIL tab TRITTICO tab
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([all drugs])
tretinoin
CIMS Class : (Acne Treatment Preparations) , (Other Dermatologicals) , (Cytotoxic Chemotherapy)
tretinoin
P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related tretinoin information

Indication & Dosage

Oral

Acute promyelocytic leukaemia

Adult: A daily dose of 45 mg/m2 daily in 2 divided doses, continue treatment until 30 days after complete remission or 90 days of treatment given, whichever occurs first. To increase duration of remission, consolidation therapy, usually with an anthracycline- and cytarabine-based regimen, is given concurrently or subsequently, depending on the leukocyte count.

Child: A daily dose of 45 mg/m2 daily in 2 divided doses, continue treatment until 30 days after complete remission or 90 days of treatment given, whichever occurs first. To increase duration of remission, consolidation therapy, usually with an anthracycline- and cytarabine-based regimen, is given concurrently or subsequently, depending on the leukocyte count. Reduce dose if serious or intolerable drug toxicity. However, the safety and efficacy < 45 mg/m2 daily in paediatric patients have not been established.

Renal impairment: Decrease to 25 mg/m2 daily.

Hepatic impairment: Decrease to 25 mg/m2 daily.

Topical/Cutaneous

Acne

Adult: Apply a 0.01-0.1% cream/gel/alcoholic solution once or bid onto affected area which has been previously cleansed to remove excessive oiliness and dried 15-30 min prior to application. Therapeutic response may be seen after 6-8 wk.

Topical/Cutaneous

Mottled hyperpigmentation, roughness and fine wrinkling of photodamaged skin

Adult: Wash face with mild soap, pat dry and wait for 20-30 min before applying 0.02-0.05% preparation once daily at night. Therapeutic response may be seen after 6 mth.

Administration

Should be taken with food.

Overdosage

Symptoms: transient headache, facial flushing, cheilosis, abdominal pain, dizziness and ataxia.

Contraindications

Hypersensitivity to retinoids. Application to eczematous, sunburnt or abraded skin. Pregnancy, lactation.

Special Precautions

Topical: avoid concomitant topical applications, esp keratolytic agents. Avoid exposure to sunlight, UV light and weather extremes (e.g. cold). Keep away from eyes, mouth, angles of nose, mucous membranes or open wounds. In case of severe local erythema, oedema, blistering or crusting, use less frequently or discontinue. Avoid medicated or drying soaps, abrasive soaps and cleansers, frequent washing and harsh scrubbing. Avoid use of topical preparations with high concentrations of alcohol, menthol, spices or lime. Oral: Children, hepatic or renal impairment. Reduce dose if intractable headache occurs. Discontinue temporarily if LFT exceed 5 times upper limit of normal. Monitor closely for leukocytosis or respiratory compromise. Monitor haematologic profile, coagulation parameters, LFT, serum triglyceride and cholesterol concentrations regularly.

Adverse Drug Reactions

Initial exacerbation of symptoms, skin irritation, stinging on application, oedema, blistering, crusting of the skin, erythema, scaling, photosensitivity, temporary hypo/hyperpigmentation. Oral: Haemorrhage, reversible hypercholesterolemia and/or hypertriglyceridemia, acidosis, hypothermia, pseudotumour cerebri, infection, dizziness, paresthesias, anxiety, dryness of skin and mucous membranes, nausea, vomiting, GI haemorrhage, mucositis, decreased appetite, rash, pruritus, increased sweating, alopecia, bone pain, peripheral oedema, renal insufficiency, earache, visual disturbances, neurotoxicity.
Potentially Fatal: Retinoic acid syndrome, cardiac arrthythmia, disseminated intravascular coagulation, blood dyscrasias, cardiac arrest, cerebral haemorrhage.

Drug Interactions

Enhances percutaneous absorption of minoxidil. Increased risk of fatal thrombotic complications with antifibrinolytic. Increased tretinoin concentrations with azole antifungals. Enhances peeling action of sulphur, resorcinol, benzoyl peroxide, salicylic acid. Increased photosensitivity with photosensitising medications eg,

thiazides, tetracyclines, fluoroquinolones, phenothiazines and sulfonamides.

Potentially Fatal: Increased risk of intracranial pressure with tetracyclines.

Food Interaction

Dong quai and St. John's wort may potentiate photosensitisation. Increased risk of vitamin A toxicity with vit A supplements or food/preparations rich in vit A eg, cod liver oil and halibut fish oil.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store 15-30°C (59-86°F). Topical/Cutaneous: Solution / gel: Store below 30°C (86°F). Cream: Store below 80°F.

Mechanism of Action

Tretinoin is a trans-retinoic acid form of vitimin A. It stimulates mitosis and turnover of follicular epithelial cells and reduce their cohesiveness. This facilitates extrusion of existing comedones and prevents formation of new comedone. It also exhibits thinning effect on the stratum corneum. In acute promyelocytic leukaemia, it induces cellular differentiation and decreases proliferations.

Absorption: Well absorbed from the GIT, peak plasma concentrations after 1-2 hrs (oral). Oral bioavilability: 50%.

Distribution: Highly bound to plasma proteins.

Metabolism: Hepatic by cytochrome P450 isoenzyme; converted to isotretinoin, 4-oxo-trans-retinoic acid and 4-oxo-cis-retinoic acid.

Excretion: Urine and faeces; 0.5-2 hrs (terminal elimination half-life).

CIMS Class

Acne Treatment Preparations / Other Dermatologicals / Cytotoxic Chemotherapy

ATC Classification

D10AD01 - tretinoin; Belongs to the class of topical retinoid preparations used in the treatment of acne.
L01XX14 - tretinoin; Belongs to the class of other antineoplastic agents. Used in the treatment of cancer.

*tretinoin information:
Note that there are some more drugs interacting with tretinoin
tretinoin
tretinoin brands available in India
Always prescribe with Generic Name : tretinoin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ACSOLVE-H cream AIROL cream AKNEMYCIN PLUS soln A-RET gel A-RET HC cream A-RET HC soln COMEDOLYTIC cream EUDYNA cream ONTIN cream PINOIN oint RETINO-A cream RETINOL 0.025% cream RETINOL 0.05% cream TRION cream VESANOID cap

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([all drugs])

triamcinolone

CIMS Class : (Mouth/Throat Preparations) , (Corticosteroid Hormones) , (Topical Corticosteroids)

triamcinolone

P - Caution when used during pregnancy

L - Caution when used during lactation

related triamcinolone information

Indication & Dosage

Oral

Allergic and inflammatory disorders

Adult: 4-48 mg daily.

Nasal

Treatment and prophylaxis of allergic rhinitis

Adult: As acetonide: Initially, 2 sprays (110 mcg) into each nostril once daily, reduced to 1 spray (55 mcg) when under control.

Child: 6-12 yr: as acetonide: 1 spray (55 mcg) into each nostril once daily. Increased to 220 mcg daily in severe cases.

Intramuscular

Suppression of allergic and inflammatory disorders

Adult: As acetonide: 20-80 mg via deep IM into gluteal muscles. As diacetate: 40 mg inj.

Child: As acetonide: deep IM into gluteal muscle: initial 0.11 to 1.6 mg/kg/day in 3-4 divided doses. Do not use in premature infants and infants of low birth weight as it contains benzyl alcohol.

Intramuscular

Symptomatic control for hay fever

Adult: As acetonide: 40-100 mg via deep IM into gluteal muscles. As diacetate: 40 mg wkly.

Child: As acetonide: deep IM into gluteal muscle: initial 0.11 to 1.6 mg/kg/day in 3-4 divided doses. Do not use in premature infants and infants of low birth weight as it contains benzyl alcohol.

Intra-articular

Inflammatory joint diseases

Adult: As acetonide: Smaller joints: 2.5-5 mg (up to 10 mg), larger joints: 5-15 mg (up to 40 mg). Max: 20-80 mg/treatment. As hexacetonide: Initial: 2-20 mg/day.

Intradermal

Inflammatory skin conditions

Adult: As acetonide: 1-3 mg/site. Max: 30 mg in total if several sites of inj used. As diacetate: 5 mg in divided doses for small lesions or up to 48 mg in divided doses for large lesions. Max: 12.5 mg/inj

site. Max: 25 mg/lesion. As hexacetonide: max 500 mcg per square inch or 80 mcg/cm2 of affected skin.

Mouth/Throat

Mouth ulceration

Adult: A small amount (about 0.6 cm) of the 0.1% paste is pressed onto the lesion without rubbing until a thin film develops. Apply 2 or 3 times daily, preferably after meals. Re-evaluate if recovery does not occur after 7 days of treatment.

Topical/Cutaneous

Inflammatory skin conditions

Adult: As acetonide: Apply a 0.025-0.5% cream/lotion/ointment sparingly onto affected area 2-3 times daily. Lower concentrations may be used up to 4 times daily.

Administration

Should be taken with food.

Contraindications

Untreated systemic fungal, bacterial, viral or parasitic infection, hypersensitivity. Neonates (Parenteral)

Special Precautions

Diabetes; hypertension, renal and liver impairment; glaucoma; psychosis; delayed tissue healing; cirrhosis; heart failure; recent MI; hypothyroidism; osteoporosis; peptic ulceration; thromboembolic disorders. Monitor height in children on prolonged therapy. Avoid rapid drug withdrawal. Elderly, children, pregnancy, lactation.

Adverse Drug Reactions

HPA axis supression, intracranial hypertension, Cushing's syndrome, growth retardation in children; osteoporosis, fractures. Peptic ulceration; glaucoma; hyperglycaemia; GI upsets; increased appetite; increased fragility of skin; behavioural changes. Topical: Systemic absorption if applied to large areas, broken skin or under occlusive dressing.

Potentially Fatal: Acute adrenal insufficiency may be precipitated by infection or trauma in patients on long-term corticosteroid therapy or rapid withdrawal.

Drug Interactions

Lowering of plasma salicylates levels. Increased risk of GI bleeding and ulceration with NSAIDs. Antagonised blood glucose-lowering effects of the antidiabetics. Increased risk of hyperkalaemia with amphotericin B, ß agonists, ß-blockers, potassium-depleting diuretics, theophylline. Increased clearance of the triamcinolone withciclosporin, carbamazepine, phenytoin, barbiturate, rifampicin. Infections may develop if given with live vaccines.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

D in 1st trimester.

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intra-articular: Store between 20-25°C (68?77°F). Intradermal: Store between 20-25°C (68?77°F).Intramuscular: Store between 20-25°C (68?77°F). Topical/Cutaneous: Store between 15-30°C.

Mechanism of Action

Triamcinolone has mainly glucocorticoid activity. It suppresses the migration of polymorphonuclear leukocytes and reduces capillary permeability thereby decreasing inflammation.
Absorption: Absorbed systemically (topical).
Distribution: Crosses the placenta. Protein-binding: Plasma albumin (much smaller extent than hydrocortisone).
Excretion: Elimination half-life: 2-5 hr (plasma).

CIMS Class

Mouth/Throat Preparations / Corticosteroid Hormones / Topical Corticosteroids

ATC Classification

A01AC01 - triamcinolone; Belongs to the class of local corticosteroid preparations. Used in the treatment of diseases of the mouth.

D07AB09 - triamcinolone; Belongs to the class of moderately potent (group II) corticosteroids. Used in the treatment of dermatological diseases.

D07XB02 - triamcinolone; Belongs to the class of moderately potent (group II) corticosteroids in other combinations. Used in the treatment of dermatological diseases.

H02AB08 - triamcinolone; Belongs to the class of glucocorticoids. Used in systemic corticosteroid preparations.

R01AD11 - triamcinolone; Belongs to the class of topical corticosteroids used as nasal decongestants.

R03BA06 - triamcinolone; Belongs to the class of other inhalants used in the treatment of obstructive airway diseases, glucocorticooids.

S01BA05 - triamcinolone; Belongs to the class of corticosteroids. Used in the treatment of inflammation of the eye.

*triamcinolone information:

Note that there are some more drugs interacting with triamcinolone

triamcinolone further details are available in official CIMS India

triamcinolone

triamcinolone brands available in India

Always prescribe with Generic Name : triamcinolone, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AVCORT inj AV-CORT inj BECORT vial COMCORT inj CORTRIMA cream D-CORT inj HICORT vial HYLONE inj HYNOT inj KENACORT inj KENACORT ORAL PASTE paste KENACORT tab LEDERCORT OINT oint LEDERCORT tab LEDERCORT-N oint PERICORT-4 tab RIZCORT vial SYMCORT vial T-CORT vial TESS buccal-paste TRICORT tab TRICORT vial

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([all drugs])

triamterene

CIMS Class : (Diuretics)

triamterene

P - Caution when used during pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related triamterene information

Indication & Dosage

Oral

Oedema

Adult: 150-250 mg/day in 2 divided doses, after breakfast and lunch. Maintenance: doses may be given on alternate days. Max: 300 mg/day.

Renal impairment: Use with caution. Severe: avoid.

Hepatic impairment: Severe: avoid.

Oral

Hypertension

Adult: In combination with other diuretics e.g. hydrochlorothiazide: Initially, 50 mg daily.

Renal impairment: Use with caution. Severe: avoid.

Hepatic impairment: Severe: avoid.

Administration

Should be taken with food. (Take after meals.)

Overdosage

Symptoms: electrolyte imbalance, especially hyperkalemia. GI disturbances such as nausea, vomiting, weakness, hypotension. Management: Empty stomach by emesis or gastric lavage. Treatment is supportive and symptomatic. Monitor electrolyte pattern and fluid balance closely. Severe hypotension may be relieved by admin of pressor agents such as norepinephrine. Dialysis may be useful.

Contraindications

severe renal or hepatic impairment, preexisting or drug-induced hyperkalemia, patients at risk of respiratory or metabolic acidosis. Lactation.

Special Precautions

Renal and hepatic impairment; cirrhosis; DM; hyponatraemia; hyperuricaemia; history of nephrolithiasis; depleted folic acid stores. Monitor electrolyte concentrations closely, especially potassium levels. Observe for signs of liver damage, blood dyscrasias or other idiosyncratic reactions. Discontinue treatment if urinary calculus is passed. Pregnancy and elderly.

Adverse Drug Reactions

Photosensitivity reactions; increase in uric acid concentrations; megaloblastic anaemia; thrombocytopenia; hyperkalaemia; nephrolithiasis; renal failure; GI disturbances such as nausea, vomiting, diarrhoea; dry mouth; fatigue; dizziness; skin rash, muscle cramps; headache; orthostatic hypotension; increased BUN concentrations, LFT abnormalities.

Drug Interactions

Increased risk of hyperkalemia with potassium supplements, other potassium-sparing diuretics, ACE inhibitors, angiotensin II receptor antagonists, trilostane, potassium-containing medications (such as parenteral penicillin G potassium), eplerenone, tacrolimus, ciclosporin, LMWH. Increased risk of bone marrow suppression with methotrexate.
Potentially Fatal: Increased risk of nephrotoxicity with NSAIDs and ciclosporin. Increased risk of lithiumtoxicity.

Lab Interference

May cause pale blue fluorescence in urine which may interfere with methods of enzyme assay that depend on fluorometry, e.g. determinations of lactic dehydrogenase activity. Interferes with fluorometric assay of quinidine due to similar fluorescence spectra.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

if used in pregnancy-induced hypertension.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store between 15-30°C (59-86°F).

Mechanism of Action

Triamterene is a potassium sparing diuretic which appears to act mainly on the distal renal tubules. It increases the excretion of Na and reduces the excretion of potassium. It adds to the natriuretic but reduces the kaliuretic effects of other diuretics. It is structurally similar to folate and has anti-folate activity.

Onset: Diuresis: 2-4 hr.

Duration: Diuresis: 7-9 hr.

Absorption: Rapid but variable absorption from GI tract. Bioavailability: 50%.

Distribution: Crosses the placenta; may be distributed into breast milk. Protein binding: 60%.

Metabolism: Extensively metabolised. Plasma half-life: 2 hr.

Excretion: Mainly excreted in the urine as metabolites and unchanged triamterene.

CIMS Class

Diuretics

ATC Classification

C03DB02 - triamterene; Belongs to the class of other potassium-sparing agents. Used as diuretics.

*triamterene information:
Note that there are some more drugs interacting with triamterene
triamterene further details are available in official CIMS India
triamterene
triamterene brands available in India
Always prescribe with Generic Name : triamterene, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : DITIDE tab
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([all drugs])
triclosan
CIMS Class : (Skin Antiseptics & Disinfectants) , (Acne Treatment Preparations)
triclosan
related triclosan information
Indication & Dosage

Topical/Cutaneous

Oral hygiene, Acne, Disinfection of hands and wounds, Skin disinfection

Adult: Available in concentrations up to 2% in soaps, creams, and solutions.

Adverse Drug Reactions

Contact dermatitis.

Mechanism of Action

Triclosan, a chlorinated bisphenol antiseptic, is active against fungi, gram-positive and gram-negative bacteria.

CIMS Class

Skin Antiseptics & Disinfectants / Acne Treatment Preparations

ATC Classification

D08AE04 - triclosan; Belongs to the class of phenol and derivatives antiseptics. Used in the treatment of dermatological diseases.

D09AA06 - triclosan; Belongs to the class of ointment dressings with antiinfectives. Used in treatment of wounds.

*triclosan information:

triclosan

triclosan brands available in India

Always prescribe with Generic Name : triclosan, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACNELAK gel ACNELAK soap MEDSOP soap MICROSHIELD-T topical soln SOAPEX soap

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([all drugs])

trifluoperazine

CIMS Class : (Antipsychotics) , (Antiemetics) , (Anxiolytics)

trifluoperazine

P - Caution when used during pregnancy

L - Contraindicated in lactation

related trifluoperazine information

Indication & Dosage

Oral

Psychoses

Adult: 2-5 mg bid gradually increased to 15-20 mg daily, or 40 mg daily in severe or resistant psychoses.

Child: Max: 5 mg daily in divided doses adjusted according to age, body weight and response.

Elderly: Initiate at lower dose and increase gradually.

Oral

Nausea and vomiting

Adult: 1-2 mg bid. Max 6 mg daily.

Child: 3-5 yrs: max 1 mg daily in divided doses; 6-12 yrs: max 4 mg daily.

Elderly: Initiate at lower dose and increase gradually.

Oral

Short-term management of anxiety

Adult: 1-2 mg bid. Max: 6 mg daily. Max duration: 12 wk.

Child: 3-5 yr: max 1 mg daily in divided doses; 6-12 yr: max 4 mg daily in divided doses.

Elderly: Initiate at lower dose and increase gradually.

Intramuscular

Acute psychosis

Adult: 1-2 mg by deep IM, repeated if necessary every 4-6 hr. Max: 6 mg daily.

Child: 1 mg by deep IM once or twice daily.
Elderly: Initiate at lower dose and increase gradually.

Administration

Should be taken with food.

Overdosage

Symptoms: extrapyramidal side effects, CNS depression, somnolence, agitation, restlessness, convulsions, ECG changes, cardiac arrhythmias, fever, autonomic reactions such as hypotension, dry mouth and ileus. Management: Treatment is symptomatic and supportive. Maintain an open airway as dysphagia and respiratory difficulty may occur in severe overdosage. Gastric lavage may be performed. Do not induce emesis as dystonic reaction of the head or neck may develop and this may lead to aspiration of vomitus. Extrapyramidal symptoms may be treated with anti-parkinsonism drugs, barbiturates, or diphenhydramine hydrochloride. If pressor agents are required, norepinephrine bitartrate and phenylephrine HCl may be used but not epinephrine. This is because trifluoperazine may reverse the

usual elevating action of these agents and cause a further drop in blood pressure. Haemodialysis is not likely to be useful.

Contraindications

Preexisting CNS depression and coma; bone marrow depression, blood dyscrasias, liver disease, hypersensitivity to phenothiazines, prolactin dependent tumours. Pregnancy (1st trimester), lactation.

Special Precautions

Cardiovascular disease, epilepsy, angle-closure glaucoma, exposure to extreme temperatures, elderly, parkinson's disease, myasthenia gravis, benign prostatic hyperplasia, DM, renal amd hepatic impairment. Discontinue trifluoperazine at least 48 hr before myelography and do not resume for at least 24 hr after procedure. Do not use trifluoperazine in control of nausea and vomiting occurring either prior to myelography or postprocedure with metrizamide. Pregnancy.

Adverse Drug Reactions

Drowsiness, dry mouth, blurred vision, dizziness, sedation, antimuscarinic affects, postural hypotension, akathisia, muscle weakness, anorexia, insomnia, rash, amenorrhoea, fatigue, increased prolactin levels, extrapyramidal side effects.
Potentially Fatal: Neuroleptic malignant syndrome, blood dyscrasias.

Drug Interactions

Increased CNS depression with CNS depressants such as opiates or other analgesics, barbiturates or other sedatives, general anaesthetics, or alcohol. Increased risk of side effects with drugs with antimuscarinic properties e.g. TCA, antiparkinsonian drugs. Antagonised effects of dopaminergic drugs such as levodopa. Increased risk of hypotension with antihypertensives, trazodone. Reverses antihypertensive effect ofguanethidine. Increased risk of severe extrapyramidal side-effects or severe neurotoxicity with lithium. Possible decrease in absorption with antacids.

Pregnancy Category (US FDA)
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals

are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store at 15-30°C

Mechanism of Action

Trifluoperazine inhibits dopamine D2 receptors in the brain. It has weak anticholinergic and sedative effects but strong extrapyramidal and antiemetic effects. It controls severely disturbed, agitated or violent behaviour but may also be used for nonpsychotic anxiety.

Absorption: Readily absorbed from GI tract. Peak plasma concentrations: 1.5-6 hr. Bioavailability: subject to interindividual variation.

Distribution: Protein binding: highly bound. Distributed into breast milk.

Excretion: Terminal half life: 22 hr.

CIMS Class

Antipsychotics / Antiemetics / Anxiolytics

ATC Classification

N05AB06 - trifluoperazine; Belongs to the class of phenothiazine antipsychotics with piperazine structure. Used in the management of psychosis.

*trifluoperazine information:
Note that there are some more drugs interacting with trifluoperazine
trifluoperazine
trifluoperazine brands available in India
Always prescribe with Generic Name : trifluoperazine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : BENZYZINE tab EQUICALM sugar-coated tab F PLUS tab FIT tab GASTABID tab GENCALM PLUS tab GENCALM tab KAYTRIX-C tab LACALM PLUS tab MANOCALM FORTE tab MANOCALM PLUS tab NEOCALM FORTE tab NEOCALM PLUS tab NEOCALM tab NORMOZIN tab PARAZIN-C film-coated tab PARKIN FORTE tab PARKIN PLUS tab PSYCALM FORTE tab PSYCALM PLUS tab PSYCALM tab RELICALM PLUS

tab RELICALM tab SERENTIN tab SIZONORM FORTE tab SIZONORM PLUS tab SIZONORM tab STELABID tab STELBID tab SYCOT tab TRADEP tab TRAZINE tab TRAZINE-H tab TRAZINE-S tab TRAZINE-SC tab TRICD tab TRINICALM PLUS tab TRIZEP film-coated tab ZENERIL PLUS-H tab ZORT tab

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([all drugs])

trifluprom azine

CIMS Class : (Antipsychotics) , (Antiemetics)

trifluprom azine

P - Caution when used during pregnancy

related trifluprom azine information

Indication & Dosage

Intramuscular

Psychoses

Adult: 60-150 mg daily.

Child: IM: >2½ yr: 200-250 mcg/kg daily. Max: 10mg daily.

Elderly: or debilitated patients: Dose reduction is recommended.

Parenteral

Nausea and vomiting

Adult: IV: 1 mg/dose; max: 3 mg daily. IM: 5-15 mg, repeated after 4 hr if necessary; max: 60 mg daily.
Child: IM: >2½ yr: 200-250 mcg/kg daily. Max: 10mg daily.
Elderly: or debilitated patients: Dose reduction is recommended.

Contraindications

Preexisting CNS depression and coma; bone marrow depression, blood dyscrasias, liver disease, hypersensitivity to phenothiazines, prolactin dependent tumours. Pregnancy (1st trimester), lactation.

Special Precautions

Cardiovascular disease, epilepsy, angle-closure glaucoma, exposure to extreme temperatures, parkinson's disease, myasthenia gravis, benign prostatic hyperplasia, DM, renal amd hepatic impairment. Discontinue trifluprомazine at least 48 hr before myelography and do not resume for at least 24 hr after procedure. Do not use in control of nausea and vomiting occurring either prior to myelography or postprocedure with metrizamide. Pregnancy, elderly.

Adverse Drug Reactions

Blurred vision, dry mouth, urinary hesitancy/retention, constipation, orthostatic hypotension, allergic rash, akathisia, dystonias, muscle weakness, anorexia, insomnia.
Potentially Fatal: Blood dyscrasias, malignant neuroleptic syndrome.

Drug Interactions

Increased CNS depression with CNS depressants such as opiates or other analgesics, barbiturates or other sedatives, general anaesthetics, or alcohol. Increased risk of side effects with drugs with antimuscarinic properties e.g. TCA, antiparkinsonian drugs. Antagonised effects of dopaminergic drugs such as levodopa. Increased risk of hypotension with antihypertensives, trazodone. Reverses antihypertensive effect ofguanethidine. Increased risk of severe extrapyramidal side-effects or severe neurotoxicity with lithium. Possible decrease in absorption with antacids.

Mechanism of Action

Triflupromazine is a phenothiazine with general properties similar with chlorpromazine.

CIMS Class

Antipsychotics / Antiemetics

ATC Classification

N05AA05 - trifluprom azine; Belongs to the class of phenothiazine antipsychotics with aliphatic side-chain. Used in the management of psychosis.

*trifluprom azine information:
Note that there are some more drugs interacting with trifluprom azine
trifluprom azine
trifluprom azine brands available in India
Always prescribe with Generic Name : trifluprom azine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : SIQUIL inj SIQUIL tab
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([all drugs])

trihexyphenidyl hydrochloride

CIMS Class : (Antiparkinsonian Drugs)

trihexyphenidyl hydrochloride

P - Caution when used during pregnancy

L - Caution when used during lactation

related trihexyphenidyl hydrochloride information

Indication & Dosage

Oral

Prophylaxis of drug-induced extrapyramidal symptoms

Adult: Initially, 1 mg daily, increased gradually to usual maintenance dose of 5-15 mg daily in 3-4 divided doses. Max dose: 15 mg daily.

Elderly: May require smaller doses.

Oral

Idiopathic parkinsonism

Adult: Initially, 1 mg daily in 3-4 divided doses, increased gradually over a period of several days in steps of 2 mg, up to 6-10 mg daily according to response. For advanced cases: 12-15 mg daily in 3-4 divided doses. For postencephalitic patients: Larger doses may be required.

Elderly: May require smaller doses.

Max Dosage: 15 mg daily.

Administration

Should be taken with food. (Best taken w/ meals. Take before meals if dry mouth occurs, after meals if drooling/nausea occurs. Take at the same time each day.)

Overdosage

Overdosage may lead to psychiatric disturbances.

Contraindications

Patients with closed-angle glaucoma, chronic pulmonary disease, sick sinus syndrome, thyrotoxicosis, cardiac failure with tachycardia.

Special Precautions

Glaucoma, obstructive disease of GI or genitourinary tracts. In elderly males with possible prostatic hypertrophy. Liver and renal disorders. Pregnancy and lactation.

Adverse Drug Reactions

Dry mouth, blurring of vision, constipation, urinary retention, glaucoma, confusion, drowsiness, restlessness, hallucinations.
Potentially Fatal: Arrhythmias, AV dissociation, multiple ventricular ectopics.

Drug Interactions

Delayed absorption of other oral drugs.
Potentially Fatal: Additive anticholinergic activity with tricyclic antidepressants, antiparkinsonian drugs, antihistaminics, phenothiazine and quinidine.

Mechanism of Action

Trihexyphenidyl is a tertiary amine antimuscarinic, which competitively inhibits the effects of acetylcholine at the muscarinic receptors of autonomic effector sites innervated by parasympathetic nerves. It also brings about direct and indirect antispasmodic action on smooth muscle.
Onset: 1 hr.

Absorption: Trihexyphenidyl is absorbed well from the GI tract after oral admin with effects visible after 1 hr.
Excretion: Mainly in the urine.

CIMS Class

Antiparkinsonian Drugs

*trihexyphenidyl hydrochloride information:
Note that there are some more drugs interacting with trihexyphenidyl hydrochloride
trihexyphenidyl hydrochloride
trihexyphenidyl hydrochloride brands available in India
Always prescribe with Generic Name : trihexyphenidyl hydrochloride, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : BAROHEXY tab BEXOL tab DYSKINIL tab DYSTONIL tab LAHEXY tab MANOHEXY inj MANOHEXY tab PACITANE tab PARALES tab PARKIN tab PARKITANE tab PARNON tab PERADYL FORTE film-coated tab PERADYL tab RELIHEXY

tab TEXY tab TEXYL tab TRIHEXY tab TRIPHEN tab ZOXOL tab

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([all drugs])

trimetazidine hydrochloride

CIMS Class : (Anti-Anginal Drugs)

trimetazidine hydrochloride

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related trimetazidine hydrochloride information

Indication & Dosage

Oral

Angina pectoris, Meniere's disease

Adult: As conventional tab: 40-60 mg daily in divided doses.

Administration

Should be taken with food.

Contraindications

Hypersensitivity. Pregnancy and lactation.

Adverse Drug Reactions

GI disturbances, vomiting, nausea.

Storage

Oral: Store below 30°C.

Mechanism of Action

Trimetazidine is a cellular acting anti-ischaemic agent. It has 3 main properties by which it acts as a cytoprotective agent. It inhibits the anaerobic glycolysis and fatty acid metabolism, thus allowing only aerobic glycolysis. This action helps to restore the energy balance in the cell. It inhibits acidosis and free radical accumulation in the cell. All these action help the cell to restore the normal ionic and metabolic balance.

Absorption: Rapidly absorbed. Peak plasma concentration: within 2 hr (conventional tab); 5 hr (modified release).

Excretion: Via urine, mainly as unchanged drug. Half life: 6 hr (conventional); 7 hr (modified release).

CIMS Class

Anti-Anginal Drugs

ATC Classification

C01EB15 - trimetazidine; Belongs to the class of other preparations used in cardiac therapy.

*trimetazidine hydrochloride information:
trimetazidine hydrochloride
trimetazidine hydrochloride brands available in India
Always prescribe with Generic Name : trimetazidine hydrochloride, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : 3 KAT tab CARDIMAX SR-tab CARDIMAX tab CARVIDON OD-cap CARVIDON tab CARVIDON-MR tab CYTOGARD OD-cap CYTOGARD tab FLAVEDON MR-tab FLAVEDON tab INVIDON tab INVIDON-XR tab ISVEDON CR tab ISVEDON tab KARDIN SRtab MAYOZEST tab METAGARD tab MYOVEDON tab PRODIUM tab TAZ SR-tab TAZ tab TETAZ

tab THEMIDON tab TRIADIN FC-tab TRIDEN-MR tab TRIGUARD tab TRIMEDOR tab TRIVED tab TRIVEDON-20 tab TRIVEDON-MR tab TRIZIDINE tab

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([all drugs])

trimipramine maleate

CIMS Class : (Antidepressants)

trimipramine maleate

P - Caution when used during pregnancy

L - Contraindicated in lactation

related trimipramine maleate information

Indication & Dosage

Oral

Depression

Adult: Initially 50-75 mg daily, increased gradually as necessary to 150-300 mg daily. May be given in divided doses during the day or as a single dose at night.

Elderly: Initial 50-75 mg daily, increased gradually if necessary. Max: 100 mg daily.

Administration

May be taken with or without food.

Overdosage

Symptoms: Hypotensive collapse, convulsions, cardiac arrhythmias, acidosis and coma. Management: Gastric lavage should be carried out as soon as possible. Treatment is supportive and symptomatic with ECG monitoring. Intubate and ventilate the patient before convulsions develop. If convulsions occur, treat with IV diazepam. Treatment should be continued for at least 3 days even if the patient appears to have recovered, due to the long half life of trimipramine.

Contraindications

Recent MI, cardiac arrhythmias, heart block; mania; porphyria, severe liver disease. Neonates and children. Lactation.

Special Precautions

Narrow-angle glaucoma; prostatic hypertrophy; history of epilepsy; hyperthyroidism; patients requiring anaesthesia. Pregnancy.

Withdraw gradually to decrease risk of withdrawal symptoms. Monitor liver function in long term treatment. May impair ability to drive or operate machinery.

Adverse Drug Reactions

Dry mouth, accommodation disturbances, tachycardia, constipation, hesitancy of micturation, drowsiness, sweating, postural hypotension, skin rashes, cholestatic jaundice, hypomania, convulsions, cardiac arrhythmias and peripheral neuropathy. Agitation, confusion (elderly).
Potentially Fatal: Agranulocytosis and thrombocytopenia.

Drug Interactions

Decreased antihypertensive effects of guanethidine, guanfacine, debrisoquine, betanidine and possiblyclonidine. Increased CNS depression with CNS depressants such as alcohol, sedatives, hypnotics or barbiturates. Increased trimipramine levels with protease inhibitors, SSRIs, selegiline, tramadol, quinidine,diltiazem and verapamil. Decreased trimipramine levels with barbiturates. Increased risk of arrhythmias with drugs that prolong QT intervals. Increased risk of

serotonin syndrome with linezolid. Increased antimuscarinic adverse effects with nefopam. Risk of neurotoxicity and serotonin syndrome with lithium.

Potentially Fatal: Not to be given concurrently with, or within 2 wk of cessation of, therapy with MAOI and MAOI should be restarted at least 7-14 days after trimipramine has been stopped. Exaggerated response such as hypertension, cardiac arrhythmias with sympathomimetic drugs.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Trimipramine is a dibenzazepine TCA with antimuscarinic and sedative properties. It prevents the neuronal reuptake of noradrenaline in the CNS.

Absorption: Absorbed readily from the GI tract (oral); peak plasma concentrations after 2 hr.

Distribution: Protein-binding: Extensive.

Metabolism: Hepatic; converted to desmethylimipramine (active).
Excretion: Via urine (as metabolites); 23 hr (elimination half-life).

CIMS Class

Antidepressants

ATC Classification

N06AA06 - trimipramine; Belongs to the class of non-selective monoamine reuptake inhibitors. Used in the management of depression.

*trimipramine maleate information:
Note that there are some more drugs interacting with trimipramine maleate
trimipramine maleate
trimipramine maleate brands available in India
Always prescribe with Generic Name : trimipramine maleate, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : SURMONTIL tab

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([all drugs])

triprolidine hydrochloride

CIMS Class : (Antihistamines & Antiallergics)

triprolidine hydrochloride

P - Caution when used during pregnancy

L - Contraindicated in lactation

related triprolidine hydrochloride information

Indication & Dosage

Oral

Allergic conditions

Adult: 2.5 mg every 4-6 hr. Max: 10 mg daily.

Child: 4 mth-<2 yr: 0.313 mg every 4-6 hr; max: 1.252 mg daily. 2-<4 yr: 0.625 mg every 4-6 hr; max: 2.5 mg daily. 4-<6 yr: 0.938 mg every 4-6 hr; max: 3.744 mg daily. 6-<12 yr: 1.25 mg every 4-6 hr; max: 5 mg daily. =12 yr: 2.5 mg every 4-6 hr; max: 10 mg daily.

Administration

May be taken with or without food.

Overdosage

Symptoms: Antimuscarinic, extrapyramidal and CNS side effects. In children or elderly, very often, CNS stimulation predominates over CNS depression and causes ataxia, excitement, tremors, psychoses, hallucinations, convulsions, hyperpyrexia, cardiorespiratory collapse and coma. In adults, CNS depression predominates and results in drowsiness, coma, convulsions, respiratory failure and CV collapse.

Contraindications

Hypersensitivity to acrivastine; child < 4 mth; lactation.

Special Precautions

Angle-closure glaucoma; urinary retention; prostatic hypertrophy; pyloroduodenal obstruction; epilepsy. May impair ability to drive or operate machinery. Broken or eczematous skin (topical use). Child <6 yr should take only under the direction of a physician. Elderly, pregnancy.

Adverse Drug Reactions

CNS depression, headache, psychomotor impairment, dry mouth, thickened respiratory tract secretions, blurred vision, urinary difficulty or retention, constipation, increased gastric reflux, nausea, vomiting, diarrhoea, epigastric pain, myalgia, paraesthesias, extrapyramidal effects, tremor, sleep disturbances, depression, confusion, tinnitus, hypotension and hair loss.
Potentially Fatal: Blood dyscrasias.

Drug Interactions

Increased sedation with CNS depressants eg, alcohol, barbiturates, hypnotics, opioid analgesics, anxiolytics, sedatives and antipsychotics. Increased antimuscarinic side effects with other antimuscarinic drugs e.g.atropine, TCA and MAOI. May mask signs of ototoxicity caused by aminoglycosides.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store between 15-30°C.

Mechanism of Action

Triprolidine is an antihistamine derived from alkylamine that has antimuscarinic and mild sedative effects. May also be used in fixed dose combination with pseudoephedrine hydrochloride.
Distribution: Distributed into breast milk.
Metabolism: A carboxylated derivative makes up about half of the dose excreted in the urine.
Excretion: Excreted via urine as metabolites. Reported half life: 3-5 hr or more.

CIMS Class

Antihistamines & Antiallergics

ATC Classification

R06AX07 - triprolidine; Belongs to the class of other agents used as systemic antihistamines.

*triprolidine hydrochloride information:

Note that there are some more drugs interacting with triprolidine hydrochloride

triprolidine hydrochloride

triprolidine hydrochloride brands available in India

Always prescribe with Generic Name : triprolidine hydrochloride, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACTIFED PLUS PAEDIATRIC susp ACTIFED PLUS tab ACTIFED-DM liqd RECOFAST PLUS syr RECOFAST PLUS TABS tab SYMOFAST syr TEGUPHEN syr

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([all drugs])

triprolidine + pseudoephedrine

CIMS Class : (Cough & Cold Preparations)

triprolidine + pseudoephedrine

P - Caution when used during pregnancy

L - Caution when used during lactation

related triprolidine + pseudoephedrine information

Indication & Dosage

Oral

Cold and flu, Allergic rhinitis

Adult: Each tablet contains triprolidine HCl 2.5 mg and pseudoephedrine HCl 60 mg: 1 tablet 4-6 hrly, up to 4 times a day. As syrup containing triprolidine HCl 1.25 mg and pseudoephedrine HCl 30 mg/5 ml: 10 ml 4-6 hrly, up to 4 times daily.

Child: Each tablet contains triprolidine HCl 2.5 mg and pseudoephedrine HCl 60 mg: > 12 yr: 1 tablet 4-6 hrly, up to 4 times a day. As syrup containing triprolidine HCl 1.25 mg and pseudoephedrine HCl 30 mg/5 ml: 6-12 yr: 5 ml 4-6 hrly, up to 4 times daily. 2-5 yr: 2.5 ml 4-6 hrly, up to 4 times daily; may be diluted 1:1-1:4 with syrup BP.

Overdosage

Symptoms: Drowsiness, lethargy, dizziness, ataxia, weakness, difficulty passing urine, dry skin, tachycardia, hypertension, high fever, hyperactivity, irritability, seizures and respiratory depression. Management: Gastric lavage may be performed up to 3 hr after overdose. Treatment is supportive and symptomatic. Acid diuresis or dialysis may be helpful in pseudoephedrine elimination.

Contraindications

Concurrent use or within 2 wk of stopping MAOIs. Severe hypertension or coronary artery disease.

Special Precautions

Severe hepatic impairment. Moderate to severe renal impairment. DM, hyperthyroidism, increased intraocular pressure, prostatic hypertrophy, hypertension, heart disease. May affect ability to drive or operate machinery. Pregnancy and lactation.

Adverse Drug Reactions

Dry mouth, nose and throat; skin rashes, tachycardia, drowsiness, sleep disturbances, urinary retention. Rarely, hallucinations.

Drug Interactions

Increased BP with other sympathomimetic agents (e.g. decongestants, TCA, appetite suppressants). Reduced hypotensive effects of methyldopa, a- and ß-adrenergic blockers. Increased side effects (e.g. somnolence, agitation) with atomoxetine.

Potentially Fatal: Increased risk of hypertensive crisis with furazolidine, avoid concurrent use. Increased risk of hypertensive crisis with MAOIs; avoid concurrent use or within 2 wk after stopping MAOIs. Increased risk of psychosis with bromocriptine.

Storage

Oral: Tablet: Do not store above 25°C. Syrup: Do not store above 25°C. Diluted syrup can be stored up to 4 wk at 25°C.

Mechanism of Action

Triprolidine hydrochloride is a potent competitive histamine H1-receptor antagonist with antimuscarinic and mild sedative properties. Pseudoephedrine, an a- and ß-adrenergic receptor agonist, mediates vasoconstriction via direct stimulation of a-adrenergic receptors of the respiratory mucosa.
Onset: Antihistaminic effects: 1-2 hr; decongestant effects: Within 30 min
Duration: Antihistaminic effects: At least 8 hr; decongestant effects: At least 4 hr.
Absorption: Pseudoephedrine: Readily absorbed from GI tract.

Distribution: Triprolidine: Enters into breast milk. Pseudoephedrine: Enters into breast milk.
Excretion: Triprolidine: Half life 3-5 hr. Pseudoephedrine: Excreted in urine mainly as unchanged drug and some as the hepatic metabolite, half life 5.5 hr (at urine pH between 5.0-7.0), decreased if urine is acidic and increased if urine is alkaline.

CIMS Class

Cough & Cold Preparations

ATC Classification

R01BA02 - pseudoephedrine; Belongs to the class of systemic sympathomimetic preparations used as nasal decongestants.
R06AX07 - triprolidine; Belongs to the class of other agents used as systemic antihistamines.

*triprolidine + pseudoephedrine information:
Note that there are some more drugs interacting with triprolidine + pseudoephedrine
triprolidine + pseudoephedrine
triprolidine + pseudoephedrine brands available in India

Always prescribe with Generic Name : triprolidine + pseudoephedrine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ISOFED syr ISOFED TAB tab MEGATUSS D liqd RECOFAST syr RECOFAST tab RHINOSOZ tab

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([all drugs])

triptorelin

CIMS Class : (Trophic Hormones & Related Synthetic Drugs) , (Hormonal Chemotherapy)

triptorelin

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related triptorelin information

Indication & Dosage

Parenteral

Prostate cancer

Adult: 3 or 3.75 mg by IM Inj every 4 wk using 1 mth depot preparation. The 1st dose may be preceded with 0.1 mg daily for 7 days by SC inj. Alternatively, 11.25 mg IM every 12 wk using the 3 mth depot formulation.

Intramuscular

Uterine fibroids

Adult: 3 or 3.75 mg by IM Inj every 4 wk for up to 6 mth. Begin treatment during the 1st 5 days of the menstrual cycle.

Intramuscular

Endometriosis

Adult: 3 or 3.75 mg by IM Inj every 4 wk for up to 6 mth. Begin treatment during the 1st 5 days of the menstrual cycle.

Subcutaneous

Female infertility

Adult: In conjunction with gonadotrophins, 0.1 mg daily by SC Inj starting from the 2nd day of the menstrual cycle for 10-12 days.

Parenteral

Precocious puberty

Child: 50 mcg/kg, using the 3 mg depot preparation by IM Inj every 4 wk. Alternatively, using the 3.75 mg depot preparation, <20 kg 1.875 mg, 20-30 kg 2.5 mg, >30 kg 3.75 mg by IM or SC inj; first 3 doses to be given at 14 day intervals with further doses given every 4 wk.

Contraindications

Hypersensitivity to triptorelin and other luteinising hormone-releasing hormone (LHRH) or LHRH agonists; as sole treatment in prostate cancer patients with spinal cord compression or evidence of spinal metastases; progressive brain tumours in children. Pregnancy; lactation.

Special Precautions

Patients with pituitary adenoma; weight-related amenorrhoea until weight corrected; polycystic ovary disease or endometriotic cysts; metabolic bone disease. Monitor closely as there may be initial worsening of signs and symptoms during first few wk of therapy. Contraceptive measures to be taken to protect against unwanted ovulation in females.

Adverse Drug Reactions

Hot flushes, weight gain, sleep disturbances, headache, hypertension, weight gain, decreased libido, abnormal vision, mood disorders, nausea, abdominal pain or discomfort, rash and

impotence. Transient pain, redness or local inflammation at the inj site may occur. Prostate cancer: During first few wk, bone pain, worsening of urinary obstruction symptoms and/or worsening of neurological signs of vertebral metastases (back pain, weakness or paresthesia of the lower limbs). Gynaecomastia, vertigo and dizziness. Endometriosis: Initial worsening of pelvic pain, dysmenorrhoea with heavy menstrual bleeding or spotting. Sweating, vaginal dryness, dyspareunia, breast pain, hair loss, small loss in bone density. Precocious puberty: Mild or moderate withdrawal bleeding in the first mth of treatment.
Potentially Fatal: Anaphylactic shock.

Drug Interactions

Decrease in LHRH receptors in pituitary with hyperprolactinaemic drugs antagonises effects of triptorelin.

Lab Interference

Suppression of pituitary-gonadal axis may lead to misleading results of pituitary-gonadal function tests if conducted during treatment and after cessation of therapy.

Pregnancy Category (US FDA)

Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.

Mechanism of Action

Triptorelin is a synthetic analogue of natural gonadotropin-releasing hormone. Initial admin stimulates the release of pituitary gonadotrophins with a transient increase in testosterone levels in men and in oestradiol levels in women, leading to an initial worsening of symptoms during the first wk. Prolonged admin leads to a suppression of gonadotrophins and a decrease in plasma testosterone or oestradiol after approximately 20 days, which is maintained for as long as triptorelin is admin.

Absorption: Rapidly absorbed with peak plasma concentrations after 40 minutes (subcutaneous inj).

Excretion: Half life: 7.5 hr.

CIMS Class

Trophic Hormones & Related Synthetic Drugs / Hormonal Chemotherapy

ATC Classification

L02AE04 - triptorelin; Belongs to the class of gonadotropin releasing hormone analogues. Used in endocrine therapy.

*triptorelin information:
triptorelin
triptorelin brands available in India
Always prescribe with Generic Name : triptorelin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : DECAPEPTYL DAILY inj DECAPEPTYL DEPOT PF-syringe
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([all drugs])
tropicamide
CIMS Class : (Mydriatic Drugs)
tropicamide

P - Caution when used during pregnancy

related tropicamide information

Indication & Dosage

Ophthalmic

Production of mydriasis

Adult: Instill 1-2 drops of a 0.5% solution 15-20 minutes before examination.

Ophthalmic

Production of cycloplegia

Adult: Instill 1-2 drops of a 1% solution repeated after 5 minutes. An additional drop may be admin after 20-30 minutes for prolonged effect.

Contraindications

Hypersensitivity. Narrow-angle glaucoma or shallow anterior chamber.

Special Precautions

Elderly, children, pregnancy. Hypertension, hyperthyroidism, DM, cardiac disorders. To reduce systemic absorption, press on the

lacrimal sac for 1-2 minutes following instillation. Do not drive or engage in hazardous activities and protect eyes from bright illumination when pupils are dilated. May fail to produce adequate cycloplegia in children.

Adverse Drug Reactions

Increased intraocular pressure, transient stinging, dry mouth, blurred vision, photophobia, tachycardia, headache, superficial punctate keratitis, systemic anticholinergic effects, severe CNS disturbances in children (rare).

Drug Interactions

May antagonise effects of ophthalmic carbachol, pilocarpine, or cholinesterase inhibitors.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Ophthalmic: Store between 15-30°C. Do not refrigerate.

Mechanism of Action

Tropicamide is a tertiary amine antimuscarinic which causes relaxation of the sphincter muscle of the iris resulting in pupillary dilatation. It also causes paralysis of the ciliary muscle leading to loss of accommodation.
Onset: Mydriasis: 20-40 min; cycloplegia: 30 min.
Duration: Mydriasis: 6 hrs; cycloplegia: 6 hrs.

CIMS Class

Mydriatic Drugs

ATC Classification

S01FA06 - tropicamide; Belongs to the class of anticholinergics used in the treatment of mydriasis and cyclopegia.

*tropicamide information:

Note that there are some more drugs interacting with tropicamide

tropicamide

tropicamide brands available in India

Always prescribe with Generic Name : tropicamide, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ITROP PLUS eye drops OPTIMIDE eye drops OPTIMIDE PLUS eye drops PICAMID eye drops PICAMID PLUS eye drops TMIDE eye drops TMIDE PLUS eye drops TRIOCYL eye drops TRIOCYL PLUS eye drops TROPICACLY PLUS eye drops TROPICACYL eye drops TROPICACYL PLUS eye drops TROPICAMET eye drops TROPICAMET PLUS eye drops TROPICON PLUS eye drops

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([all drugs])

tryptophan

CIMS Class : (Antidepressants)

tryptophan

related tryptophan information

Indication & Dosage

Oral

Adjunct in treatment-resistant depression

Adult: As L-tryptophan: 1 g tid. Max: 6 g daily.

Elderly: Dose reduction may be needed.

Renal impairment: Dose reduction may be needed.

Hepatic impairment: Dose reduction may be needed.

Overdosage

Symptoms: Drowsiness and vomiting. Management: Treatment is supportive.

Contraindications

History of eosinophilia-myalgia syndrome associated with tryptophan treatment.

Special Precautions

May affect ability to drive or operate machinery. Monitor for suicidal thoughts or clinical worsening of depression during initial treatment period. Renal or hepatic impairment. Elderly.

Adverse Drug Reactions

Nausea (take after food to minimise nausea), headache, lightheadedness, drowsiness, eosinophilia-myalgia syndrome.

Drug Interactions

Increased risk of serotonin syndrome with SSRI. Possible decrease in levodopa plasma levels with tryptophan.
Potentially Fatal: Increased risk of severe behavioural and neurological toxicity with MAOI, start with lower initial dose of tryptophan if needed.

Mechanism of Action

Tryptophan is an essential amino acid which is the precursor of serotonin. It may be used as an adjunctive therapy in treatment-resistant depression. It is sometimes administered with pyridoxine and ascorbic acid. Due to its association with eosinophilia-myalgia syndrome, the use of tryptophan as dietary supplements (e.g. for insomnia) is limited or restricted.
Absorption: Readily absorbed from GI tract.
Distribution: Protein binding: Extensive, to plasma albumin.

Metabolism: By liver to metabolites e.g. hydroxytryptophan and kynurenine derivatives.
Excretion: Elimination half life (oral or IV L-tryptophan): 1-3 hr.

CIMS Class

Antidepressants

ATC Classification

N06AX02 - tryptophan; Belongs to the class of other agents used in the management of depression.

*tryptophan information:
Note that there are some more drugs interacting with tryptophan
tryptophan
tryptophan brands available in India
Always prescribe with Generic Name : tryptophan, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : 5-HTPn cap

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([all drugs])

urofollitropin

CIMS Class : (Trophic Hormones & Related Synthetic Drugs)

urofollitropin

P - Contraindicated in pregnancy

related urofollitropin information

Indication & Dosage

Injection

Female infertility

Adult: Initially, 150 IU daily SC/IM for the first 5 days. Adjust subsequent dosing based on clinical monitoring (e.g. serum oestradiol levels and vaginal ultrasound). Dose adjustments should not be made more frequently than once every 2 days and be =75-150 units per adjustment. Max dose: 450 units daily and max course of treatment: 12 days. Stop treatment when adequate response obtained as determined by oestrogen monitoring or ultrasonic visualisation of follicles. A single dose of chorionic gonadotrophin 5000 to 10 000 units is given to induce ovulation after 1-2 days. Urofollitropin treatment may be tried again in future cycles.

Injection

Polycystic ovarian syndrome

Adult: Initially, 150 IU daily SC/IM for the first 5 days. Adjust subsequent dosing based on clinical monitoring (e.g. serum oestradiol levels and vaginal ultrasound). Dose adjustments should not be made more frequently than once every 2 days and be =75-150 units per adjustment. Max dose: 450 units daily and max course of treatment: 12 days. Stop treatment when adequate response obtained as determined by oestrogen monitoring or ultrasonic visualisation of follicles. A single dose of chorionic gonadotrophin 5000 to 10 000 units is given to induce ovulation after 1-2 days. Urofollitropin treatment may be tried again in future cycles.

Injection

In vitro fertilisation procedures or other assisted conception techniques

Adult: In conjunction with other agents: 150-225 units of FSH daily SC/IM from day 2 or 3 of menstrual cycle. Alternatively, begin therapy with clomifene citrate and continue with urofollitropin; or urofollitropin may be given after gonadorelin analogue is given to suppress gonadotrophin release. Continue treatment until an adequate response is obtained and admin 5000 to 10 000 units of

chorionic gonadotrophin 1-2 days after final injection of urofollitropin. Oocyte retrieval is performed 34-35 hr later.

Injection

Male infertility

Adult: In conjunction with chorionic gonadotrophin, 150 units of FSH SC/IM 3 times a wk, continue for at least 4 mth.

Contraindications

Pregnancy, ovarian cysts or enlargement not due to polycystic ovary syndrome, primary ovarian failure, organic intracranial lesion e.g. pituitary tumour, uncontrolled thyroid and adrenal dysfunction, presence of any cause of infertility other than anovulation, abnormal bleeding of undetermined origin.

Special Precautions

May result in multiple pregnancies. Abnormal genital bleeding, hormone sensitive malignancies, ovarian cysts not caused by polycystic ovary syndrome. Exclude and treat other causes of infertility e.g. pituitary or hypothalamic lesions, adrenal or thyroid disorders and hyperprolactinaemia.

Adverse Drug Reactions

Nausea, vomiting, joint pain, ovarian hyperstimulation syndrome, adnexal torsion, mild to moderate ovarian enlargement, abdominal pain, ovarian cysts, local reaction at inj site, headaches, haemoperitoneum, benign and malignant ovarian neoplasms, ascites, pleural effusion, hypovolaemia, thromboembolic disorders. Weight gain, acne and gynaecomastia in men.

Potentially Fatal: Ovarian cysts rupture, intraperitoneal haemorrhage.

Drug Interactions

Increased risk of ovarian hyperstimulation syndrome with drugs with luteinising hormone activity.

Pregnancy Category (US FDA)

Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.

Mechanism of Action

Urofollitropin, a gonadotrophin obtained from postmenopausal women's urine, possesses follicle-stimulating hormone (FSH) activity but almost no luteinising activity. Admin for 7-12 days results in follicular growth and maturation in females. When sufficient follicular maturation has occurred, human chorionic gonadotrophin should be given to induce ovulation.
Absorption: Peak plasma concentration: 10 hr (after multiple dosing).

CIMS Class

Trophic Hormones & Related Synthetic Drugs

ATC Classification

G03GA04 - urofollitropin; Belongs to the class of gonadotropins. Used as ovulation stimulants.

*urofollitropin information:
urofollitropin
urofollitropin brands available in India

Always prescribe with Generic Name : urofollitropin, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BRAVELLE vial ENDOGEN amp EVENTIN 150(HMG) amp EVENTIN 75(HMG) amp FERGONAD-F amp FOLICULIN inj FOLIGEM amp FOLIGEST vial FOLLIOVA amp FOLLITEC vial FOLLOKON inj FOSTINE vial GONAL-F 300IU PEN PF-syringe GONAL-F 900IU pen GONAL-F amp GONAL-F FbM 450iu Pen pen GONAL-F vial GONOTROP F vial LG FOLLIMON vial MATERNA FSH inj METRODIN inj NEOGENTIN 150 amp NEOGENTIN 75 amp NISFOLLIC vial OVITROP vial OVUFOL-HP amp PROFERTI-F vial

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([all drugs])

urokinase

CIMS Class : (Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics))

urokinase

P - Contraindicated in pregnancy

related urokinase information

Indication & Dosage

Intravenous

Deep vein thrombosis

Adult: Initially, 4400 units/kg dissolved in 15 ml of sodium chloride 0.9%, infused IV over 10 minutes followed by 4400 units/kg/hr for 12-24 hr.

Parenteral

Acute myocardial infarction

Adult: 6000 units/min infused into the coronary artery for 2 hr preceded by IV heparin. Alternatively, 2-3 million units IV is given over 45-90 min.

Intravenous

Peripheral arterial thromboembolism

Adult: As solution containing 2000 units/ml: Infuse into the clot via a catheter at a rate of 4000 units/minute for 2 hr. Monitor response using angiography. If clot is not removed, advance the catheter into the occluded vessel and continue infusion at the same rate for another 2 hr. May repeat procedure, if needed, up to 4 times. Once blood flow is re-established, partially withdraw the catheter and continue infusing at 1000 units/minute until the remaining clot has lysed.

Intravenous

Pulmonary embolism

Adult: Initially, 4400 units/kg dissolved in 15 ml sodium chloride 0.9%, infused over 10 min followed by 4400 units/kg/hr for 12 hr. Alternatively, 15000 units/kg as bolus Inj into the pulmonary artery; may repeat inj, adjust dose according to plasma fibrinogen concentrations up to 3 times in 24 hr.

Injection

Clearance of occluded catheters and shunts

Adult: 5000 - 25000 units in 2 ml sodium chloride 0.9% instilled into affected IV catheter or shunt and clamped for up to 4 hr. Aspirate the lysate and repeat the procedure if needed. Alternatively, infuse a solution containing 5000 units of urokinase in 200 mL of sodium chloride 0.9% into the device over 30 minutes.

Irrigation

Break down of clots in hyphaema

Adult: To prepare the solution: Dissolve 5000 units in 2 ml of sterile distilled water. Irrigate the anterior chamber slowly with 0.3 ml of the solution; leave solution in situ for 3 minutes and then wash out with saline. Repeat procedure 5 times. If residual clot is still present at the end of the treatment, leave 0.3 ml of the solution in the anterior chamber for 24-48 hr.

Overdosage

Symptoms: Haemorrhage. Management: Inhibitors such as tranexamic acid can be given. In serious cases, human fibrinogen, Factor XII, packed red cells or whole blood may be given as needed. Avoid using dextran for volume deficiency correction.

Contraindications

Active internal bleeding; history of cerebrovascular accident; recent (within 2 mth) trauma of any kind including surgery; aneurysm; known bleeding diathesis; severe uncontrolled hypertension. Recent history of peptic ulcer disease, oesophageal varices, ulcerative colitis or other bleeding GI lesions; pancreatitis; subacute bacterial endocarditis; coagulation defects including those due to liver or kidney disease, or after recent surgery, childbirth or trauma. Increased risk of cerebral bleeding e.g. recent stroke or cerebral neoplasm. Pregnancy.

Special Precautions

Any vascular punctures or invasive procedures should be avoided as far as possible during, and immediately before and after urokinase therapy and if unavoidable done with great care.

External chest compression. Caution in conditions eg, possibility of left heart thrombus, subacute bacterial endocarditis, coagulation defects, cerebrovascular disease, diabetic retinopathy and any conditions in which bleeding could be dangerous. Monitor for reperfusion arrhythmias when used in MI.

Adverse Drug Reactions

Bleeding, pyrexia, haematuria, thromboembolic episodes, hypersensitivity reactions.
Potentially Fatal: Severe bleeding, anaphylaxis.

Drug Interactions

Reduced thrombolytic effect when given again some time later due to development of high levels of antibodies.
Potentially Fatal: Platelet inhibitors eg, aspirin and indometacin can potentiate the action of urokinase and cause haemorrhage. Heparin and oral anticoagulants may increase risk of bleeding.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Injection: Store below 25°C. Intravenous: Store below 25°C. Irrigation: Store below 25°C. Parenteral:Store below 25°C.

Mechanism of Action

Urokinase, an enzyme isolated from human urine, directly converts plasminogen into plasmin, which is a proteolytic enzyme with fibrinolytic effects. It is a fibrin non-specific thrombolytic as it affects both unbound and fibrin bound plasminogen.

Metabolism: Hepatic; rapidly cleared from the circulation after IV administration.

Excretion: 20 min (elimination half-life).

CIMS Class

Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics)

ATC Classification

B01AD04 - urokinase; Belongs to the class of enzymes. Used in the treatment of thrombosis.

*urokinase information:
Note that there are some more drugs interacting with urokinase
urokinase
urokinase brands available in India
Always prescribe with Generic Name : urokinase, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : DABUNASE vial DUKINASE vial KD-UNASE vial MEDINASE vial RENOKINASE inj SOLOKINASE vial U-FRAG inj UROKEN vial UROKINASE vial UROLYTE vial URONASE vial UROPASE vial
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([all drugs])
ursodeoxycholic acid

CIMS Class : (Cholagogues, Cholelitholytics & Hepatic Protectors)

ursodeoxycholic acid

P - Contraindicated in pregnancy

L - Caution when used during lactation

related ursodeoxycholic acid information

Indication & Dosage

Oral

Dissolution of cholesterol-rich gallstones

Adult: 6-12 mg/kg daily as a single dose at bedtime or in 2-3 divided doses continued for 3-4 mth after radiological disappearance of stones. Doses may be divided unequally with a higher dose given before bedtime to counteract increase in biliary cholesterol saturation which occurs in early morning. Max: 15 mg/kg.

Hepatic impairment: Chronic liver disease (except primary biliary cirrhosis): use with caution.

Oral

Primary biliary cirrhosis

Adult: 10-15 mg/kg daily in 2-4 divided doses.

Oral

Prophylaxis of gallstones in patients undergoing rapid weight loss

Adult: 300 mg bid.

Hepatic impairment: Chronic liver disease (except primary biliary cirrhosis): use with caution.

Administration

Should be taken with food.

Contraindications

Calcified and pigment gallstones, radio opaque gallstones. Nonfunctioning gall bladders; chronic liver and peptic ulcer disease. Inflammatory disease of colon and small intestine. Pregnancy.

Special Precautions

50% of successfully treated patients will develop further gallstones within 10 yr. Lactation.

Adverse Drug Reactions

Diarrhoea, pruritus, nausea, vomiting, gallstone calcification.

Drug Interactions

Cholestyramine, charcoal and antacids may reduce effectiveness. Aluminum-based antacids may reduce absorption. Oestrogens and clofibrate may counteract effectiveness of ursodeoxycholic acid by increasing cholesterol elimination in bile. Possible increase in ciclosporin serum concentration. Decreased effectiveness of dapsone. Possible decrease in serum ciprofloxacin and nitrendipine.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Mechanism of Action

Ursodeoxycholic acid suppresses hepatic synthesis and secretion of cholesterol and also inhibits intestinal absorption of cholesterol.

Absorption: Rapidly and completely absorbed from the GI tract.

Distribution: Protein binding: 96-98%. Undergoes enterohepatic recycling.

Metabolism: Partly conjugated in the liver before being excreted into the bile. Free and conjugated forms undergo 7a-dehydroxylation to lithocholic acid under the influence of gut bactera. Some are reabsorbed and then further conjugated and sulfated by the liver.

Excretion: Faeces.

CIMS Class

Cholagogues, Cholelitholytics & Hepatic Protectors

ATC Classification

A05AA02 - ursodeoxycholic acid; Belongs to the class of bile acids. Used in bile therapy.

*ursodeoxycholic acid information:

Note that there are some more drugs interacting with ursodeoxycholic acid

ursodeoxycholic acid

ursodeoxycholic acid brands available in India

Always prescribe with Generic Name : ursodeoxycholic acid, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACTIBILE tab GOLBI tab INTRALIV-UD tab LIVOKIND tab UDEBILE F-tab UDEBILE tab UDICOL tab UDIHEP FORTE tab UDIHEP tab UDILIV tab UDKARE tab UDOXYL tab UDXIC cap URCHIL tab URSOCOL SRtab URSOCOL tab URSODIL cap URSOFALK GR cap URSOLIV cap

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([all drugs])

vaccine, dtp

CIMS Class : (Vaccines, Antisera & Immunologicals)

vaccine, dtp

P - Caution when used during pregnancy

L - Caution when used during lactation

related vaccine, dtp information

Indication & Dosage

Intramuscular

Active immunisation against diphtheria, tetanus and pertussis

Child: >6 wk: For primary immunisation: 3 doses of 0.5 ml to be given at intervals of 4-8 wk between doses (usually, at 2, 4 and 6 mth of age). 4th dose should be given at about 15-20 mth of age but at least 6 mth from the 3rd dose. A 5th dose may be given to children at 4-6 yr of age or prior to school-entry, if the 4th dose was received at younger than 4th yr of age. Dose should be injected via deep IM inj into the anterolateral muscles of the thigh or the deltoid of the arm. Whenever possible, the same product should be used for all doses. Refer to full prescribing information as dosing instructions may vary with brand.

Intramuscular

Booster immunisation against diphtheria, tetanus and pertussis

Adult: Adacel®(19-64 yr): 0.5 ml as a single dose, given via deep IM inj into the deltoid muscle of the upper arm. At least 5 yr should have elapsed since the last dose of tetanus toxoid, diphtheria toxoid and/or pertussis containing vaccine. Shorter intervals (as short as 2 yr) may be used in high-risk patients e.g. healthcare workers, or during pertussis outbreaks.

Child: Boostrix® (10-18 yr) or Adacel®(11-18 yr): 0.5 ml as a single dose, given via deep IM inj preferably into the deltoid muscle. At least 5 yr should have elapsed since the last dose of tetanus toxoid, diphtheria toxoid and/or pertussis containing vaccine.

Intramuscular

Prophylaxis of tetanus in wound management

Adult: Adacel®: Patient should have completed the primary immunisation against tetanus; if wounds are minor and uncomplicated, a booster dose (0.5 ml) may be given if patient has not received any tetanus toxoid within the last 10 yr; if wounds are tetanus-prone (e.g. contaminated with faeces, dirt or soil), a booster dose (0.5 ml) may be given if patient has not received tetanus toxoid within the last 5 yr.

Child: Boostrix® (10-18 yr) or Adacel® (11-18 yr): Adolescents should have completed the primary immunisation against tetanus; if wounds are minor and uncomplicated, a booster dose (0.5 ml) may be given if patient has not received any tetanus toxoid within the last 10 yr; if wounds are tetanus-prone (e.g. contaminated with faeces, dirt or soil), a booster dose (0.5 ml) may be given if patient has not received tetanus toxoid within the last 5 yr.

Contraindications

Hypersensitivity. History of encephalopathy within 7 days of vaccination with pertussis-containing vaccine. Vaccine should not be used in patients with progressive neurologic disorder, progressive encephalopathy or uncontrolled epilepsy.

Special Precautions

Caution when patient develops one or more of the following symptoms within 48 hr of vaccination: Temperature =40.5°C (not due to an identifiable cause), collapse or shock-like state or persistent and inconsolable crying lasting =3 hr. Seizures, with or without fever, within 3 days after vaccination. Patients who have experienced serious Arthus-type hypersensitivity reaction following a previous dose of tetanus toxoid should not receive tetanus toxoid-containing vaccine more frequently than once every 10 yr. Caution when used in patients with family history of seizures or other CNS disorders. Not to be used in patients with bleeding disorders or patients on anticoagulant treatment unless benefit outweighs risk. Pregnancy and lactation.

Adverse Drug Reactions

Pain, swelling and redness at the inj site. Fever, headache, fatigue and GI symptoms e.g. nausea, diarrhoea, abdominal pain.

Drug Interactions

Immune response to vaccines may be reduced in patients who are receiving immunosuppressive treatment e.g. cytotoxics, high dose corticosteroids, irradiation.

Storage

Intramuscular: Store at 2-8°C.

Mechanism of Action

Vaccine, DTP is used for the active immunisation of diphtheria, tetanus and pertussis in children from 6 wk to 6 yr of age.

CIMS Class

Vaccines, Antisera & Immunologicals

ATC Classification

J06AA01 - diphtheria antitoxin; Belongs to the class of immune sera. Used in the treatment of acute infectious diseases caused by toxigenic strains.

J06AA02 - tetanus antitoxin; Belongs to the class of immune sera. Used in the treatment of acute infectious diseases caused by toxigenic strains.

*vaccine, dtp information:

vaccine, dtp

vaccine, dtp brands available in India

Always prescribe with Generic Name : vaccine, dtp, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BOOSTRIX PF-syringe DIPHTHERIA, TETANUS, PERTUSSIS vial EASY-4 PF-syringe EASY-5 PF-syringe ECOVAC vial INFANRIX PF-syringe TRIPACEL vaccine TRIPLE ANTIGEN inj TRIPLE-ANTIGEN vial TRIPVAC inj

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([all drugs])

vaccine, hepatitis a

CIMS Class : (Vaccines, Antisera & Immunologicals)

vaccine, hepatitis a

related vaccine, hepatitis a information

Indication & Dosage

Intramuscular

Active immunisation against hepatitis A

Adult: Single dose of 0.5 ml or 1 ml depending on the product and the age of the patient. Booster dose is usually given 6-12 mth after the initial dose. To be given via SC admin in haemophiliacs.

Child: Same as adult.

Contraindications

Hypersensitivity. Vaccines prepared in egg cultures are contraindicated in patients with hypersensitivity reactions to egg. Severe immunodeficiency. Malignant disease being treated with chemotherapy or radiotherapy and for at least 6 mth after stopping treatment. Patients with compromised immune system such as those on high-dose systemic corticosteroids, immunosuppressants or HIV positive.

Special Precautions

Alcohol or disinfectant used for cleaning the skin prior to inj should be allowed to evaporate completely before vaccination to prevent vaccine inactivation.

Adverse Drug Reactions

Transient soreness, erythema, induration at inj site. Fever, malaise, Potentially Fatal: Anaphylaxis.

Drug Interactions

Reduced response to vaccination when used concurrently with immunosuppressants such as corticosteroids or antineoplastics.

Mechanism of Action

Hepatitis A antigen is prepared from formaldehyde-inactivated hepatitis A virus grown in human diploid cells. It is used for active immunisation against hepatitis A infection.

CIMS Class

Vaccines, Antisera & Immunologicals

*vaccine, hepatitis a information:
vaccine, hepatitis a

vaccine, hepatitis a brands available in India

Always prescribe with Generic Name : vaccine, hepatitis a, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : AVAXIM 80U PAEDIATRIC inj AVAXIM inj BIOVAC-A inj HAVPUR PF-syringe HAVRIX inj TWINREX JR inj

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([all drugs])

vaccine, hepatitis b

CIMS Class : (Vaccines, Antisera & Immunologicals)

vaccine, hepatitis b

related vaccine, hepatitis b information

Indication & Dosage

Intramuscular

Active immunisation against hepatitis B

Adult: Basic course includes 3 doses; 2nd and 3rd doses to be given 1 and 6 mth after the 1st dose respectively. Deltoid area is preferred in adults and older children. Dose depends on the product used. Typical doses are 10 or 20 mcg. Doses should be given via SC admin in haemophiliacs.

Child: Basic course includes 3 doses; 2nd and 3rd doses to be given 1 and 6 mth after the 1st dose respectively. Deltoid area is preferred in older children while anterolateral thigh is the preferred site in neonates, infants and younger children. Dose depends on the product used. Typical doses are 5 or 10 mcg.

Contraindications

Previous confirmed anaphylactic reaction to a previous dose of a vaccine containing the same antigens. Hypersensitivity. Vaccines prepared in egg cultures are contraindicated in patients with hypersensitivity reactions to egg. Severe immunodeficiency. Malignant disease being treated with chemotherapy or radiotherapy and for at least 6 mth after stopping treatment. Patients with compromised immune system such as those on high-dose systemic corticosteroids, immunosuppressants or HIV positive.

Special Precautions

If any alcohol or disinfectant is used for cleansing the skin it should be allowed to evaporate before vaccination otherwise inactivation of live vaccines may occur.

Adverse Drug Reactions

Abdominal pain and GI disturbance, and musculoskeletal and joint pain and inflammation. Dizziness and sleep disturbance. CV effects include occasional hypotension and, rarely, tachycardia. Dysuria, visual disturbances and earache.

Drug Interactions

Reduced response to vaccination when used concurrently with immunosuppressants such as corticosteroids or antineoplastics.

Mechanism of Action

Hepatitis B vaccines are used for active immunisation against hepatitis B infection. Two types of vaccine have been available each containing hepatitis B surface antigen (HBsAg) adsorbed onto aluminium hydroxide or a similar adsorbent.

CIMS Class

Vaccines, Antisera & Immunologicals

*vaccine, hepatitis b information:

vaccine, hepatitis b

vaccine, hepatitis b brands available in India

Always prescribe with Generic Name : vaccine, hepatitis b, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BEVAC inj BEVAC vial BIOVAC-B inj BIOVAC-B vial ENGERIX-B vial ENIVAC-HB (PAED) inj ENIVAC-HB inj ENIVAC-HB SAFSY inj GENEVAC-B vial HB VAC inj HEPABIG inj HEPACCINE-B inj HEPAGLOB vial HEPASHIELD inj INVAC-B inj LG EUVAX B vial REVAC-B inj TWINRIX PF-syringe

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([all drugs])

vaccine, mmr

CIMS Class : (Vaccines, Antisera & Immunologicals)

vaccine, mmr

P - Contraindicated in pregnancy

L - Caution when used during lactation

related vaccine, mmr information

Indication & Dosage

Parenteral

Active immunisation against measles, mumps and rubella

Adult: Given by IM or SC (if there is bleeding disorder). A complete course consists of 2 doses of 0.5 ml; ensure an interval of 3 mth between the 2 doses. If protection against measles is needed urgently, the 2nd dose may be given 1 mth after the 1st dose. For protection against measles after exposure, doses should be given within 72 hr of contact.

Child: Given by IM or SC (if there is bleeding disorder). =12 mth: A complete course consists of 2 doses of 0.5 ml; 1st dose to be given ahortly after 1 yr old and the 2nd dose to be given before school entry. Doses may be given at any age, allowing an interval of 3 mth between the 2 doses. If the vaccine is administered before the child is 1 yr old, re-immunisation with the standard 2 doses is necessary when the child is =12 mth old. If protection against measles is needed urgently, the 2nd dose may be given 1 mth after the 1st dose; if the 2nd dose is given before the child is 18 mths old, the child should receive the routine dose before starting school at 3-5 yr old. For protection against measles after exposure: MMR vaccine may be used in susceptible children >6 mths old and doses should be given within 72 hr of contact; these children should still receive the routine MMR vaccine at the recommended ages.

Reconstitution: Reconstitute vaccine with the provided diluent. Mix thoroughly. Discard if powder does not dissolve. Use immediately after reconstitution.

Contraindications

Current febrile respiratory illness or other febrile infection. Patients receiving immunosuppressive therapy; primary and acquired immunodeficiency states. Blood dyscrasias, cancers affecting the bone marrow or lymphatic systems. Pregnancy. Active untreated tuberculosis.

Special Precautions

Patients with history of cerebral injury or seizures. Patients with thrombocytopenia and those who develop thrombocytopenia after 1st dose. For patients with active tuberculosis, tuberculosis treatment should be started before using the vaccine. Vaccination may be deferred in patients with moderate or severe acute illness. Pregnancy should be avoided for 28 days after vaccination. Lactation.

Adverse Drug Reactions

Inj-site reactions such as pain and induration. Fever, rash, measles-like rash.

Drug Interactions

Immune globulins may reduce the efficacy of vaccines. May reduce the diagnostic effect of tuberculin tests.
Potentially Fatal: Concurrent use with immunosuppressants may increase the adverse effects of vaccines; may also reduce the efficacy of vaccines.

Storage

Parenteral: Powder: Store at 2-8°C. Freezing does not affect potency. Diluent: May store in refrigerator or at room temperature; do not freeze. Reconstituted solution: Store at 2-8°C; protect from light; discard if not used within 8 hr.

Mechanism of Action

Vaccine, MMR contains live attenuated measles, mumps and rubella viruses. It is used in the active immunisation against these diseases.

CIMS Class

Vaccines, Antisera & Immunologicals

*vaccine, mmr information:
vaccine, mmr
vaccine, mmr brands available in India
Always prescribe with Generic Name : vaccine, mmr, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : MORUPAR vial PRIORIX inj SII TRESIVAC (MMR) vial TRESIVAC vial TRIMOVAX vial
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([all drugs])
vaccine, poliomyelitis
CIMS Class : (Vaccines, Antisera & Immunologicals)
vaccine, poliomyelitis
related vaccine, poliomyelitis information

Indication & Dosage

Intramuscular

Active immunisation against poliomyelitis

Adult: As a combination product with diphtheria, tetanus, pertussis (acellular component) and H. influenzae vaccine: 3 doses at intervals of 4 wk. Booster doses are not necessary except for those at special risk such as travellers to endemic area or healthcare workers in possible contact with the virus.

Child: 3 doses at intervals of 4 wk starting at 2 mth of age. 2 booster doses are recommended; one before school entry and the other before school leaving.

Administration

May be taken with or without food. (Administer directly or mix w/ syrup, milk, bread or a sugar lump.)

Contraindications

Previous anaphylactic reactions to a dose of the vaccine.

Special Precautions

May contain traces of neomycin, streptomycin and polymyxin B. Increased risk of vaccine-associated paralytic poliomyelitis in immunocompromised patients.

Adverse Drug Reactions

Pain and tenderness at the inj site. Fever, headache and malaise.
Potentially Fatal: Anaphylaxis.

Drug Interactions

Reduced immune response in patients who are taking immunosuppressants.

Mechanism of Action

Poliomyelitis vaccines are used for active immunisation against poliomyelitis.

CIMS Class

Vaccines, Antisera & Immunologicals

*vaccine, poliomyelitis information:

vaccine, poliomyelitis

vaccine, poliomyelitis brands available in India

Always prescribe with Generic Name : vaccine, poliomyelitis, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : IMOVAX POLIO PF-syringe POLIO VACCINE PFsyringe POLIOMYELITIS VACCINE vial

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([all drugs])

vaccine, rabies

CIMS Class : (Vaccines, Antisera & Immunologicals)

vaccine, rabies

P - Caution when used during pregnancy

L - Caution when used during lactation

related vaccine, rabies information

Indication & Dosage

Intramuscular

Active immunisation against rabies

Adult: Pre-exposure vaccination: A primary course consists of 3 doses; 1 ml on days 0, 7 and 28 (3rd dose may be given on day 21 if needed). Booster dose: 1 ml based on antibody titers (for continuous exposure: serology should be done every 6 mth (immunise when antibody titer falls below acceptable levels); for frequent exposure: booster immunisation or serology every 2 yr; for infrequent exposure: no recommendation). Post-exposure vaccination: Clean the wound with soap and water immediately. Vaccinate as soon as possible after exposure and may be stopped if it is shown that the patient was not at risk. For persons who did not receive proper primary immunisation: 5 doses of 1 ml each should be given on days 0, 3, 7, 14 and 28 (patients should also receive rabies immunoglobulins with the 1st dose); for persons who have received primary immunisation: 2 doses of 1 ml should be given on days 0 and 3.

Child: Pre-exposure vaccination: A primary course consists of 3 doses; 1 ml on days 0, 7 and 28 (3rd dose may be given on day 21 if needed). Booster dose: 1 ml based on antibody titers (for continuous exposure: serology should be done every 6 mth (immunise when antibody titer falls below acceptable levels); for frequent exposure: booster immunisation or serology every 2 yr; for infrequent exposure: no recommendation). Post-exposure

vaccination: Clean the wound with soap and water immediately. Vaccinate as soon as possible after exposure and may be stopped if it is shown that the patient was not at risk. For persons who did not receive proper primary immunisation: 5 doses of 1 ml each should be given on days 0, 3, 7, 14 and 28 (patients should also receive rabies immunoglobulins with the 1st dose); for persons who have received primary immunisation: 2 doses of 1 ml should be given on days 0 and 3.

Elderly: Pre-exposure vaccination: A primary course consists of 3 doses; 1 ml on days 0, 7 and 28 (3rd dose may be given on day 21 if needed). Booster dose: 1 ml based on antibody titers (for continuous exposure: serology should be done every 6 mth (immunise when antibody titer falls below acceptable levels); for frequent exposure: booster immunisation or serology every 2 yr; for infrequent exposure: no recommendation). Post-exposure vaccination: Clean the wound with soap and water immediately. Vaccinate as soon as possible after exposure and may be stopped if it is shown that the patient was not at risk. For persons who did not receive proper primary immunisation: 5 doses of 1 ml each should be given on days 0, 3, 7, 14 and 28 (patients should also receive rabies immunoglobulins with the 1st dose); for persons who have received primary immunisation: 2 doses of 1 ml should be given on days 0 and 3.

Reconstitution: Reconstitute with the provided diluent.

Special Precautions

Possibility of immune complex reaction 2-21 days after booster doses of HDCV (Human diploid cell cultures rabies vaccine); symptoms include arthralgia, arthritis, nausea, malaise, angioedema, fever and vomiting. Caution when used in patients with bleeding disorders, patients on anticoagulant treatment, severely immunocompromised patients. Not to be used in patients with confirmed diagnosis of rabies. Postexposure prophylaxis may be started regardless of the length of time from likely exposure, as long as clinical signs of rabies infection are not present. Pregnancy, lactation.

Adverse Drug Reactions

Headache, dizziness, malaise, abdominal pain, nausea, myalgia. Inj-site reactions such as itching, swelling, pain.

Drug Interactions

Concurrent use with immunosuppressants may reduce the efficacy of vaccines.

Storage

Intramuscular: Before reconstitution: Store at 2-8°c. Do not freeze, protect from light. After reconstitution, use immediately.

Mechanism of Action

Rabies vaccine is an inactivated virus vaccine that is used for active immunisation against rabies. It can be used for pre- and post-exposure immunisation. For post-exposure immunisation, it is often used in conjunction with rabies immunoglobulins as it takes about 7-10 days for the specific antibodies to develop.
Onset: IM: Rabies antibody: Approx 7-10 days.
Duration: =1 yr.
Absorption: Peak effect: Approx 30-60 days.

CIMS Class

Vaccines, Antisera & Immunologicals

*vaccine, rabies information:

Note that there are some more drugs interacting with vaccine, rabies

vaccine, rabies

vaccine, rabies brands available in India

Always prescribe with Generic Name : vaccine, rabies, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BERIRAB-P inj CARIG vial EQUIRAB vial ERIG inj HRIG inj IMOGAM RABIES vial IMORAB inj IMOVAX RABIES inj KAMRAB inj PARS inj PASTEUR ANTIRABIES SERUM inj RABGLOB inj RABIES VACCINE (HDC) inj RABIES VACCINE (HUMAN) inj RABIPUR vial RABIVAX vial VAXIRAB inj VERORAB vial VEROVAX-R inj WORAB vaccine

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([all drugs])

vaccine, tetanus toxoid, tetanus toxoid adsorbed

CIMS Class : (Vaccines, Antisera & Immunologicals)

vaccine, tetanus toxoid, tetanus toxoid adsorbed

P - Caution when used during pregnancy

L - Caution when used during lactation

related vaccine, tetanus toxoid, tetanus toxoid adsorbed information

Indication & Dosage

Parenteral

Active immunisation against tetanus

Adult: Primary immunisation (using tetanus toxoid adsorbed via deep IM Inj): 3 doses of 0.5 ml each; 2nd dose is given 4-8 wk after the 1st dose and the 3rd dose is given 6-12 mth after the 2nd dose. Booster dose (using tetanus toxoid via IM/SC or tetanus toxoid adsorbed via deep IM): 0.5 ml every 10 yr. Pregnant women who have not completed primary vaccination against tetanus: if insufficient time, 2 doses at least 4 wk apart (wait until second trimester to reduce risk to foetus), and 2nd dose at least 2 wk before delivery.

Child: =7 yr: Primary immunisation (using tetanus toxoid adsorbed via deep IM Inj): 3 doses of 0.5 ml each; 2nd dose is given 4-8 wk after the 1st dose and the 3rd dose is given 6-12 mth after the 2nd dose. Booster dose (using tetanus toxoid via IM/SC or tetanus toxoid adsorbed via deep IM): 0.5 ml every 10 yr.

Parenteral

Postexposure prophylaxis of tetanus

Adult: Emergency booster dose of 0.5 ml tetanus toxoid (IM/SC) or tetanus toxoid adsorbed (Deep IM Inj) to be given: if previously received <3 doses of a tetanus toxoid-containing preparation. Emergency dose is also needed if the wound is clean and minor and >10 yr have lapsed since primary immunisation or last booster dose of tetanus toxoid-containing preparation. For all other wounds, emergency dose is needed if >5 yr have lapsed since primary immunisation or the last booster dose of tetanus toxoid-containing preparation.

Special Precautions

Do not administer IV. Use subcutaneous route in bleeding disorders. Withhold vaccination in moderate or severe febrile illness. Pregnancy, lactation, history of Guillian-Barre syndrome.

Adverse Drug Reactions

Mild inj site reactions eg transient swelling, rash, fever, malaise, tiredness, nausea, vomiting, arthralgias, pruritus, dizziness.
Potentially Fatal: Anaphylactic reactions.

Drug Interactions

Decreased immunologic response with concurrent immunosuppressants. Neutralisation of tetanus immune globulin and tetanus toxoid adsorbed if not given at different sites using different syringes.

Storage

Parenteral: Store at 2?8°C. Do not freeze.

Mechanism of Action

Tetanus toxoid and tetanus toxoid adsorbed induces active immunity to the tetanus antigen by stimulating the immune system to produce specific antitoxin. They are not indicated for the treatment of active tetanus infection.

CIMS Class

Vaccines, Antisera & Immunologicals

ATC Classification

J07AM01 - tetanus toxoid; Belongs to the class of tetanus bacterial vaccines. Used in vaccination.

*vaccine, tetanus toxoid, tetanus toxoid adsorbed information:

vaccine, tetanus toxoid, tetanus toxoid adsorbed

vaccine, tetanus toxoid, tetanus toxoid adsorbed brands available in India

Always prescribe with Generic Name : vaccine, tetanus toxoid, tetanus toxoid adsorbed, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ANTI-TET (ATS) inj BETT inj SHAN-TT amp TETANUS ANTITOXIN inj TETANUS TOXOID (ADSORBED) inj TETANUS TOXOID ADSORBED amp TETANUS TOXOID-ADSORBED inj TETANUS-TOXOID amp TETANUS-TOXOID vial TETIG amp TETIG INJ amp TET-VAC amp

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([all drugs])

vaccine, typhoid

CIMS Class : (Vaccines, Antisera & Immunologicals)

vaccine, typhoid

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related vaccine, typhoid information

Indication & Dosage

Oral

Active immunisation against typhoid fever caused by Salmonella typhi

Adult: Per enteric-coated capsule contains S.typhi, Ty21a, not less than 2 x 109 viable cells. Primary immunisation: Take 1 capsule on alternate days (day 1, 3 and 5) for a total of 3 doses; all doses should be completed at least 1 wk before potential exposure. Booster immunisation: Repeat full course of primary immunisation every 5 yr if exposure continues.

Child: =6 yr: Per enteric-coated capsule contains S.typhi, Ty21a, not less than 2 x 109 viable cells. Primary immunisation: Take 1 capsule on alternate days (day 1, 3 and 5) for a total of 3 doses; all doses should be completed at least 1 wk before potential exposure. Booster immunisation: Repeat full course of primary immunisation every 5 yr if exposure continues.

Elderly: Per enteric-coated capsule contains S.typhi, Ty21a, not less than 2 x 109 viable cells. Primary immunisation: Take 1 capsule on

alternate days (day 1, 3 and 5) for a total of 3 doses; all doses should be completed at least 1 wk before potential exposure. Booster immunisation: Repeat full course of primary immunisation every 5 yr if exposure continues.

Intramuscular

Active immunisation against typhoid fever caused by Salmonella typhi

Adult: Per dose (0.5 ml) contains approx 25 mcg purified Vi capsular polysaccharide of Salmonella typhi(Ty2 strain). Initial: 0.5 ml, to be given at least 2 wk before expected exposure. Booster immunisation: Repeat dose every 3 yr if exposure continues.

Child: =2 yr: Per dose (0.5 ml) contains approx 25 mcg purified Vi capsular polysaccharide of Salmonella typhi (Ty2 strain). Initial: 0.5 ml, to be given at least 2 wk before expected exposure. Booster immunisation: Repeat dose every 3 yr if exposure continues.

Elderly: Per dose (0.5 ml) contains approx 25 mcg purified Vi capsular polysaccharide of Salmonella typhi(Ty2 strain). Initial: 0.5 ml, to be given at least 2 wk before expected exposure. Booster immunisation: Repeat dose every 3 yr if exposure continues.

Administration

Should be taken on an empty stomach. (Take 1 hr before meals.)

Contraindications

Vaccination should be postponed in patients with acute febrile illness or acute GI illness. Oral vaccine: Not to be used in congenital or acquired immunodeficient state, including patients receiving immunosuppressive or antimitotic drugs.

Special Precautions

Not for treatment of typhoid fever. Vaccination may not provide full proetction thus, travellers should be advised to take all necessary precautions to avoid contact or ingestion of potentially contaminated food or water sources. IM admin: Caution when used in patients with a history of bleeding disorders, patients on anticoagulant treatment or severely immunocompromised patients. Pregnancy, lactation.

Adverse Drug Reactions

Oral: Headache, fever, rash, abdominal pain, nausea, diarrhoea, vomiting, anaphylactic reaction, demyelinating disease, myalgia, pain, urticaria, sepsis and weakness. IM: fever, malaise, headache,

inj-site reactions (such as pain, swelling and tenderness), nausea, vomiting.

Drug Interactions

Concurrent use with antibiotics or immunoglobulins may reduce the efficacy of typhoid vaccine. Mefloquinemay increase the efficacy of typhoid vaccine. May reduce the diagnostic effect of tuberculin tests.
Potentially Fatal: Concurrent use with immunosuppressants may increase the adverse effects of live vaccines.

Food Interaction

Avoid alcohol within 2 hr of consuming the capsule.

Storage

Intramuscular: Store between 2-8°. Do not freeze. Oral: Store at 2-8°C.

Mechanism of Action

Typhoid vaccine exists in 2 forms: A capsular polysaccharide for parenteral admin and a live oral vaccine. Each dose of the capsular polysaccharide vaccine contains 25 mcg of the Vi polysaccharide antigen. The live oral typhoid vaccine contains an attenuated strain of Salmonella typhi, Ty21a, and is given as capsules containing not <2 x 109 bacteria per dose.

Onset: Immunity to Salmonella typhi: Oral: About a wk.

Duration: Immunity: Oral: Approx 4-7 yr; Parenteral: Typhim Vi®: More than 17-21 mth, Typherix®: Approx 3 yr.

CIMS Class

Vaccines, Antisera & Immunologicals

*vaccine, typhoid information:

Note that there are some more drugs interacting with vaccine, typhoid

vaccine, typhoid

vaccine, typhoid brands available in India

Always prescribe with Generic Name : vaccine, typhoid, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : BIOVAC TYPHOID inj SHANTYPH vial TYPHERIX PF-syringe TYPHIM-VI PF-syringe TYPHIVAX amp TYPHIVAX PF-syringe TYPHORAL cap TYPHO-VI vial TYVAX VI-PLUS 150MCG vial TYVAX VI-PLUS vial VACTYPH vial

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([all drugs])

valaciclovir

CIMS Class : (Antivirals)

valaciclovir

P - Caution when used during pregnancy

L - Caution when used during lactation

related valaciclovir information

Indication & Dosage

Oral

Herpes zoster (shingles)

Adult: 1 g tid for 7 days; commence within 72 hr of rash.

Renal impairment: Patients on haemodialysis: 1 g daily after haemodialysis.

CrCl (ml/min)

Dosage Recommendation

15-30

1 g bid.

<15

1 g daily.

Hepatic impairment: Use with caution.

Oral

Genital herpes

Adult: Initial episode: 1 g bid for up to 10 days, begin course within 72 hr of symptom onset.

CrCl (ml/min)

Dosage Recommendation

10-29

1 g once daily.

<10

500 mg once daily.

Hepatic impairment: Use with caution.

Oral

Prophylaxis of herpes simplex infections

Adult: Immunocompetent patients: 500 mg daily in 1-2 divided doses. Immunocompromised patients: 500 mg bid.

Renal impairment: Patients on haemodialysis: immunocompetent patients: 250 mg once daily after haemodialysis; immunocompromised patients: 500 mg once daily after haemodialysis

CrCl (ml/min)
Dosage Recommendation
<15
Immunocompetent patients: 250 mg once daily; immunocompromised patients: 500 mg once daily .

Hepatic impairment: Use with caution.
Oral
Herpes simplex infections of skin and mucous membranes
Adult: Initial episode: 500 mg bid for up to 10 days, start treatment as early as possible. For recurrent episodes, 500 mg bid for 5 days, begin during prodromal period or as soon as symptoms appear.
Renal impairment: Patients on haemodialysis: 500 mg daily after haemodialysis.

CrCl (ml/min)
Dosage Recommendation
<15

500 mg once daily.

Hepatic impairment: Use with caution.

Oral

Recurrent genital herpes

Adult: 500 mg bid for 3 days within 24 hr of first sign or symptom.

CrCl (ml/min)

Dosage Recommendation

=29

500 mg once daily.

Hepatic impairment: Use with caution.

Oral

Suppression of recurrent episodes of genital herpes

Adult: Immunocompetent patients: 1 g once daily or 500 mg once daily for patients with =9 recurrences per year; HIV infected patients with CD4 cells count =100 cells/mm3: 500 mg bid up to 6 mth.

CrCl (ml/min)

Dosage Recommendation

=29

500 mg once daily if normal dose is 1 g once daily or HIV infected patients; 500 mg every 48 hr if normal dose is 500 mg once daily.

Hepatic impairment: Use with caution.

Oral

Reduction of transmission of genital herpes

Adult: In combination with safer sex practices and abstinence when lesions are present, 500 mg once daily for infected partner with history of =9 recurrences per yr.

CrCl (ml/min)

Dosage Recommendation

<15

250 mg once daily.

Hepatic impairment: Use with caution.

Oral

Prophylaxis of cytomegaloviral infections in immunocompromised patients

Adult: 2 g 4 times daily for 90 days, started within 72 hr after transplant.

Child: >12 yr: 2 g 4 times daily for 90 days, started within 72 hr after transplant.

Renal impairment: Patients on haemodialysis: 1.5 g once daily after haemodialysis.

CrCl (ml/min)
Dosage Recommendation
50 to <75
1.5 g four times daily
25 to <50
1.5 g tid
10 to <25
1.5 g bid
<10
1.5 g once daily.

Hepatic impairment: Use with caution.
Oral
Herpes labialis
Adult: 2 g 12 hrly for 1 day, admin at earliest symptom of cold sore (e.g. tingling, itching or burning).

CrCl (ml/min)
Dosage Recommendation
30-49

1 g 12 hrly for 1 day.

10-29

500 mg 12 hrly for 1 day.

<10

500 mg as a single dose.

Hepatic impairment: Use with caution.

Administration

May be taken with or without food. (May be taken w/ meals to reduce GI discomfort.)

Overdosage

Symptoms: Nausea, vomiting, neurological effects (e.g. headache, confusion, hallucinations, seizures, coma), elevations of serum creatinine and subsequent renal failure. Management: Observe closely for signs of toxicity. Haemodialysis can enhance removal of aciclovir from the blood.

Contraindications

Hypersensitvity to valaciclovir, aciclovir.

Special Precautions

Dehydration; renal or hepatic impairment, pregnancy, lactation. Maintain adequate hydration. Monitor renal function daily especially during first 10 days post transplant.

Adverse Drug Reactions

Headache, nausea, vomiting, diarrhoea, rash, photosensitivity, LFT abnormalities, psychiatric reactions (e.g. confusion, hallucinations and thinking disorders) especially at high doses.
Potentially Fatal: Hepatitis; renal failure; blood dyscrasias; thrombotic thrombocytopenic purpura-hemolytic uremic syndrome.

Drug Interactions

Reduced clearance with probenecid. Increased risk of renal toxicity with ceftriaxone, ciclosporin and other nephrotoxic drugs. Increased risk of neutropenia with mycophenolate.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store below 30°C.

Mechanism of Action

Valaciclovir is the L-valine ester of aciclovir. A prodrug, it is rapidly converted to aciclovir by intestinal and hepatic metabolism. Aciclovir inhibits DNA synthesis and viral replication and has antiviral activity against herpes simplex virus types 1 (HSV-1) and 2 (HSV-2) and varicella-zoster virus.

Absorption: Readily absorbed from GI tract. Bioavailability of aciclovir (after valaciclovir admin): 54%. Peak plasma concentrations of aciclovir: 1.5 hr. Food does not affect bioavailability.

Distribution: Protein binding: 15%. Crosses placenta.

Metabolism: Rapidly converted to active aciclovir by first pass intestinal or hepatic metabolism. Elimination half life of aciclovir: 3 hr.
Excretion: Excreted via urine mainly as aciclovir and metabolites with <1% of valaciclovir excreted unchanged.

CIMS Class

Antivirals

ATC Classification

J05AB11 - valaciclovir; Belongs to the class of nucleosides and nucleotides excluding reverse transcriptase inhibitors. Used in the systemic treatment of viral infections.

*valaciclovir information:
Note that there are some more drugs interacting with valaciclovir
valaciclovir further details are available in official CIMS India
valaciclovir
valaciclovir brands available in India
Always prescribe with Generic Name : valaciclovir, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : VALCIVIR film-coated tab

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([all drugs])

valdecoxib

This product is no longer actively marketed.

CIMS Class : (Nonsteroidal Anti-inflammatory Drugs (NSAIDs))

valdecoxib

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related valdecoxib information

Indication & Dosage

Oral

Osteoarthritis

Adult: 10 mg once daily.

CrCl (ml/min)

Dosage Recommendation

<30

Initiate with caution.

Hepatic impairment: Child-Pugh scale 7-9: Initiate with caution. Child-Pugh scale >10: Avoid.

Oral

Rheumatoid arthritis

Adult: 10 mg once daily.

CrCl (ml/min)

Dosage Recommendation

<30

Initiate with caution.

Hepatic impairment: Child-Pugh scale 7-9: Initiate with caution. Child-Pugh scale >10: Avoid.

Oral

Dysmenorrhoea

Adult: 20 mg bid.

Hepatic impairment: Child-Pugh scale 7-9: Initiate with caution. Child-Pugh scale >10: Avoid.

Administration

May be taken with or without food.

Contraindications

Hypersensitivity to sulfonamides, NSAIDs and other COX 2 inhibitors; asthma, urticaria; severe hepatic impairment; pregnancy (third trimester); lactation. Active GI bleed or ulceration, severe CHF, inflammatory bowel disease.

Special Precautions

Mild to moderate hepatic impairment; history of ulcer disease or GI bleeding; dehydration, hypertension, history of heart failure, left ventricular dysfunction, pre-existing oedema. Monitor Hb or haematocrit values for signs and symptoms of anaemia.

Adverse Drug Reactions

Hypertension, back pain, myalgia, peripheral oedema, influenza-like symptoms, dizziness, headache, abdominal fullness, abdominal pain, diarrhoea, dyspepsia, flatulence, nausea, myalgia, sinusitis.
Potentially Fatal: Toxic epidermal necrolysis, exfoliative dermatitis.

Drug Interactions

Concomitant admin of aspirin may result in an increased risk of GI ulceration and complications. It decreases the antihypertensive effect of antihypertensives e.g. ACE inhibitors. It increases plasma conc of dextromethorphan. It significantly decreases lithium serum clearance and renal clearance.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store below 30°C.

Mechanism of Action

Valdecoxib acts by selectively inhibiting prostaglandin synthesis primarily by blocking cyclooxygenase (COX-2) enzyme. It was

withdrawn worldwide in April 2005, following risk of serious skin reactions and cardiovascular side effects.
Onset: 60 min.
Absorption: Peak plasma concentrations after 2.25-3 hrs (oral).
Distribution: Protein-binding: 98%
Metabolism: Extensively hepatic.
Excretion: Urine (as metabolites); 8-11 hrs (elimination half-life).

CIMS Class

Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

ATC Classification

M01AH03 - valdecoxib; Belongs to the class of non-steroidal antiinflammatory and antirheumatic products, coxibs. Used in the treatment of inflammation and rheumatism.

*valdecoxib information:
Note that there are some more drugs interacting with valdecoxib
valdecoxib
valdecoxib brands available in India

Always prescribe with Generic Name : valdecoxib, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ARTIVAL tab BIOVAL tab CREVAL tab LEAP tab MOBYLE-V-20 tab NIZOX tab OSRA tab OVAL-20 tab PAROVI film-coated tab POWERCOXIB tab REVALDO GEL gel REVALDO QR tab REVALDO tab RONALDO tab TPVELD tab VABRA tab VABRA-P tab VABRA-SPD tab VACOX tab VAH tab VAHFLAM tab VALAC tab VAL-BCD film-coated tab VALCIB tab VALCOX PLUS tab VALDEGESIC tab VALDEGESIC-P tab VALDEPAIN tab VALDEZ tab VALDIFF tab VALDIFLAM tab VALDIXX MD tab VALDONE film-coated tab VALDY tab VALDY-MD tab VALED tab VALERON PLUS tab VALERON tab VALIGUD tab VALIY tab VALK PLUS tab VALK tab VALOXIB tab VALSAFE tab VALTIC tab VALTO tab VALUS tab VALZ BCD tab VALZ tab VCD tab VECTRA MD-tab VECTRA-P tab VEXTRA tab VEXX tab VILD tab VISES tab VIXIB tab VOXX tab VX2 tab

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([all drugs])

valethamate

CIMS Class : (Antispasmodics)

valethamate

P - Caution when used during pregnancy

related valethamate information

Indication & Dosage

Oral

Gastrointestinal tract spasm

Adult: Each tablet contains 10 mg valethamate bromide and 325 mg paracetamol. 1 tablet tid.

Oral

Postoperative pain

Adult: Each tablet contains 10 mg valethamate bromide and 325 mg paracetamol. 1 tablet tid.

Oral

Visceral spasms

Adult: Each tablet contains 10 mg valethamate bromide and 325 mg paracetamol. 1 tablet tid.

Oral

Tenesmus

Adult: Each tablet contains 10 mg valethamate bromide and 325 mg paracetamol. 1 tablet tid.

Oral

Urinary tract and bile stone colic

Adult: Each tablet contains 10 mg valethamate bromide and 325 mg paracetamol. 1 tablet tid.

Oral

Dysmenorrhoea

Adult: Each tablet contains 10 mg valethamate bromide and 325 mg paracetamol. 1 tablet tid.

Parenteral

Dysmenorrhoea

Adult: 8-16 mg daily, via IM or IV inj.

Parenteral

Urinary tract and bile stone colic

Adult: 8-16 mg daily, via IM or IV inj.

Parenteral

Visceral spasms

Adult: 8-16 mg daily, via IM or IV inj.

Parenteral

Gastrointestinal tract spasm

Adult: 8-16 mg daily, via IM or IV inj.

Contraindications

Narrow angle glaucoma, benign prostatic hyperplasia, paralytic ileus, pyloric stenosis, ulcerative colitis, megacolon, tachyarrhythmia. Severe hepatic and renal impairment.

Special Precautions

May impair ability to drive or operate machinery at high doses.

Adverse Drug Reactions

Dry mouth, blurring of vision, difficulty in swallowing and talking, constipation, urinary retention, mydriasis, arrhythmias.

Drug Interactions

Increased antimuscarinic side effects with drugs with antimuscarinic properties e.g. amantadine, antihistamines, phenothiazide antipsychotics, TCAs. Antagonise GI effects of domperidone, metoclopramide. Delayed gastric emptying reduces absorption of other drugs.

Storage

Oral: Store below 25°C. Parenteral: Store below 25°C.

Mechanism of Action

A quaternary ammonium anticholinergic with peripheral actions close to those of atropine.

CIMS Class

Antispasmodics

*valethamate information:
valethamate
valethamate brands available in India
Always prescribe with Generic Name : valethamate, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : EPIDOSIN amp EPIDOSIN tab OSDIL amp VALOSIN inj
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([all drugs])
valproic acid

CIMS Class : (Anticonvulsants) , (Antimigraine Preparations) , (Antipsychotics)

valproic acid

P - Contraindicated in pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related valproic acid information

Indication & Dosage

Oral

Prophylaxis of migraine

Adult: As valproate semisodium: Initially, 250 mg bid. Max: 1 g daily.

Elderly: Initiate at lower dose and increase slowly.

Renal impairment: Dose adjustments may be needed.

Hepatic impairment: Avoid.

Oral

Acute manic episodes of bipolar disorder

Adult: As valproate semisodium: Initially, 750 mg daily in divided doses, increase as fast as possible to achieve optimal response or desired range of trough plasma concentrations between 50-125 mcg/ml. Max: 60 mg/kg daily.

Elderly: Initiate at lower dose and increase slowly.

Renal impairment: Dose adjustments may be needed.

Hepatic impairment: Avoid.

Oral

Complex partial seizures

Adult: As monotherapy, conversion to monotherapy or adjunctive therapy: Given as valproic acid or valproate semisodium, initially 10-15 mg/kg/day in 2-4 divided doses, increased by 5-10 mg/kg/wk. Max: 30mg/kg/day. Given as sodium valproate, 600 mg daily in 2 divided doses, increased by 200 mg every 3 days. Usual range: 1-2 g daily (20 - 30 mg/kg daily). Max: 2.5 g daily.

Child: As monotherapy, conversion to monotherapy or adjunctive therapy: Given as sodium valproate: >20kg: 400 mg/day in 2 divided doses, increased gradually until control achieved. Usual range: 20-30 mg/kg/day. Max: 35mg/kg/day. <20kg: 20mg/kg daily in 2 divided doses, increased to 40mg/kg daily in severe cases, with serum valproic acid monitoring. Monitor clinical chemistry and haematological parameters if doses >40mg/kg daily used. Given as valproic acid or valproate semisodium for =10 yr: initially, 10-15 mg/kg/day in 2-4 divided doses, increased by 5-10 mg/kg/wk. Max: 30mg/kg/day.

Elderly: Initiate at lower dose and increase slowly.

Renal impairment: Dose adjustments may be needed.

Hepatic impairment: Avoid.

Oral

Simple and complex absence seizures

Adult: As monotherapy, conversion to monotherapy or adjunctive therapy: Given as valproic acid or valproate semisodium, initially 15 mg/kg/day in 2-4 divided doses, increased by 5-10 mg/kg/wk. Max: 30 mg/kg/day.

Child: As monotherapy, conversion to monotherapy or adjunctive therapy: Given as sodium valproate: >20kg: 400 mg/day in 2 divided doses, increased gradually until control achieved. Usual range: 20-30 mg/kg/day. Max: 35mg/kg/day. <20kg: 20mg/kg daily in 2 divided doses, increased to 40mg/kg daily with serum valproic acid monitoring in severe cases. Monitor clinical chemistry and haematological parameters if > 40mg/kg daily. Given as valproic acid or valproate semisodium =10 yr: Initially 15 mg/kg/day in 2-4 divided doses, increased by 5-10 mg/kg/wk. Max: 30mg/kg/day.

Elderly: Initiate at lower dose and increase slowly.

Renal impairment: Dose adjustments may be needed.

Hepatic impairment: Avoid.

Oral

Bipolar disorder

Adult: As valpromide: 900-1800 mg daily in 2 divided doses. Usual dose: 1200 mg daily. Initiate at required dose or dosage may be increased every 2-3 days to reach optimal dose in 2 wk with simultaneous and progressive dose reduction of concurrent psychotropic drugs.

Intravenous

Simple and complex absence seizures

Adult: Given as sodium valproate: Initially 400-800 mg daily increasing by 150-300 mg every 3 days until control is achieved. Usual dose: 20-30 mg/kg/day. Daily doses to be given in 3-4 divided doses. Each dose to be given as slow IV Inj over 3-5 minutes or by infusion in 0.9% saline or 5% dextrose over 60 minutes (Max rate: 20 mg/minute). Max: 2.5 g daily.

Child: Given as sodium valproate: Initially 300mg/day increased until control is achieved. Usual range: 20-30 mg/kg/day. Max: 40 mg/kg/day with plasma valproic acid levels monitoring.

Elderly: Initiate at lower dose and increase slowly.

Renal impairment: Dose adjustments may be needed.

Hepatic impairment: Avoid.

Intravenous

Complex partial seizures

Adult: Given as sodium valproate: Initially 400-800 mg daily increasing by 150-300 mg every 3 days until control is achieved.

Usual dose: 20-30 mg/kg/day. Daily doses to be given in 3-4 divided doses. Each dose to be given as slow IV Inj over 3-5 minutes or by infusion in 0.9% saline or 5% dextrose over 60 minutes (Max rate: 20 mg/minute). Max: 2.5 g daily.

Child: Given as sodium valproate: Initially 300mg/day increased until control is achieved. Usual range: 20-30 mg/kg/day. Max: 40 mg/kg/day with plasma valproic acid levels monitoring.

Elderly: Initiate at lower dose and increase slowly.

Renal impairment: Dose adjustments may be needed.

Hepatic impairment: Avoid.

Overdosage

Symptoms: Somnolence, heart block, deep coma, death. Management: Gastric lavage or emesis may be useful in reducing drug absorption but effectiveness depends on time since ingestion. Due to saturable protein binding, haemodialysis may be useful in removing unbound drug. Treatment is supportive and it is important to maintain adequate urinary output. Naloxone may be useful in reversing the CNS depressant effects of valproate overdosage but it should be used with caution in patients with epilepsy as it may reverse the antiepileptic effects of valproate.

Contraindications

Preexisting or family history of hepatic dysfunction, active liver disease, porphyria, urea cycle disorders. Pregnancy.

Special Precautions

Increased risk of hepatotoxicity in children <2 yr, congenital metabolic disorders, organic brain disease or severe seizure disorders. HIV or cytomegalovirus (CMV) infection; renal impairment; SLE; lactation. Monitor LFT before and during the 1st 6 mth of therapy. Monitor blood cell count (including platelet count), bleeding time and coagulation tests before the start of therapy or before surgery, and in cases of spontaneous bruising or bleeding. Watch out for signs of pancreatitis (e.g. abdominal pain, nausea, vomiting and anorexia), blood and liver toxicity and seek prompt medical advice. Decrease dose or discontinue in patients with excessive somnolence, decreased food or fluid intake. Gradual withdrawal or transition to and from another type of antiepileptic therapy. Suspect hyperammonemic encephalopathy and measure ammonia levels in patients who develop unexplained lethargy, vomiting or changes in mental status. Decrease GI side effects by

taking with meals, starting with low dose or taking the enteric coated formulations.

Adverse Drug Reactions

Anorexia, nausea, vomiting, diarrhoea, increased appetite, wt gain, nystagmus, ataxia, somnolence, dizziness, fatigue, hyperammonaemia, hallucinations. Thrombocytopenia (dose related), tremours, elevations of LFT.
Potentially Fatal: Fatal hepatotoxicity esp in children <2 yr, multi-organ hypersensitivty reactions, pancreatitis, blood dyscrasias.

Drug Interactions

Increased risk of hepatotoxicity and carbamazepine toxicity with a decrease in valproic acid levels with concurrent carbamazepine. Decreased valproic acid and increased ethosuximide serum levels with ethosuximide. Decreased valproic acid levels with carbapenems, rifampicin, phenytoin, phenobarbital (or primidone) and antineoplastic drug regimens. Increased valproic acid levels with felbamate and aspirin. Increased risk of hepatotoxicity with olanzepine. Concurrent use increased phenobarbital, nimodipine, nifedipine, lamotrigine, zidovudine, amitriptyline, nortriptyline and

benzodiazepines levels. Concurrent use decreased tigabine and clozapine levels. Increased risk of absence status with clonazepam. Increased risk of hyperammonaemia with topiramate. Increased free valproic acid concentrations with highly protein bound drugs.

Potentially Fatal: Increased risk of convulsions with mefloquine. Increased risk of carnitine deficiency with pivmecillinam and pivampicillin. Increased risk of toxicity with bupropion.

Food Interaction

Avoid co-admin of St John's Wort and valpromide.

Lab Interference

False positive for urinary ketones. May alter thyroid function test.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Store between 15-30 °C (59-86°F). Oral: Store below 30°C (86°F) .

Mechanism of Action

Valproate is a generic term used to describe valproic acid, its salts and esters. It is available in various forms including the sodium salts (valproate semisodium and sodium valproate), the amide derivative (valpromide), or as valproic acid. Valproate is an antiepileptic which dissociates to the valproate ion in the GI tract. It has been suggested that its antiepileptic activity is related to increased brain levels of gamma-aminobutyric acid (GABA).

Absorption: The sodium salts of valproate are rapidly converted to valproic acid in the GI tract. Valproic acid is rapidly and completely absorbed from the GI tract while valpromide is absorbed slower than valproic acid. Rate, but not the extent, of absorption of valproic acid is delayed when given with or after food.

Distribution: Crosses the placenta; enters breast milk. Protein-binding: Extensive, saturable and concentration dependent.

Metabolism: Valpromide is rapidly and almost completely metabolised in the liver to valproic acid. Valproic acid is extensively metabolised by liver, mainly by glucuronidation.
Excretion: Urine (mainly as metabolites), small amounts in faeces and expired air; 5-20 hr (elimination half-life).

CIMS Class

Anticonvulsants / Antimigraine Preparations / Antipsychotics

ATC Classification

N03AG01 - valproic acid; Belongs to the class of fatty acid derivatives antiepileptic. Used in the management of epilepsy.

*valproic acid information:
Note that there are some more drugs interacting with valproic acid
valproic acid
valproic acid brands available in India
Always prescribe with Generic Name : valproic acid, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : ENCORATE CHRONO CR-tab ENCORATE syr ENCORATE tab ENCORATE vial EPILEX enteric-coated tab EPILEX syr EPIVAL syr EPIVAL tab EPSOVAL enteric-coated tab EPSOVAL-XR film-coated tab MACORATE tab MANOVAL tab TORVATE tab TP VALPRO-300 tab VAL tab VALATE tab VALPARIN enteric-coated tab VALPARIN liqd VALPORATE CHRONO CR-tab VALPORIL CR tab VALPORIL tab VALPRID syr VALRATE-CR film-coated tab VALRIC tab VALTEC enteric-coated tab VALTEC soln VALTEC-CR cap VALTEC-CR tab VALTRIL tab

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([all drugs])

valsartan

CIMS Class : (Angiotensin II Antagonists)

valsartan

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related valsartan information

Indication & Dosage

Oral

Hypertension

Adult: Initially, 80 mg once daily, increased to 160 mg once daily. Max: 320 mg daily.
Elderly: > 75 yr: Initially, 40 mg once daily.

CrCl (ml/min)
Dosage Recommendation
<20
Initiate at 40 mg once daily.

Hepatic impairment: Mild to moderate impairment: Initial dose 40 mg once daily; max: 80 mg once daily. Severe hepatic impairment, cirrhosis, or biliary obstruction: contra-indicated.
Oral
Heart failure
Adult: 40 mg bid, may be increased to 160 mg bid if tolerated.
Renal impairment: Use with caution.
Hepatic impairment: Severe hepatic impairment, cirrhosis, or biliary obstruction: contra-indicated.
Oral
Post myocardial infarction
Adult: Start as early as 12 hr after MI in stable patients, at an initial dose of 20 mg bid, increased over a few wk up to 160 mg bid if tolerated.

Renal impairment: Use with caution.

Hepatic impairment: Mild to moderate: max: 80 mg bid. Patients with severe hepatic impairment, cirrhosis or biliary obstruction: Avoid.

Administration

May be taken with or without food.

Overdosage

Symptoms: Hypotension, tachycardia or bradycardia, depressed level of consciousness, circulatory collapse and shock. Management: Treatment is mainly supportive. Haemodialysis is not likely to be useful.

Contraindications

Hypersensitivity; severe hepatic impairment, cirrhosis or biliary obstruction; primary hyperaldosteronism. Pregnancy (2nd and 3rd trimesters) and lactation.

Special Precautions

Volume depletion; renal artery stenosis; monitor serum potassium concentrations; severe CHF; renal impairment; mild to moderate hepatic impairment. Elderly.

Adverse Drug Reactions

Dizziness; headache; dose-related orthostatic hypotension; rash; angioedema; hyperkalaemia; myalgia; resp tract disorders; back pain; GI disturbances; fatigue; increase in BUN and serum creatinine; abdominal pain; dry cough; LFT elevations.
Potentially Fatal: Blood dyscrasias (e.g. neutropenia).

Drug Interactions

Increased risk of renal impairment and hyperkalaemia with NSAIDs and ciclosporin. Increased risk of hypotension with general anaesthetics, clozapine, dopamine agonists and other antihypertensives. Increased risk of lithium toxicity. Increased risk of hyperkalaemia with potassium-sparing diuretics, potassium supplements, ACE inhibitors, heparin.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

in 2nd & 3rd trimesters.

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Oral: Store between 15-30°C (59 - 86<249>F).

Mechanism of Action

Valsartan, an angiotensin II receptor antagonist, produces its BP lowering effects by antagonizing angiotensin II-induced vasoconstriction, aldosterone release and renal reabsorption of sodium.

Onset: 2 hr.

Duration: >24 hr.

Absorption: Rapidly absorbed with oral bioavailability 23%. Peak plasma concentrations: 2-4 hr. Food may decrease the rate and extent.

Distribution: Protein binding: 94-97% to serum albumin. Volume of distribution after IV admin: 17 L.

Metabolism: Not significantly metabolised.

Excretion: Excreted via bile in faeces (about 83% of dose) and urine (about 13% of dose), mainly as unchanged drug and some as metabolites (20% of dose). Terminal elimination half life: 5-9 hr.

CIMS Class

Angiotensin II Antagonists

ATC Classification

C09CA03 - valsartan; Belongs to the class of angiotensin II antagonists. Used in the treatment of cardiovascular disease.

*valsartan information:

Note that there are some more drugs interacting with valsartan

valsartan further details are available in official CIMS India

valsartan

valsartan brands available in India

Always prescribe with Generic Name : valsartan, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : DIOVAN cap DIOVAN tab NEBICARD-V cap STARVAL cap VALENT cap VALENT film-coated tab VALENT R cap VALENT R-5 cap VALENT-H film-coated tab VALZAAR cap VALZAAR film-coated tab VALZAAR-H tab VALZAAR-SM cap

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([all drugs])

vancomycin

CIMS Class : (Other Antibiotics)

vancomycin

P - Caution when used during pregnancy

L - Caution when used during lactation

related vancomycin information

Indication & Dosage

Oral

Antibiotic-associated colitis

Adult: 0.5-2 g daily in 3-4 divided doses for 7-10 days. Use the lower dose unless ileus is impending or in severe infections.

Child: 40 mg/kg daily, given in 3-4 divided doses for 7-10 days. Not to exceed 2 g daily.

Renal impairment: Dose adjustment may be needed.

Oral

Staphylococcal enterocolitis

Adult: 0.5-2 g daily in 3-4 divided doses for 7-10 days. Use the lower dose unless ileus is impending or in severe infections.

Child: 40 mg/kg daily, given in 3-4 divided doses for 7-10 days. Not to exceed 2 g daily.

Renal impairment: Dose adjustment may be needed.

Intravenous

Severe staphylococcal or other Gram-positive infections

Adult: 500 mg every 6 hr infused over at least 60 minutes or 1 g every 12 hr infused over 100 minutes.

Child: Various dosing regimens available. By IV infusion over at least 60 minutes: Neonates: <29 wk postmenstrual age: 15 mg/kg every 24 hr; 29-35 wk postmenstrual age: 15 mg/kg every 12 hr; >35 wk postmenstrual age: 15 mg/kg every 8 hr. 1 mth-18 yr: 15 mg/kg every 8 hr (max: 2 g daily), adjusted according to plasma concentrations.

Renal impairment: Various nomograms available. Initial IV dose of 15 mg/kg with subsequent dosage based on renal function and serum concentrations of the drug.

Intravenous

Osteomyelitis

Adult: 500 mg every 6 hr infused over at least 60 minutes or 1 g every 12 hr infused over 100 minutes.

Child: Various dosing regimens available. By IV infusion over at least 60 minutes: Neonates: <29 wk postmenstrual age: 15 mg/kg every 24 hr; 29-35 wk postmenstrual age: 15 mg/kg every 12 hr; >35 wk postmenstrual age: 15 mg/kg every 8 hr. 1 mth-18 yr: 15 mg/kg every 8 hr (max: 2 g daily), adjusted according to plasma concentrations.

Renal impairment: Various nomograms available. Initial IV dose of 15 mg/kg with subsequent dosage based on renal function and serum concentrations of the drug.

Intravenous

Soft tissue infections

Adult: 500 mg every 6 hr infused over at least 60 minutes or 1 g every 12 hr infused over 100 minutes.

Child: Various dosing regimens available. By IV infusion over at least 60 minutes: Neonates: <29 wk postmenstrual age: 15 mg/kg every 24 hr; 29-35 wk postmenstrual age: 15 mg/kg every 12 hr;

>35 wk postmenstrual age: 15 mg/kg every 8 hr. 1 mth-18 yr: 15 mg/kg every 8 hr (max: 2 g daily), adjusted according to plasma concentrations.

Renal impairment: Various nomograms available. Initial IV dose of 15 mg/kg with subsequent dosage based on renal function and serum concentrations of the drug.

Intravenous

Septicaemia

Adult: 500 mg every 6 hr infused over at least 60 minutes or 1 g every 12 hr infused over 100 minutes.

Child: Various dosing regimens available. By IV infusion over at least 60 minutes: Neonates: <29 wk postmenstrual age: 15 mg/kg every 24 hr; 29-35 wk postmenstrual age: 15 mg/kg every 12 hr; >35 wk postmenstrual age: 15 mg/kg every 8 hr. 1 mth-18 yr: 15 mg/kg every 8 hr (max: 2 g daily), adjusted according to plasma concentrations.

Renal impairment: Various nomograms available. Initial IV dose of 15 mg/kg with subsequent dosage based on renal function and serum concentrations of the drug.

Intravenous

Prophylaxis of endocarditis

Adult: For patients undergoing dental, oral or upper respiratory tract surgery: 1 g 1 hr before surgery. For patients undergoing GI or

genitourinary procedure: 1 g w/ 1.5 mg/kg gentamicin 1 hr before surgery. Routine prophylaxis is not recommended; recommended only for patients undergoing invasive procedures and in patients w/ underlying cardiac conditions that may put them at higher risk of adverse effects should infection occur.

Child: For patients undergoing dental, oral or upper respiratory tract surgery: 20 mg/kg 1 hr before surgery. For patients undergoing GI or genitourinary procedure: 20 mg/kg w/ 2 mg/kg gentamicin 1 hr before surgery. Routine prophylaxis is not recommended; recommended only for patients undergoing invasive procedures and in patients w/ underlying cardiac conditions that may put them at higher risk of adverse effects should infection occur.

Renal impairment: Dose adjustment may be needed.

Reconstitution: Add 10 or 20 ml of sterile water for Inj to a 500 mg or 1 g of vancomycin vial, respectively, to yield a concentration of 50 mg/ml. For intermittent IV infusion, the reconstituted solutions containing 500 mg or 1 g may be further diluted with at least 100 ml or at least 200 ml respectively and infused over a period of at least 1 hr. Suitable diluents include 5% dextrose Inj or sodium chloride 0.9%. If intermittent infusion is not feasible, continuous IV infusion may be used with the required daily dose of reconstituted

vancomycin added to a sufficient volume of diluents and infused over 24 hr.

Incompatibility: Incompatible with alkaline preparations or drugs unstable at low pH. Y-site incompatibility: Albumin, amphotericin B cholesteryl sulfate complex, omeprazole, cefepime, gatifloxacin, heparin, idarubicin. Syringe incompatibility: Heparin. Admixture incompatibility: Amobarbital, chloramphenicol, pentobarbital, phenobarbital, phenytoin, chlorothiazide, dexamethasone sodium phosphate, penicillin G potassium.

Administration

May be taken with or without food.

Contraindications

Hypersensitivity to the drug; history of impaired hearing; IM administration.

Special Precautions

Renal impairment; neonates, elderly, pregnancy and lactation. Administer by slow IV only. Decrease thrombophlebitis by giving

vancomycin slowly as a dilute solution (2.5-5 mg/ml) and rotate infusion sites frequently. Keep rate of infusion =10 mg/min. Serum trough vancomycin levels to be kept at 5-20 mcg/ml depending on severity of infections and sites of infection. Monitor renal function, blood counts and auditory functions regularly. Discontinue if tinnitus develops.

Adverse Drug Reactions

Ototoxicity, nephrotoxicity, eosinophilia, "red-man" syndrome (e.g. flushing, hypotension, erythema), urticaria, thrombophloebitis, hypersensitivity reactions.
Potentially Fatal: Stevens-Johnson syndrome; toxic epidermal necrolysis, blood dyscrasias such as neutropenia or thrombocytopenia.

Drug Interactions

Risk of increased nephrotoxicity with concomitant aminoglycosides, cisplatin, NSAIDs, amphotericin B, polymycin B, colistin or other nephrotoxic agents. Increased neuromuscular blockade with concomitant use of suxamethonium or vecuronium. Increased risk of ototoxicity with other aminoglycoside antibiotics,

loop diuretics and ethacrynic acid. Increased risk of toxicity with methotrexate. Decreased vancomycin levels withdopamine, dobutamine. Increased risk of neutropenia with zidovudine.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intravenous: Store at 15-30°C. Oral: Store at 15-30°C.

Mechanism of Action

Vancomycin, a glycopeptide antibiotic, is used in the treatment of severe staphylococcal or other gram positive infections where other drugs cannot be used due to resistance or intolerance. It prevents the transfer and addition of muramylpentapeptide building blocks that make up the peptidoglycan molecule thus inhibiting formation of peptidoglycan polymers of the bacterial cell wall. It is active aginst Staphylococci eg, S. aureus, S. epidermidis, S. pneumoniae, Str. pyrogenes and some strains of Group B streptococci, Clostridium difficile, Actinomyces species, Bacillus anthracis, Corynebacterium species, some lactobacilli and Listeria species. Vancomycin demostrates concentration-independent or time dependent killing.

Absorption: Poorly absorbed from the GI tract; may be increased if GI tract is inflamed. 60% of intraperitoneal dose absorbed through the peritoneal cavity in 6 hr.

Distribution: Extracellular fluids eg, pleural, ascitic, synovial, pericardial fluids; bile (small amounts), CSF (little diffusion); crosses the placenta and enters breast milk. Protein-binding: 55%.

Metabolism: Minimal or no metabolism.

Excretion: Via the kidneys by glomerular filtration (80-90% as unchanged); 4-6 hr (elimination half-life), prolonged in renal impairment (7.5 days in anephric).

CIMS Class

Other Antibiotics

ATC Classification

A07AA09 - vancomycin; Belongs to the class of antibiotics. Used for the treatment of intestinal infections.
J01XA01 - vancomycin; Belongs to the class of glycopeptide antibacterials. Used in the treatment of systemic infections.

*vancomycin information:
Note that there are some more drugs interacting with vancomycin
vancomycin
vancomycin brands available in India
Always prescribe with Generic Name : vancomycin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : COVANCIN vial CYTOVAN inj FORSTAF vial VANACIN-CP vial VANCOCARE inj VANCOCIN CP vial VANCOGEN vial VANCOGRAM-500 vial VANCOLED inj VANCOMATE vial VANCOMYCIN tab VANCONEX CP inj VANCONIS

vial VANCORID CP inj VANCORIN inj VANCOSER inj VANCOTAR inj VANCOTECH vial VANKING vial VANLID cap VANLID vial VANMAX vial VANSAFE inj VANTOX-CP inj VCONAT inj WANCOSAN vial

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([all drugs])

varenicline

CIMS Class : (Antidotes, Detoxifying Agents & Drugs Used in Substance Dependence)

varenicline

P - Caution when used during pregnancy

L - Caution when used during lactation

related varenicline information

Indication & Dosage

Oral

As a smoking cessation aid

Adult: 500 mcg once daily for the 1st 3 days, followed by 500 mcg bid for the next 4 days. Maintenance (wk 2-12): 1 mg bid. Initiate dose 1-2 wk prior to target quit date; may temporarily reduce dose to 500 mcg bid if adverse effects are not tolerable. Usual treatment duration: 12 wk. May continue for another 12 wk to reduce relapse

in patients who have successfully quit after the initial treatment course.

Renal impairment: Haemodialysis: Max: 500 mcg once daily.

CrCl (ml/min)

Dosage Recommendation

<30

Max: 500 mcg bid.

Administration

Should be taken with food. (Take after eating & w/ a full glass of water.)

Overdosage

General supportive measures should be instituted.

Special Precautions

Monitor for signs of suicidal ideation or behaviour, or changes in behaviour. May affect performance of skilled tasks. Not recommended for use in children <18 yr. Pregnancy, lactation.

Adverse Drug Reactions

Nausea, headache, dizziness, somnolence, fatigue, sleep disturbances, increased appetite and GI disturbances including vomiting, constipation and flatulence.

Drug Interactions

Cimetidine may increase the plasma levels of varenicline.

Storage

Oral: Store between 15-30°C.

Mechanism of Action

Varenicline is a partial neuronal a4 ß2 nicotinic receptor agonist. It works as a smoking cessation aid by preventing nicotine stimulation of mesolimbic dopamine system. It also stimulates dopamine activity but to a much lesser extent than nicotine does, resulting in reduced craving and withdrawal symptoms.
Absorption: Well absorbed from the GI tract; plasma concentrations peak 3-4 hr after admin.

Metabolism: Minimal metabolism.
Excretion: About 92% of a dose is excreted unchanged in the urine.
Elimination half-life: About 24 hr.

CIMS Class

Antidotes, Detoxifying Agents & Drugs Used in Substance Dependence

ATC Classification

N07BA03 - varenicline;

*varenicline information:
Note that there are some more drugs interacting with varenicline
varenicline further details are available in official CIMS India
varenicline
varenicline brands available in India
Always prescribe with Generic Name : varenicline, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : CHAMPIX STARTER PACK tab CHAMPIX tab

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([all drugs])

varicella-zoster immunoglobulins

CIMS Class : (Vaccines, Antisera & Immunologicals)

varicella-zoster immunoglobulins

P - Caution when used during pregnancy

L - Caution when used during lactation

related varicella-zoster immunoglobulins information

Indication & Dosage

Intramuscular

Passive immunisation against varicella infections

Adult: Dosing is based on patient's weight. =10 kg: 125 units; 10.1-20 kg: 250 units; 20.1-30 kg: 375 units; 30.1-40 kg: 500 units; >40 kg: 625 units. To be given as a single deep IM inj; if the volume to be injected is >5 ml, dose should be divided and administered at different sites. May repeat dose at 3-wk intervals if patient is re-exposed or continuously exposed to varicella until the risk of exposure is no longer present. Dose should preferably be given within 48 hr after exposure but no later than 96 hr after exposure.

Child: Dosing is based on patient's weight. =10 kg: 125 units; 10.1-20 kg: 250 units; 20.1-30 kg: 375 units; 30.1-40 kg: 500 units; >40

kg: 625 units. To be given as a single deep IM inj; if the volume to be injected is >5 ml, dose should be divided and administered at different sites. May repeat dose at 3-wk intervals if patient is re-exposed or continuously exposed to varicella until the risk of exposure is no longer present. Dose should preferably be given within 48 hr after exposure but no later than 96 hr after exposur

Contraindications

History of hypersensitivity to immune globulins. IM admin should not be used in patients with severe thrombocytopenia or coagulation disorders.

Special Precautions

Caution when used in patients with a specific IgA deficiency due to possible presence of antibodies to IgA. Risk of transmitting infectious agents thus vaccination should be considered where appropriate. Caution when used in pregnant and lactating women.

Adverse Drug Reactions

Inj site reactions e.g. local erythema, redness and pain. GI symptoms, malaise, headache, rash and respiratory symptoms. Chest pain, dyspnoea, tremor, dizziness, glossitis, buccal ulceration, facial oedema, arthralgia.

Drug Interactions

Concurrent use may interfere with the immune response to certain live vaccines.

Storage

Intramuscular: Store at 2-8°C.

Mechanism of Action

Varicella-zoster immunoglobulins are used for passive immunisation against varicella. It is recommended for use in susceptible persons who are at high risk of developing varicella-associated complications after exposure to varicella or herpes zoster (shingles).

CIMS Class

Vaccines, Antisera & Immunologicals

*varicella-zoster immunoglobulins information:
varicella-zoster immunoglobulins
varicella-zoster immunoglobulins brands available in India
Always prescribe with Generic Name : varicella-zoster immunoglobulins, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : OKAVAX vial VARILRIX vial VARTIECT-CP amp
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([all drugs])
vasopressin
CIMS Class : (Antidiuretics) , (Haemostatics)
vasopressin
P - Caution when used during pregnancy
L - Caution when used during lactation
related vasopressin information
Indication & Dosage

Parenteral

Cranial diabetes insipidus

Adult: As argipressin: 5-20 units SC/IM every 4 hr.

Intravenous

Initial control of variceal bleeding

Adult: As argipressin: 20 units in 100 ml of glucose 5% infused over 15 min.

Contraindications

Hypersensitivity. Vascular disease especially coronary artery disease; chronic nephritis (until reasonable blood-nitrogen conc attained).

Special Precautions

Heart failure; migraine; epilepsy; asthma or other conditions which might be exacerbated by fluid retention; renal impairment; hypertension or other conditions that may worse with BP increase. Adjust fluid intake to avoid fluid overload. Lactation, pregnancy (especially 3rd trimester as it may have oxytocic effect).

Adverse Drug Reactions

Pallor, vomiting, nausea, belching, abdominal cramps, tremour, pounding headache, vertigo, fluid retention, hyponatraemia, hypersensitivity reaction, sweating, urticaria, gangrene, desire to defecate, arrhythmias, bradycardia, angina, MI and bronchoconstriction.

Potentially Fatal: Anaphylaxis; cardiac arrest or shock.

Drug Interactions

Carbamazepine, chlorpropamide, clofibrate, urea, fludrocortisone and tricyclic antidepressants may potentiate the antidiuretic action of vasopressin. Demeclocycline, noradrenaline, lithium, heparin and alcohol may decrease antidiuretic action of vasopressin. Ganglionic blockers may increase sensitivity to the pressor effect of vasopressin. Increased risk of QT prolongation with dolasetron.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not

confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Intravenous: Store between 15-25°C (59-77°F). Parenteral: Store between 15-25°C (59-77°F).

Mechanism of Action

Vasopressin is a posterior pituitary hormone which may be synthetically prepared or extracted from animals. It exerts direct antidiuretic action on the kidneys by increasing tubular reabsorption of water. Vasopressin also acts by constricting the peripheral blood vessels and causes the smooth muscle of the intestine, gall bladder and urinary bladder to contract. Vasopressin is given parenterally or intranasally in the form of argipressin or lypressin. Argipressin is a synthetic type of vasopressin derived from most mammals (including man but excluding pig) while lypressin is vasopressin from pig.

CIMS Class

Antidiuretics / Haemostatics

ATC Classification

H01BA01 - vasopressin; Belongs to the class of vasopressin and analogues. Used in posterior pituitary lobe hormone preparations.

*vasopressin information:
Note that there are some more drugs interacting with vasopressin
vasopressin
vasopressin brands available in India
Always prescribe with Generic Name : vasopressin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : CPRESSIN PF-syringe CPRESSIN-P amp PETRESIN amp VASOPIN inj
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([all drugs])
vecuronium bromide
CIMS Class : (Muscle Relaxants)
vecuronium bromide
P - Caution when used during pregnancy

L - Caution when used during lactation

related vecuronium bromide information

Indication & Dosage

Intravenous

Muscle relaxant in general anaesthesia, Facilitate endotracheal intubation

Adult: Initially, 80-100 mcg/kg given as inj (reduced doses at 30-50 mcg/kg have been suggested after use of suxamethonium; not to exceed 100 mcg/kg in caesarean and neonatal surgery). Maintenance in prolonged procedure: 20-30 mcg/kg, adjust according to response. Alternatively, as continuous infusion: 0.8-1.4 mcg/kg/minute after initial IV dose of 40-100 mcg/kg.

Child: < 5 mth: Initially, 10-20 mcg/kg, increased if necessary according to response. > 5 mth: initially, 80-100 mcg/kg given as inj; alternatively, 30-50 mcg/kg after clinical recovery from neuromuscular blockade of suxamethonium. Max in caesarean and neonatal surgery: 100 mcg/kg. Maintenance in prolonged procedure: 10-15 mcg/kg.

Elderly: Dose reduction may be needed.

Renal impairment: Dose adjustments may be needed.

Hepatic impairment: Dose adjustments may be needed.

Incompatibility: Incompatible with furosemide, alkaline solution e.g. thiopental sodium.

Overdosage

Symptoms: Mainly extensions of the usual pharmacologic effects of the drug. Skeletal muscle weakness, decreased respiratory reserve, low tidal volume, or apnea. A peripheral nerve stimulator may be used to monitor recovery from blockade and to differentiate between prolonged neuromuscular blockade from other causes of diminished respiratory reserve. Management: Treatment is supportive and symptomatic. Maintain an adequate, patent airway using assisted or controlled respiration. Neuromuscular blockade may be reversed by admin of a cholinesterase inhibitor such as neostigmine, pyridostigmine or edrophonium.

Contraindications

Hypersensitivity to vecuronium or bromide.

Special Precautions

Pregnancy, lactation, elderly. Renal and hepatic impairment. Increase in onset time in conditions associated with prolonged circulation time (e.g. CV disease, oedema). Neuromuscular disease e.g. myasthenia gravis, Eaton-Lambert syndrome or after poliomyelitis. Hypothermia, burns patients. Decrease dose in obese patients, taking into account lean body-mass. Correct severe electrolyte disturbances, altered blood pH, dehydration where possible before vecuronium admin. Do not use potentially dangerous machinery or drive a car within 24 hr after full recovery from the neuromuscular blocking action of vecuronium. Do not admin vecuronium unless facilities for intubation, artificial respiration, oxygen therapy and agents for neuromuscular reversal are immediately available.

Adverse Drug Reactions

Muscle weakness, paralysis, muscle atrophy (after long term use), hypersensitivity reactions e.g urticaria and erythema.
Potentially Fatal: Anaphylaxis, respiratory failure, apnoea.

Drug Interactions

Increases neuromuscular blockade with volatile anaesthetic agents (halothane, ether, enflurane, isoflurane,methoxyflurane, propofol and cyclopropane), fentanyl, other non-depolarising muscle relaxants, prior admin of succinylcholine, tetracyclines, polymyxins, diuretics, thiamine, MAOIs, bacitracin, colistin, sodium colistimethate, acylaminopenicillins, aminoglycoside antibiotics, high dose metronidazole, protamine, ß-adrenergic blocking agents, calcium antagonists e.g. verapamil, and Mg. Decreased neuromuscular blockade with anticholinesterases, prior chronic admin of corticosteroids, phenytoin, carbamazepine, noradrenaline,azathioprine, theophylline, calcium chloride.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Vecuronium bromide inhibits depolarisation by blocking acetylcholine from binding to receptors on motor endplate.

Onset: 1.5-2 min.

Duration: 20-30 min.

Metabolism: Hepatic; yielding metabolites also possessing neuromuscular blocking activity.

Excretion: Via bile (as unchanged drug and metabolites), via urine (trace amounts); 30-80 min (elimination half-life).

CIMS Class

Muscle Relaxants

*vecuronium bromide information:

Note that there are some more drugs interacting with vecuronium bromide

vecuronium bromide

vecuronium bromide brands available in India

Always prescribe with Generic Name : vecuronium bromide, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : NEOVEC amp NEOVEC vial NORCURON inj SURVEC vial VARIUM vial VECURNIS vial VECURON vial VERCUREX inj VERONI vial VERUNIUM inj

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([all drugs])

venlafaxine hydrochloride

CIMS Class : (Antidepressants) , (Anxiolytics)

venlafaxine hydrochloride

P - Caution when used during pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related venlafaxine hydrochloride information

Indication & Dosage

Oral

Depression

Adult: As conventional tablets: Initially, 75 mg daily in 2 or 3 divided doses, increased to 150 mg daily after several wk if necessary, further increase may be made in increments of up to 75 mg, every 2-4 days. Max: 375 mg daily.

CrCl (ml/min)

Dosage Recommendation

10-30

Reduce dose by 50% and give once daily.

<10

No data available.

Hepatic impairment: Moderate: Reduce dose by 50% and give once daily. Severe: no data available.

Oral

Anxiety

Adult: As modified-release preparation: Initially, 75 mg once daily, adjusted in increments of up to 75 mg , at intervals of at least 4 days. Max 225 mg daily. Withdraw gradually if no response after 8 wk.

CrCl (ml/min)

Dosage Recommendation

10-30

Reduce dose by 50% and give once daily.

<10

No data available.

Hepatic impairment: Moderate: Reduce dose by 50%. Severe: no data available.

Oral

Social anxiety disorder

Adult: As modified-release preparation: Initially, 75 mg once daily, adjusted in increments of up to 75 mg , at intervals of at least 4 days. Max 225 mg daily. Withdraw gradually if no response after 8 wk.

CrCl (ml/min)
Dosage Recommendation
10-30
Reduce dose by 50% and give once daily.
<10
No data available.

Hepatic impairment: Moderate: Reduce dose by 50%. Severe: no data available.
Oral
Panic disorder
Adult: 37.5 mg once daily for first 7 days, then increased to 75 mg daily; increase by up to 75 mg at intervals of at least 7 days as needed. Max: 225 mg daily.

CrCl (ml/min)
Dosage Recommendation
10-30

Reduce dose by 50% and give once daily.

<10

No data available.

Hepatic impairment: Moderate: Reduce dose by 50% and give once daily. Severe: no data available.

Administration

Should be taken with food.

Overdosage

Symptoms: Sweating, dizziness, somnolence, ECG changes, cardiac arrhythmias and seizures. Management: Treatment is symptomatic and supportive. Activated charcoal may reduce absorption if > 12.5 mg/kg has been ingested and presented within 1 hr of ingestion. Dialysis, haemoperfusion, exchange perfusion and increase in urine production unlikely useful.

Contraindications

<18 yr. Lactation. Uncontrolled hypertension; high risk of serious ventricular arrhythmia.

Special Precautions

Moderate to severe renal or hepatic impairment. Conditions which may be worsened by increase in heart rate. History of MI, bleeding disorder, epilepsy, hypomania or mania. Raised Intraocular pressure or risk at angle-closure glaucoma. May impair performance of skilled tasks, driving or machinery operation. Monitor BP and serum cholesterol regularly. Monitor closely during early therapy until depression improves due to increased risk of suicide. Avoid abrupt withdrawal. Withdraw gradually over at least 1-2 wk and monitor for withdrawal symptoms e.g. fatigue, headache, nausea, vomiting, palpitations. Discontinue if seizure develops or increase in seizure frequency. Elderly, pregnancy.

Adverse Drug Reactions

Nausea, vomiting, anorexia, dry mouth, constipation, orthostatic hypotension, tremour, sweating, rash, anxiety, dizziness, fatigue, headache, syncope, insomnia, somnolence, constipation, hyponatraemia, sexual dysfunction, dyspepsia, visual disturbances,

mydriasis, increased cholesterol concentrations, increased LFT. Aggressive behaviour (especially at the start and when stoppping therapy).
Potentially Fatal: Blood dyscrasias, Stevens-Johnson syndrome, hepatitis.

Drug Interactions

Risk of serotonin syndrome with triptans, linezolid, lithium, tramadol. Increased risk of anticholinergic side effects and serotonin syndrome with TCA, SSRI. Decreased indinavir concentration with concurrent use. Increased INR with warfarin. Possible risk of serotonin syndrome with metoclopramide, and amoxicillin with clavulanate combinations.
Potentially Fatal: Increased risk of serotonin syndrome with MAOI, do not use within at least 14 days of discontinuing MAOI treatment and start MAOI at least 7 days after stopping venlafaxine. Increased risk of serotonin syndrome with sibutramine.

Food Interaction

Increase risk of serotonin syndrome with St John's Wort and jujube (suanzaoren, Ziziphus jujuba).

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Oral: Store below 30°C.

Mechanism of Action

Venlafaxine selectively inhibits the neuronal re-uptake of serotonin, norepinephrine and to a lesser extent dopamine. It has minimal affinity for muscarinic, histamine or a1-adrenergic receptors. It appears to be as effective as standard antidepressants with a lower incidence of the anticholinergic side effects.

Absorption: Readily absorbed from the GI tract; peak plasma concentrations: 2 hr (venlafaxine); 4 hr (O-desmethylvenlafaxine).

Distribution: Protein-binding: 27% (venlafaxine); 30% (O-desmethylvenlafaxine). Passes into placenta and into breast milk.
Metabolism: Extensively hepatic; converted mainly to O-desmethylvenlafaxine by cytochrome P450 isoenzyme CYP2D6. Isoenzyme CYP3A4 also involved in metabolism to other metabolites.
Excretion: Urine (as free or conjugated metabolites), faeces (2%). Mean elimination half-life: 5 hr (venlafaxine), 11 hr (O-desmethylvenlafaxine).

CIMS Class

Antidepressants / Anxiolytics

*venlafaxine hydrochloride information:
Note that there are some more drugs interacting with venlafaxine hydrochloride
venlafaxine hydrochloride
venlafaxine hydrochloride brands available in India
Always prescribe with Generic Name : venlafaxine hydrochloride, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index

Brands : DALIUM tab ENVELAF XR-cap FAXIVEN-XR tab FLAVIX tab FLAVIX XR-tab SENTOSA ER-tab SENTOSA tab VELAF-ER tab VENAXIN SR-tab VENAXIN tab VENDEP XR ER-cap VENFAX-PR ER-cap VENIZ-XR ER-cap VENJOY-XR extentab VENLA cap VENLA suscap VENLIFT OD cap VENLIFT OD tab VENLIFT tab VENLOR tab VENLOR-XR cap VEN-OD cap VENREA ERcap VEXOR extentab

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([all drugs])

verapamil

CIMS Class : (Calcium Antagonists) , (Anti-Anginal Drugs)

verapamil

P - Caution when used during pregnancy

L - Caution when used during lactation

Food ¤ - Food interaction

related verapamil information

Indication & Dosage

Oral

Supraventricular arrhythmias

Adult: As hydrochloride: 120-480 mg daily in 3-4 divided doses according to the severity of the condition and patient's response.

Child: As hydrochloride: <2 yr: 20 mg bid/tid; =2 yr: 40-120 mg bid/tid, according to response.

Renal impairment: Use with caution.

Hepatic impairment: Severe: 1/3 of usual dose.

Oral

Angina pectoris

Adult: As hydrochloride: 120 mg tid or 80 mg tid in patients with angina of effort. As modified-release: Up to 480 mg daily.

Renal impairment: Use with caution.

Hepatic impairment: Severe: 1/3 of usual dose.

Oral

Hypertension

Adult: As hydrochloride: 240 mg daily in 2-3 divided doses. Max: 480 mg daily.

Child: As hydrochloride: 10 mg/kg daily in divided doses.

Renal impairment: Use with caution.

Hepatic impairment: Severe: 1/3 of usual dose.

Intravenous

Supraventricular arrhythmias

Adult: As hydrochloride: 5-10 mg injected over 2-3 min, 10 mg may be injected 30 min after the 1st dose, if needed.

Child: As hydrochloride: <1 yr: 100-200 mcg/kg over =2 min, repeated after 30 min, if needed; 1-15 yr: 100-300 mcg/kg (max: 5

mg) over =2 min , repeated after 30 min, if necessary. Doses to be given under continuous ECG monitoring.
Elderly: As hydrochloride: 5-10 mg injected over =3 min, 10 mg may be injected 30 min after the 1st dose, if needed.
Renal impairment: Use with caution.
Hepatic impairment: Severe: 1/3 of usual dose.

Incompatibility: Incompatible with human albumin, amphotericin B, hydralazine hydrochloride, co-trimoxazole, aminophylline, nafcillin sodium, sodium bicarbonate and alkaline solutions. Avoid diluting drug in (1/6)M sodium lactate inj in PVC containers.

Administration

Should be taken with food.

Overdosage

Symptoms: Hypotension, bradycardia, conduction abnormalities, metabolic acidosis, hyperglycaemia, hyperkalaemia, renal dysfunction, seizures, impaired conduction, ECG arrhythmias, changes in mental status, shock and cardiac arrest. Management: Patients to be observed for at least 48 hr (especially if extended-

release preparations were ingested) as verapamil may decrease GI transit time. Treatment is symptomatic and supportive. Place the patient in Trendelenburg's position and admin IV fluids. Hypotension may be treated with IV calcium or vasopressor agent. Haemodialysis is unlikely to be useful. If symptoms last for an unusually long time, consider endoscopy.

Contraindications

Cardiogenic shock, severe bradycardia, severe left ventricular dysfunction, uncompensated heart failure, hypotension (systolic pressure <90 mm Hg), porphyria. Patients with atrial flutter or atrial fibrillation and an accessory bypass tract (e.g., Wolff-Parkinson-White, Lown-Ganong-Levine syndromes). 2nd or 3rd degree AV block (unless pacemaker is fitted).

Special Precautions

1st degree AV block. Hypertrophic cardiomyopathy, patients with decreased neuromuscular transmission. Bradycardia or conduction disturbances. Hepatic or renal impairment. For IV admin, verapamil to be given slowly under continuous ECG and BP monitoring. Conventional tablets, extended-release capsules, extended-release

core tablets, and controlled extended-release capsules can be admin without regard to food while extended-release tablets to be admin with food. Slower infusion rates (over >3 min) in elderly. Periodic monitoring of LFT during long-term therapy. Avoid sudden withdrawal. Infants and neonates, elderly. Pregnancy and lactation.

Adverse Drug Reactions

Bradycardia, CHF, MI, AV block, worsening heart failure, transient asystole, hypotension, pulmonary and peripheral oedema, nausea. Constipation, fatigue, hypotension, dizziness, headache, palpitation, flushing, nausea, rashes, alopecia, hyperprolactinaemia, increased LFT and arthralgia.
Potentially Fatal: Heart block and cardiac failure in patients with preexisting cardiac disease. Hepatotoxicity.

Drug Interactions

Increased cardiac depressant effects with ß-blockers and flecainide. Increased risk of additive bradycardia, conduction disturbances and digoxin toxicity with digoxin. Increased risk of bradycardia and hypotension with remifentanil and sufentanil. Increased levels of

both everolimus and verapamil on concurrent use. May increasedoxorubicin, buspirone, carbamazepine, ciclosporin, epirubicin, eplerenone, quinidine, statins, sirolimus,tacrolimus, quinupristin/dalfopristin levels. Verapamil increase blood alcohol levels. Unpredictable interactions with lithium. Decreased verapamil concentrations with phenobarbital, sulfinpyrazone, rifampicin, rifabutin andrifapentine. Increased verapamil concentrations with protease inhibitors and cimetidine.

Potentially Fatal: Increased cardiac depressant effects with amiodarone. Increased risk of QT prolongation with dofetilide, ranolazine, sertindole. Additive bradycardia with ivabradine. Increased risk of heart block withclonidine. Increased risk of acute hyperkalaemia and CV collapse with dantrolene.

Food Interaction

Grapefruit juice increases serum concentration of verapamil by 40%. St John's wort reduces the bioavailability of verapamil.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Mechanism of Action

Verapamil inhibits entry of calcium ions into arterial smooth muscle cells as well as the myocytes and conducting tissue. These actions lead to reversal and preventions of coronary artery spasm, reduction in afterload through peripheral vasodilatation and reduction in ventricular rate in patients with chronic atrial flutter or fibrillation and reduction in the occurrence of paroxysmal supraventricular tachycardia. Verapamil reduces BP, relieves angina and slows AV conduction.

Onset: 5 min (IV); 1-2 hr (oral).

Duration:

Absorption: 90% absorbed from GI tract. Bioavailability: 20% (due to extensive first-pass metabolism). Peak plasma concentration: 1-2 hr.

Distribution: Protein-binding: 90%. Crosses placenta and distributed into breast milk.

Metabolism: Extensively metabolised in liver to >12 metabolites. Terminal half-life: 2-8 hr (after single dose); increased to 4.5-12 hr (after repeated doses).
Excretion: Excreted by kidney (70% of dose) as metabolites and via bile into faeces (16%). <4% excreted unchanged.

CIMS Class

Calcium Antagonists / Anti-Anginal Drugs

ATC Classification

C08DA01 - verapamil; Belongs to the class of selective phenylalkylamine derivative calcium-channel blockers with direct cardiac effects. Used in the treatment of cardiovascular diseases.

*verapamil information:
Note that there are some more drugs interacting with verapamil
verapamil further details are available in official CIMS India
verapamil
verapamil brands available in India
Always prescribe with Generic Name : verapamil, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CALAPTIN inj CALAPTIN SR-tab CALAPTIN tab VASOPTEN tab VERAMIL tab VPL amp

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([all drugs])

vinblastine

CIMS Class : (Cytotoxic Chemotherapy)

vinblastine

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related vinblastine information

Indication & Dosage

Intravenous

Lymphocytic lymphoma, Histiocytic lymphoma, Kaposi's sarcoma, Letterer-Siwe disease, Testicular cancer, Hodgkin's disease, Mycosis fungoides

Adult: Initially, 3.7 mg/m2, increase dose wkly based on WBC counts in increments of about 1.8 mg/m2 until leukocyte count decreases to about 3000/mm3, or max wkly dose of 18.5 mg/m2 reached. Do not increase dose if leukocyte count is reduced

to approximately 3000 cells/mm3; administer the max dose that does not cause leucopenia for maintenance. Do not increase subsequent doses if onolytic activity occurs before leucopenic effect. Usual dose: 5.5-7.4 mg/m2 per wk. Do not admin next dose, even though 7 days have lapsed unless the leukocyte count has returned to at least 4000/mm3.

Child: Initial 2.5 mg/m2 of BSA, increased dose at wkly intervals in increments of about 1.25 mg/m2 until leukocyte count decreases to about 3000/ mm3, or max wkly dose of 12.5 mg/m2 reached. Do not increase dose once leukocyte count reaches approximately 3000 cells/mm3, instead, a dose of 1 increment smaller to be admin at wkly intervals for maintenance i.e. patient receives the max dose that does not cause leucopenia. If onolytic activity is encountered before leucopenic effect, then there is no need to increase subsequent doses. Do not admin next dose, even though 7 days have lapsed unless the leukocyte count has returned to at least 4000/mm3. Duration of maintenance therapy depends on disease state and the antineoplastic agent combination.

Hepatic impairment: Serum bilirubin >3 mg/100ml: Reduce dose by 50%.

Incompatibility: Incompatible with furosemide.

Overdosage

Symptoms: Severe bone marrow suppression and extensions of its usual side effects. Management: Treatment is supportive. Restrict fluid and use of loop diuretics to counteract the effects of syndrome of inappropriate secretion of antidiuretic hormone. Monitor the patient's CV system and daily blood counts for transfusion requirement.

Contraindications

Severe bone marrow suppression; presence of bacterial infection; maglignant cell infiltration of bone marrow; Inj into extremity with poor circulation; porphyria; granulocytopenia. Elderly with cachexia or extreme skin ulcerations. Pregnancy; lactation. Intrathecal use may result in death.

Special Precautions

Hepatic impairment; neurotoxicity; ischemic heart disease; preexisting pulmonary dysfunction; extravasation may cause tissue damage and pain. Discontinue immediately if extravasation occurs, with local Inj of hyaluronidase and local heat application to

decrease discomfort and risk of cellulitis; remaining Inj to be injected into another vein. Routine prophylaxis against constipation recommended especially in high doses. Nadir in leukocyte count occur 4-10 days after vinblastine admin; recovery observed 7-14 days after treatment.

Adverse Drug Reactions

Alopecia, constipation, malaise, stomatitis, dose-limiting bone marrow suppression (e.g. granulocytopenia, thrombocytopenia, anaemia), hypertension, central and peripheral neurotoxicity, 8th cranial nerve damage resulting in vestibular and auditory toxicity, ischaemic cardiac toxicity, breathlessness, bone, tumour or jaw pain. Nausea, vomiting, GI bleed, syndrome of inappropriate antidiuretic hormone. Necrosis, cellulitis if extravasation occurs.

Drug Interactions

Possible increase in vinblastine levels with aprepitant. Reduced vinblastine metabolism with miconazole. Variable interactions with phenytoin, monitor serum phenytoin levels. Reduced immune response with vaccines. Additive myelotoxicity with zidovudine.

Concurrent admin of vinblastine with CYP3A inhibitors may cause an earlier onset and/or an increased severity of side effects.

Potentially Fatal: Increased toxicity of vinblastine with erythromycin. Increased neurotoxicity and myelotoxicity with azole antifungals e.g. itraconazole and posaconazole. Increased risk of severe neutropenia with ritonavir. Increased risk of acute pulmonary toxicity with mitomycin. Increased toxicity when ganciclovir is given with, immediately before or after vinblastine.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Store at 2-8°C.

Mechanism of Action

Vinblastine is M phase specific. It binds to microtubular proteins and arrests mitosis at the metaphase by disrupting mitotic spindle formation. It blocks glutamic acid utilization, thus inhibiting purine synthesis, the citric acid cycle, and the formation of urea. It may also interfere with nucleic acid and protein synthesis.

Absorption: Not absorbed reliably from GI tract.

Distribution: Protein binding: Extensive. Concentrated in blood platelets. Does not cross blood-brain barrier significantly.

Metabolism: Metabolised by CYP3A, to active metabolite desacetylvinblastine.

Excretion: Excreted in urine and via bile into faeces (some as unchanged drug). Terminal half life: 25 hr.

CIMS Class

Cytotoxic Chemotherapy

ATC Classification

L01CA01 - vinblastine; Belongs to the class of plant alkaloids and other natural products, vinca alkaloids and analogues. Used in the treatment of cancer.

*vinblastine information:

Note that there are some more drugs interacting with vinblastine vinblastine

vinblastine brands available in India

Always prescribe with Generic Name : vinblastine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CYTOBLASTIN inj UNIBLASTIN vial VBLASTIN vial

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([all drugs])

vincristine sulfate

CIMS Class : (Cytotoxic Chemotherapy)

vincristine sulfate

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related vincristine sulfate information

Indication & Dosage

Intravenous

Acute lymphoblastic leukaemia, Brain tumours, Wilm's tumour, Neuroblastoma, Small cell lung cancer, Acute myeloid leukaemia,

Non-Hodgkin?s lymphoma, Hodgkin's disease, AIDS-related Kaposi's sarcoma

Adult: Usual recommended dosage: 1.4-1.5 mg/m2 once wkly. Max: 2 mg wkly. Subsequent doses may be modified based on clinical and haematological responses and tolerance of the patient. May be used in combination with other drugs. Prescribers should consult published protocols for the dosage, method and sequence of admin.

Child: Usual recommended dosage: 1.5-2 mg/m2 once wkly; for patients =10 kg: Initiate at 0.05 mg/kg once wkly. Subsequent doses may be modified based on clinical and haematological responses and tolerance of the patient. May be used in combination with other drugs. Prescribers should consult published protocols for the dosage, method and sequence of admin.

Hepatic impairment: Dose adjustment may be needed. Serum bilirubin >3 mg/100ml: Reduce dose by 50%.

Incompatibility: Any solution that may change pH of the solution beyond 3.5-5.5.

Overdosage

Symptoms: mainly extensions of its common adverse effects. Management: Treatment is supportive and includes prevention of side effects from syndrome of inappropriate antidiuretic hormone secretion (SIADH) (e.g. fluid restriction and admin of loop diuretic); admin of anticonvulsants and use of enemas (to prevent ileus). Closely monitor the CV system and determine the blood counts daily to guide transfusion requirements. Folinic acid 100 mg admin IV every 3 hr for 24 hr and then every 6 hr for at least 48 h may be admin. Haemodialysis unlikely to be useful.

Contraindications

Patients with demyelinating form of Charcot-Marie-Tooth syndrome. Pregnancy and lactation. Intrathecal admin (may be fatal). Patients receiving radiation therapy through ports which include liver.

Special Precautions

Elderly. Preexisting pulmonary dysfunction or neuromuscular disease; leucopenia or a complicating infection; impaired liver function; obstructive jaundice. Routine prophylactic laxative needed to ensure regular bowel movement. Discontinue

immediately if extravasation occurs, and inj any remaining drug into another vein, followed by local Inj of hyaluronidase and topical heat application to the affected area to aid in drug removal and reduce discomfort. Discontinue in patients who develop progressive dyspnea. CBC to be checked before each dose admin. Frequent monitoring of uric acid during first 3-4 wk of treatment and watch out for uric acid nephropathy.

Adverse Drug Reactions

Dose limiting neurotoxicity (e.g. motor function impairment, gait abnormalities), hyperuricaemia, bronchospasm, azospermia, amenorrhoea, alopoecia, leucopenia, urinary dysfunction, abdominal cramps, vomiting, diarrhoea, severe constipation, paralytic ileus, convulsions, hypertension, orthostatic hypotension, ptosis, hoarseness, optic neuropathies, hallucinations, blindness, neurological deafness, difficulty in walking, syndrome of inappropriate ADH secretion.
Potentially Fatal: Myelosuppression.

Drug Interactions

Decreased digoxin (tablets) and verapamil absorption with antineoplastic regimens. Increased etoposide serum levels with vincristine. Increased toxicity when ganciclovir given with, immediately before or after vincristine. Reduced vincristine metabolism with miconazole. Increased neurotoxicity with isoniazid,itraconazole, voriconazole, posaconazole and nifedipine.

Decreased immune response when used concurrently with vaccines. Increased myelotoxicity with zidovudine. Increased risk of thromboembolic complications with tamoxifen. Increased risk of ototoxicity with ototoxic drugs (e.g. platinum-containing antineoplastic agents). Possible risk of earlier onset and/or increased severity of adverse effects with macrolides. Possible increase in vincristine levels with aprepitant. Possible decrease in antiepileptic levels with vincristine, monitor serum antiepileptic levels and effectiveness of chemotherapy.

Potentially Fatal: Increased risk of bronchospasm with mitomycin C. Reduced vincristine clearance and increased toxicity with asparaginase, minimise toxicity by giving vincristine 12-24 hr before L-asparaginaseadmin.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite

the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Store at 2-8°C. Protect from light.

Mechanism of Action

Vincristine arrests cell division at the metaphase stage by inhibiting microtubule formation in the mitotic spindle.

Absorption: Poorly absorbed from the GI tract.

Distribution: Does not cross the blood-brain barrier in significant amounts. Protein-binding: Extensive.

Metabolism: Metabolised in liver.

Excretion: Excreted mainly via bile into faeces (as unchanged drug and metabolites, 70-80%), urine; 85 hrs (elimination half-life).

CIMS Class

Cytotoxic Chemotherapy

ATC Classification

L01CA02 - vincristine; Belongs to the class of plant alkaloids and other natural products, vinca alkaloids and analogues. Used in the treatment of cancer.

*vincristine sulfate information:

Note that there are some more drugs interacting with vincristine sulfate

vincristine sulfate

vincristine sulfate brands available in India

Always prescribe with Generic Name : vincristine sulfate, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ALCRIST vial BIOCRISTIN inj CYTOCRISTIN inj ONCOCRISTIN-AQ inj UNICRISTIN vial VCR inj VINCRISTINE vial VINCRYST vial VINSTIN inj

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([all drugs])

vinorelbine tartrate

CIMS Class : (Cytotoxic Chemotherapy)

vinorelbine tartrate

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related vinorelbine tartrate information

Indication & Dosage

Oral

Non-small cell lung cancer

Adult: 60 mg/m2once wkly for 3 wk, may increase subsequently to 80 mg/m2 once wkly. If neutrophil count is < 500 cells/mm3 or between 500-1000 cells/mm3 on 2 separate occasions, keep dose at 60 mg/m2 for next 3 doses.

Hepatic impairment: Massive liver metastases(>75% of liver volume replaced by the tumour): Decrease dose by 1/3. Bilirubin 2.1-3 mg/100 ml: Reduce IV dose by 50%. Bilirubin >3 mg/100 ml: Reduce IV dose by 75%.

Intravenous

Non-small cell lung cancer

Adult: As single agent: 30 mg/m2 wkly as infusion over 20-30 minutes (after diluting in 125 ml normal saline or glucose 5%) or as slow bolus over 5-10 minutes (after diluting in 20-50 ml normal saline or glucose 5%). Delay subsequent doses if neutrophil count is <2000 cells/mm3 until recovery. As combination therapy with cisplatin: 25-30 mg/m2 every 7 days.

Hepatic impairment: Massive liver metastases(>75% of liver volume replaced by the tumour): Decrease dose by 1/3. Bilirubin 2.1-3 mg/100 ml: Reduce IV dose by 50%. Bilirubin >3 mg/100 ml: Reduce IV dose by 75%.

Intravenous

Cervical cancer

Adult: 30 mg/m2/dose days 1 and 8 of a 21-day treatment cycle.

Hepatic impairment: Dose adjustments may be needed.

Intravenous

Breast cancer

Adult: 25 mg/m2/dose every 7 days.

Hepatic impairment: Dose adjustments may be needed.

Intravenous

Ovarian cancer

Adult: 25 mg/m2/dose every 7 days.

Hepatic impairment: Dose adjustments may be needed.

Contraindications

Hypersensitivity to vinorelbine or other vinca alkaloids; severe current or recent infection (within last 2 wk); neutropenia; thrombocytopenia; severe hepatic impairment. Intrathecal admin.

Do not give concomitantly with radiotherapy if liver is in treatment field. Pregnancy, lactation.

Special Precautions

Hepatic impairment. Compromised bone marrow reserve due to prior irradiation or chemotherapy; recovering marrow function from the effects of previous chemotherapy. Prior radiation therapy; past history or pre-existing neuropathy. CBC with differentials to be monitored prior to admin of subsequent doses. Delay subsequent doses, if neutrophil count < 2000 cells/mm3. Each admin to be followed by at least 250 ml of normal saline to flush the vein. Avoid extravasation. If extravasation occurs, stop infusion immediately, and flush the vein with normal saline solution; admin the remaining solution in another vein. Do not father a child during and up to six mth after treatment and females of childbearing potential to use effective method of contraception during treatment and three mth thereafter. When admin orally, capsules must be swallowed whole with water and not chewed or sucked.

Adverse Drug Reactions

Neurotoxicity, peripheral paraesthesia, loss of deep tendon reflexes, abdominal pain, severe constipation, diarrhoea, alopecia, severe local irritation. Dose limiting granulocytopenia, leukopenia and anaemia. Intestinal obstruction, paralytic ileus, nausea, vomitinh, increased in LFT, chest pain, fatigue. Local pain and thrombophlebitis with repeated Inj.

Drug Interactions

Increased risk of granulocytopenia with cisplatin. Increased risk of neurotoxicity with paclitaxel, itraconazole,ketoconazole. Increased radiosensitising effects with prior or concomitant radiation therapy. Increased pulmonary toxicity with mitomycin. Increased myelotoxicity with zidovudine. Earlier onset and/or an increased severity of side effects with CYP3A inhibitors. Possible increase in vincristine levels with aprepitant. Possible infection with live vaccines.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or

for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Store at 2-8°C. Protect from light. Oral: Store at 2-8°C.

Mechanism of Action

Vinorelbine, a semisynthetic vinblastine derivative, binds to tubulin and inhibits microtubule formation. This disrupts the formation of the mitotic spindle thereby arresting the cell at metaphase.

Absorption: Rapidly absorbed. Oral bioavailability: 40%. Peak plasma concentration: 1.5-3 hr (oral).

Distribution: Widely distributed. Binding: 13.5% (plasma protein), 78% (platelets), 4.8% (lymphocytes).

Metabolism: Metabolised in liver by cytochrome P450 3A4 to active metabolite.

Excretion: Excreted mainly in faeces via bile and urine as metabolites and unchanged drug.

CIMS Class

Cytotoxic Chemotherapy

ATC Classification

L01CA04 - vinorelbine; Belongs to the class of plant alkaloids and other natural products, vinca alkaloids and analogues. Used in the treatment of cancer.

*vinorelbine tartrate information:
Note that there are some more drugs interacting with vinorelbine tartrate
vinorelbine tartrate
vinorelbine tartrate brands available in India
Always prescribe with Generic Name : vinorelbine tartrate, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : NAVELBINE vial RELBOVIN vial VINBINE inj VINELBINE vial VINOTEC vial
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([all drugs])
vinpocetine
CIMS Class : (Nootropics & Neurotonics)

vinpocetine

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related vinpocetine information

Indication & Dosage

Oral

Dementia, Cerebrovascular disorders

Adult: 15-30 mg daily in 3 divided doses.

Administration

Should be taken with food. (Take after meals.)

Contraindications

Pregnancy; lactation.

Special Precautions

Hypertension or cardiac dysfunction.

Adverse Drug Reactions

Transient hypotension, tachycardia.

Drug Interactions

Possible decrease in anticoagulation effect with warfarin.

Mechanism of Action

Vinpocetine is derived from vincamine. It increases cerebral circulation and utilisation of oxygen and is used in a variety of cerebral disorders.

CIMS Class

Nootropics & Neurotonics

ATC Classification

N06BX18 - vinpocetine; Belongs to the class of other agents used as CNS stimulant.

*vinpocetine information:

vinpocetine

vinpocetine brands available in India

Always prescribe with Generic Name : vinpocetine, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : NEUROVIN tab

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([all drugs])

vitamin e

CIMS Class : (Vitamins A, D & E)

vitamin e

related vitamin e information

Indication & Dosage

Oral

Vitamin E deficiency

Adult: 40-50 mg of d-a tocopherol daily.

Child: Neonate: 10 mg/kg once daily; 1 mth?18 yr: 2?10 mg/kg/day, up to 20 mg/kg.

Oral

Supplementation in cystic fibrosis

Adult: 100-200 mg daily of dl-a-tocoferil acetate or 67-135 mg daily of d-a-tocopherol.

Child: As a- tocopheryl acetate: 1 mth?1 yr 50 mg once daily; 1?12 yr 100 mg once daily; 12?18 yr 200 mg once daily. Dose to be adjusted as needed.

Oral

Abetalipoproteinaemia

Adult: 50-100 mg/kg daily of dl-a-tocoferil acetate or about 33-67 mg/kg daily of d-a-tocopherol.

Child: Neonate: 100 mg/kg once daily; 1 mth?18 yr: 50?100 mg/kg once daily.

Administration

Should be taken with food.

Adverse Drug Reactions

Hypertension; myopathy; thrombophloebitis; fatigue, weakness, nausea, headache, dizziness, blurred vision, flatulence, diarrhoea, abdominal pain. Topical: Contact dermatitis.

Drug Interactions

Colestyramine, colestipol, and orlistat may interfere with vitamin E absorption. High doses of vitamin E potentiates the anticoagulant action of warfarin. Large doses of vitamin E may impair response to iron supplementation.

Mechanism of Action

Vitamin E is a general term used to refer to a large number of natural or synthetic compounds. Tocopherols are the most common compounds, of which alpha tocopherols are the most active and widely distributed in nature. Alpha tocopherols occur naturally in the d optical isomer form and is more active than the synthetic racemic dlform. d-a-tocopheryl acetate is the acetate ester of natural source d-a-tocopherol. Other naturally occurring tocopherols e.g. beta, gamma, and delta tocopherols are not used clinically. Tocotrienols are another group of compounds with vitamin E activity. Vitamin E, a fat soluble vitamin, reacts with free radicals and protects RBCs against haemolysis and polysaturated fatty acids in membranes against free radical attack.

Absorption: 20-80% (oral). Absorption depends on the presence of bile and on normal pancreatic function; decrease with increasing dose.

Distribution: Enters blood via the chylomicrons in the lymph; bound to ß-lipoproteins. Widely distributed to all tissues. Stored in adipose tissue. Enters breast milk but crosses the placenta poorly.
Metabolism: Hepatic; converted to glucuronides of tocopheronic acid and its ?-lactone.
Excretion: Excreted mainly via bile into faeces and some into urine.

CIMS Class

Vitamins A, D & E

*vitamin e information:
vitamin e
vitamin e brands available in India
Always prescribe with Generic Name : vitamin e, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ALOGARD cream AQUA-E 200 cap AQUA-E 400 cap AQUA-E cap AROCAP cap BETAMORE soft-gelatin caps BIO-8888 cap BIO-E CAPS soft-gelatin caps CALYX lotion CODESOFT soft-gelatin caps COVITA cap COVITA PLUS soft-gelatin caps E-CAP cap ECOD tab ECOLIV softgel ECOZYME soft-gelatin

caps EDGE soft-gelatin caps EEE cap EFALIFE cap ELIMCEE cap ENSULES cap ENSULES PLUS cap EPHYNAL cap ETOPLEX cap EVION P-drops EVION soft-gelatin caps EVION-LC filcotab EVIT soft-gelatin caps EVITAM 200 NATURAL PLUS soft-gelatin caps EVITAM 400 NATURAL PLUS soft-gelatin caps EVITAM SG-cap EVITOP SG-cap EVITOP-C SG-cap EXART tab EXOX tab GLYVION cap LYCOBIG soft-gelatin caps MONOVIT EN cap NATVIE C 200 soft-gelatin caps NATVIE C 400 soft-gelatin caps NE cap NE-200 PLUS softgel NE-400 PLUS softgel NOVAGLOW soap NOVEE soft-gelatin caps NU-SENG cap NUTRADYN film-coated tab OCUVIT cap O-NE soft-gelatin caps RESTOFIT CAPSULES cap ROVIGON tab SEPAL BABY SOAP soap TOCOFER soft-gelatin caps VIT-E cap VITEOLIN cap

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([all drugs])

voglibose

CIMS Class : (Antidiabetic Agents)

voglibose

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related voglibose information

Indication & Dosage

Oral

Diabetes mellitus

Adult: 200-300 mcg tid.

Elderly: Initiate at lower doses.

Administration

Should be taken with food. (Take just before meals.)

Contraindications

Inflammatory bowel disease; GI obstruction or patients predisposed to it; conditions which may deteriorate as a result of increased gas formation eg, hernia; severe ketosis; diabetic coma or pre-coma; severe infection; hypersensitivity; pregnancy; lactation. Not to be used as monotherapy in IDDM.

Special Precautions

History of laparotomy or ileus. Roemheld's syndrome, stenosis, severe hepatic or renal impairment. Child <18 yr; elderly. Monitor LFT. Treat hypoglycaemic episodes with glucose (not with sucrose).

Adverse Drug Reactions

Flatulence; abdominal distension; diarrhoea; pain; skin reactions; hypoglycemia; increased LFT.
Potentially Fatal: Hepatotoxicity.

Drug Interactions

May enhance effects of other antidiabetics including insulin.

Storage

Oral: Store below 30°C.

Mechanism of Action

Voligbose has general properties similar to acarbose and selectively inhibits a-glucosidase in the enteric canal, delaying the digestion and absorption of carbohydrate, thereby suppressing sharp increase in post-prandial plasma glucose.

CIMS Class

Antidiabetic Agents

ATC Classification

A10BF03 - voglibose; Belongs to the class of alpha glucosidase inhibitors. Used in the treatment of diabetes.

*voglibose information:
Note that there are some more drugs interacting with voglibose
voglibose
voglibose brands available in India
Always prescribe with Generic Name : voglibose, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ASVOGLI tab POSMEAL tab PPG tab PPG-MET tab V-BOSE tab V-BOSE-M2 tab V-GLIB tab VOBIT tab VOCARB tab VOGLI tab VOGLITOR tab VOGLIWIN tab VOLIBO tab VOLIX tab VOLVO tab ZUVOG tab
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([all drugs])

voriconazole

CIMS Class : (Antifungals)

voriconazole

P - Caution when used during pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related voriconazole information

Indication & Dosage

Oral

Invasive aspergillosis

Adult: =40 kg: 400 mg every 12 hr for the 1st 24 hr. Maintenance: 200 mg every 12 hr, increased if necessay to 300 mg every 12 hr. <40 kg: 200 mg every 12 hr for the 1st 24 hr. Maintenance: 100 mg every 12 hr, increased if necessary to 150 mg every 12 hr. For oesophageal candidiases: Loading dose is not necessary and treatment should be given for at least 14 days and continued for 7 days after symptoms resolved.

Child: 2-<12 yr: 200 mg every 12 hr.

Hepatic impairment: Child-Pugh category A and B: Standard loading doses but halved the maintenance doses. Child-Pugh category C: no studies done.

Oral

Scedosporiosis and Fusariosis

Adult: =40 kg: 400 mg every 12 hr for the 1st 24 hr. Maintenance: 200 mg every 12 hr, increased if necessay to 300 mg every 12 hr. <40 kg: 200 mg every 12 hr for the 1st 24 hr. Maintenance: 100 mg every 12 hr, increased if necessary to 150 mg every 12 hr. For oesophageal candidiases: Loading dose is not necessary and treatment should be given for at least 14 days and continued for 7 days after symptoms resolved.

Child: 2-<12 yr: 200 mg every 12 hr.

Hepatic impairment: Child-Pugh category A and B: Standard loading doses but halved the maintenance doses. Child-Pugh category C: no studies done.

Oral

Candidaemia

Adult: =40 kg: 400 mg every 12 hr for the 1st 24 hr. Maintenance: 200 mg every 12 hr, increased if necessay to 300 mg every 12 hr. <40 kg: 200 mg every 12 hr for the 1st 24 hr. Maintenance: 100 mg every 12 hr, increased if necessary to 150 mg every 12 hr. For oesophageal candidiases: Loading dose is not necessary and treatment should be given for at least 14 days and continued for 7 days after symptoms resolved.

Child: 2-<12 yr: 200 mg every 12 hr.

Hepatic impairment: Child-Pugh category A and B: Standard loading doses but halved the maintenance doses. Child-Pugh category C: no studies done.

Oral

Deep tissue Candida infections

Adult: =40 kg: 400 mg every 12 hr for the 1st 24 hr. Maintenance: 200 mg every 12 hr, increased if necessay to 300 mg every 12 hr. <40 kg: 200 mg every 12 hr for the 1st 24 hr. Maintenance: 100 mg every 12 hr, increased if necessary to 150 mg every 12 hr. For oesophageal candidiases: Loading dose is not necessary and treatment should be given for at least 14 days and continued for 7 days after symptoms resolved.

Child: 2-<12 yr: 200 mg every 12 hr.

Hepatic impairment: Child-Pugh category A and B: Standard loading doses but halved the maintenance doses. Child-Pugh category C: no studies done.

Intravenous

Candidaemia

Adult: Loading dose: 6 mg/kg every 12 hr for the 1st 24 hr. Maintenance: 4 mg/kg every 12 hr (3-4 mg/kg every 12 hr for candidaemia in non-neutropenic patients or patients intolerant of high doses). Max duration: 6 mth. Max infusion rate: 3 mg/kg/hr

over 1-2 hr. May switch to oral therapy once patient is able to tolerate oral admin.
Child: 2-<12 yr: 7mg/kg every 12 hr (4mg/kg every 12 hr if intolerant of high doses).

CrCl (ml/min)
Dosage Recommendation
<50
Use oral voriconazole and avoid IV.

Hepatic impairment: Child-Pugh category A and B: Standard loading doses but halved the maintenance doses. Child-Pugh category C: no studies done.
Intravenous
Scedosporiosis and Fusariosis
Adult: Loading dose: 6 mg/kg every 12 hr for the 1st 24 hr. Maintenance: 4 mg/kg every 12 hr (3-4 mg/kg every 12 hr for candidaemia in non-neutropenic patients or patients intolerant of high doses). Max duration: 6 mth. Max infusion rate: 3 mg/kg/hr over 1-2 hr. May switch to oral therapy once patient is able to tolerate oral admin.
Child: 2-<12 yr: 7mg/kg every 12 hr (4mg/kg every 12 hr if intolerant of high doses).

CrCl (ml/min)

Dosage Recommendation

<50

Use oral voriconazole and avoid IV.

Hepatic impairment: Child-Pugh category A and B: Standard loading doses but halved the maintenance doses. Child-Pugh category C: no studies done.

Intravenous

Invasive aspergillosis

Adult: Loading dose: 6 mg/kg every 12 hr for the 1st 24 hr. Maintenance: 4 mg/kg every 12 hr (3-4 mg/kg every 12 hr for candidaemia in non-neutropenic patients or patients intolerant of high doses). Max duration: 6 mth. Max infusion rate: 3 mg/kg/hr over 1-2 hr. May switch to oral therapy once patient is able to tolerate oral admin.

Child: 2-<12 yr: 7mg/kg every 12 hr (4mg/kg every 12 hr if intolerant of high doses).

CrCl (ml/min)

Dosage Recommendation

<50

Use oral voriconazole and avoid IV.

Hepatic impairment: Child-Pugh category A and B: Standard loading doses but halved the maintenance doses. Child-Pugh category C: no studies done.

Intravenous

Deep tissue Candida infections

Adult: Loading dose: 6 mg/kg every 12 hr for the 1st 24 hr. Maintenance: 4 mg/kg every 12 hr (3-4 mg/kg every 12 hr for candidaemia in non-neutropenic patients or patients intolerant of high doses). Max duration: 6 mth. Max infusion rate: 3 mg/kg/hr over 1-2 hr. May switch to oral therapy once patient is able to tolerate oral admin.

Child: 2-<12 yr: 7mg/kg every 12 hr (4mg/kg every 12 hr if intolerant of high doses).

CrCl (ml/min)

Dosage Recommendation

<50

Use oral voriconazole and avoid IV.

Hepatic impairment: Child-Pugh category A and B: Standard loading doses but halved the maintenance doses. Child-Pugh category C: no studies done.

Reconstitution: IV: Reconstitute the vial with 19 ml of Water For Inj in order to get a concentration of 10 mg/ml of voriconazole. The required volume is then further diluted with a suitable diluent (e.g. 5% dextrose; 0.9% sodium chloride).
Incompatibility: Do not infuse into the same line or cannula concomitantly with other drug infusions and parenteral nutrition. Do not infuse blood products simultaneously. Incompatible with 4.2% sodium bicarbonate infusion.

Administration

Susp: Should be taken on an empty stomach. (Take at least 1 hr before or 2 hr after meals.)
Tab: Should be taken on an empty stomach. (Take at least 1 hr before or after meals.)

Contraindications

Hypersensitivity. Lactation.

Special Precautions

Monitor renal and hepatic function before and during treatment. Monitor visual function if used >28 days. Monitor pancreatic function in patients at risk of acute pancreatitis. Haematological malignancy; patients with proarrhythmic conditions; hepatic and renal impairment. Use in pregnancy not recommended, ensure effective contraception during treatment. Avoid exposure to sunlight. Correct electrolyte abnormalities before treatment initiation. May affect ability to drive or operate machinery and do not drive at nght.

Adverse Drug Reactions

Transient and reversible visual disturbances; fever; headache; abdominal pain; chills; asthenia; back pains; chest pain; face oedema; flu-like syndrome; hypotension; thrombophloebitis; phloebitis; GI disturbances (eg, nausea, vomiting, diarrhoea); jaundice; cheilitis; cholestatic jaundice; gastroenteritis; blood dyscrasias; purpura; peripheral oedema; facial oedema; hypokalaemia; hypoglycaemia; dizziness; hallucinations; confusion; depression; anxiety; tremor; agitation; paraesthesia; respiratory

distress syndrome; sinusitis; rash; pruritus; photosensitivity; alopecia; exfoliative dermatitis; acute kidney failure; haematuria; infusion-related reactions. Increased LFT and serum creatinine; prolongation of QT interval.

Potentially Fatal: Stevens-Johnson Syndrome, toxic epidermal necrolysis.

Drug Interactions

Increased INR with acenocoumarol and warfarin. Increased alfentanil, erlotinib, bosentan, sulphonylureas,ciclosporin, tacrolimus, benzodiazepines, and omeprazole levels. Increased risk of rhabdomyolysis with statins. Increased both delavirdine and voriconazole levels with concurrent use. Increased both HIV protease inhibitors and voriconazole levels with concurrent use. Decreased voriconazole levels and increased efavirenzlevels with concurrent use. Increased risk of methadone toxicity with voriconazole. Reduced both phenytoin and voriconazole levels with concurrent use. Increased risk of neurotoxicity with vinca alkaloids. Decreased voriconazole and increased rifabutin levels with concurrent use. Avoid concurrent use with clopidogrel.

Potentially Fatal: Increased risk of torsade de pointes with cisapride, astemizole, pimozide, quinidine andterfenadine.
Reduced voriconazole levels with carbamazepine, rifampicin, ritonavir and phenobarbital.
Increased risk of ergotism with ergot alkaloids.
Increased sirolimus levels with voriconazole.

Food Interaction

Decreased voriconazole levels with St John's Wort.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Unreconstituted vials: Store at 15- 30°C (59-86°F); reconstituted concentrate: Store at 2-8°C for up to 24 hr (in a refrigerator). Oral: Tablets: Store at 15-30°C (59-86°F). Powder for oral suspension: Store at 2-8°C (in a refrigerator) before

constitution; constituted suspension: Store at 15-30°C (do not refrigerate or freeze) for up to 14 days.

Mechanism of Action

Voriconazole is a triazole antifungal agent which inhibits cytochrome P450-dependent enzymes thereby inhibiting ergosterol synthesis in fungal cell membranes. It has a broad spectrum of activity against all Candidaspecies (including strains resistant to fluconazole) ,Aspergillus spp., Scedosporium spp., and Fusarium spp.

Absorption: Rapidly and completely absorbed from GI tract. Bioavailability: 96% (oral). Peak plasma concentration: 1-2 hr. Food decreases oral absorption.

Distribution: Protein binding: 58%; diffuses into CSF.

Metabolism: Saturable metabolism. Metabolised by P450 isoenzyme CYP2C19, CYP2C9 and CYP3A4 to inactive metabolites.

Excretion: Excreted in urine (80%).

CIMS Class

Antifungals

ATC Classification

J02AC03 - voriconazole; Belongs to the class of systemic triazole derivative antimycotics. Used in the treatment of mycotic infections.

*voriconazole information:
Note that there are some more drugs interacting with voriconazole
voriconazole further details are available in official CIMS India
voriconazole
voriconazole brands available in India
Always prescribe with Generic Name : voriconazole, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : VFEND tab VFEND vial VONAZ tab VONAZ vial VORAZE film-coated tab VORAZE vial VORITROL vial VORITROP TAB film-coated tab VORITROP vial VORIZEF amp VORIZOL tab
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([all drugs])
warfarin

CIMS Class : (Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics))

warfarin

P - Contraindicated in pregnancy

L - Caution when used during lactation

Lab ¤ - Lab interference

Food ¤ - Food interaction

related warfarin information

Indication & Dosage

Oral

Treatment and prophylaxis of venous thromboembolism

Adult: Initially, 5 mg daily. Rapid anti-coagulation: Initially, 10 mg daily for 2 days. Adjust subsequent doses based on PT/INR. Usual maintenance dose: 2-10 mg daily.

Elderly: Lower initial dose.

Renal impairment: Severe: Avoid.

Hepatic impairment: Severe: Avoid.

Intravenous

Treatment and prophylaxis of venous thromboembolism

Adult: Given as slow bolus Inj over 1-2 min into peripheral vein. Initially, 5 mg daily. Rapid anti-coagulation: Initially, 10 mg daily

for 2 days. Adjust subsequent doses based on PT/INR. Usual maintenance dose: 2-10 mg daily.
Elderly: Lower initial dose.
Renal impairment: Severe: Avoid.
Hepatic impairment: Severe: Avoid.

Administration

May be taken with or without food.

Overdosage

Symptoms: Haemorrhage. Management: Approach depends on severity of haemorrhage, the urgency to restore normal haemostasis, and whether the anticoagulant is to be maintained. Minor haemorrhage or INR < 5 will usually respond to dose reduction or withholding of one or more doses of the drug. In patients with INR < 9 with no appreciable bleeding, phytonadione (1-2.5 mg) may be admin after omitting the next dose of warfarin. For fast reversal of anticoagulation, phytonadione (not exceeding 5 mg orally) can be admin and a reduction in the INR should occur in 24 hr. If the INR remains high after 24 hr, additional phytonadione (1-2 mg orally) may be admin. In patients with INR >9 with no

appreciable bleeding, withhold warfarin and admin a higher dose of phytonadione (5-10 mg orally), INR should be reduced in 24-48 hr. In patients with severe bleeding, withhold warfarin and admin phytonadione (10 mg by slow IV infusion every 12 hr as needed). As the effects of phytonadione may take several hr, fresh plasma or prothrombin complex concentrate may be admin concomitantly with phytonadione if the need arises. Phytonadione if given excessively, may make the patient unresponsive to warfarin therapy for several days or wk. It should therefore be avoided in patients with minor bleeding in whom the warfarin must be continued.

Contraindications

Hypersensitivity; haemorrhagic tendencies or blood dyscrasia; recent surgery; peptic ulcer; severe hypertension; bacterial endocarditis; cerebrovascular disorders; psychosis; senility; aneurysms; pericarditis; pericardial effusion; eclampsia; pre-eclampsia; threatened abortion; alcoholism; severe renal and hepatic impairment; pregnancy.

Special Precautions

Heparin induced thrombocytopenia, DVT, infectious disease, disturbances of intestinal flora, surgery or trauma, indwelling catheters, hypertension, Vit C, Vit K, protein C or S deficiency. Elderly, lactation, alcoholics. Purple toes syndrome (due to cholesterol microembolisation) may occur between 3-10 wk after start of therapy. Discontinue therapy if necrosis develops. Periodic determination of PT/INR. Patient to report any signs of bleeding, symptoms of blood clot and avoid activities or sports that can cause injuries. An INR <2 generally represents insufficient anticoagulation while INR>4 represents higher risk of bleeding.

Adverse Drug Reactions

Hypersensitivity, rash, alopecia, diarrhoea, drop in haematocrit, purple toes syndrome, skin necrosis, jaundice, nausea, vomiting, hepatic dysfunction, pancreatitis, increased LFT.
Potentially Fatal: Haemorrhage (narrow therapeutic index).

Food Interaction

Avoid major changes in dietary intake of Vit K (green vegetables eg broccoli, spinach). Increased anticoagulant effects with chamomile, cranberry, gingko biloba, alfalfa, dong quai, black cohosh, celery,

capsicum, clove, omega 3 triglycerides, fenugreek, ginger. Reduced anticoagulant effect with St John's wort, Panax ginseng, coenzyme Q10, mistletoe.

Lab Interference

May cause false decrease in serum theophylline concentrations with the Schack and Waxler ultraviolet method.

Pregnancy Category (US FDA)

Category X: Studies in animals or human beings have demonstrated foetal abnormalities or there is evidence of foetal risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.

Storage

Intravenous: Store at 15-30°C (59-80°F). Protect from light. Oral: Store at 15-30°C (59-80°F). Protect from light.

Mechanism of Action

Warfarin inhibits synthesis of vit K-dependent coagulation factors VII, IX, X and II and anticoagulant protein C and its cofactor protein S. No effects on established thrombus but further extension of the clot can be prevented. Secondary embolic phenomena are avoided.

Onset: 24 hr

Duration: 2-5 days.

Absorption: Absorbed readily from the GI tract (oral); used as racemic isomers, S-isomers more potent. Peak plasma concentration: within first 4 hr.

Distribution: Protein binding: Extensive (99%) to albumin. Crosses placenta.

Metabolism: Hepatic; mainly by the cytochrome P450 isoenzyme CYP2C9, which shows genetic polymorphism. Other enzymes involved include CYP2C19, CYP2C8, CYP2C18, CYP1A2, and CYP3A4. S-isomer is metabolised more rapidly than R-isomer.

Excretion: Via urine (as metabolites after reabsorption from the bile); 37 hr (elimination half-life).

CIMS Class

Anticoagulants, Antiplatelets & Fibrinolytics (Thrombolytics)

ATC Classification

B01AA03 - warfarin; Belongs to the class of vitamin K antagonists. Used in the treatment of thrombosis.

*warfarin information:
Note that there are some more drugs interacting with warfarin
warfarin
warfarin brands available in India
Always prescribe with Generic Name : warfarin, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : SOFARIN tab UNIWARFIN tab WARF tab
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([all drugs])
xantinol nicotinate
CIMS Class : (Peripheral Vasodilators & Cerebral Activators)
xantinol nicotinate
P - Contraindicated in pregnancy
related xantinol nicotinate information
Indication & Dosage

Oral

Cerebrovascular disorders, Peripheral vascular disease

Adult: 3 g daily.

Contraindications

Severe haemorrhage, pregnancy, recent MI, recent cerebrovascular accidents, severely compromised cardiac function, hypersensitivity.

Special Precautions

Mitral stenosis.

Adverse Drug Reactions

Flushing, generalised itching, rash, abdominal pain, hypoglycemia, hypotension.

Mechanism of Action

Xantinol nicotinate, a ester of theophylline and nicotinic acid acts as a peripheral vasodilator.

CIMS Class

Peripheral Vasodilators & Cerebral Activators

ATC Classification

C04AD02 - xantinol nicotinate; Belongs to the class of purine derivative agents used as peripheral vasodilators.

*xantinol nicotinate information:
xantinol nicotinate
xantinol nicotinate brands available in India
Always prescribe with Generic Name : xantinol nicotinate, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : COMPLAMINA inj COMPLAMINA RETARD SR-tab COMPLAMINA tab
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([all drugs])
xipamide
CIMS Class : (Diuretics)

xipamide

P - Caution when used during pregnancy

L - Contraindicated in lactation

related xipamide information

Indication & Dosage

Oral

Oedema

Adult: Initially, 40 mg daily in the morning, reduced to 20 mg daily according to response. Max: 80 mg daily.

Renal impairment: Severe: Avoid.

Hepatic impairment: Use with caution.

Oral

Hypertension

Adult: 20 mg daily as a single dose in the morning.

Renal impairment: Severe: Avoid.

Hepatic impairment: Use with caution.

Overdosage

Symptoms: Hypotension, electrolyte and metabolic disturbances. Management: Reduce further absorption by gastric lavage or

induced emesis. Treatment is supportive with BP maintenance and correction of electrolyte imbalances.

Contraindications

Hypersensitivity to sulphonamide. Untreated Addison's disease. Severe renal failure; severe electrolyte deficiency; precomatose states associated with cirrhosis; lactation.

Special Precautions

Pregnancy; elderly. Prostatic hypertrophy; renal or hepatic impairment; hypovolaemia; DM; hyperuricaemia; severe coronary or cerebral arteriosclerosis.

Adverse Drug Reactions

GI disturbances; hypokalaemia; hyperuricaemia; nocturia, dizziness; impaired glucose metabolism.

Drug Interactions

Antihypertensives enhance BP-lowering effects of xipamide. Increased risk of hypokalaemia with amphotericinB, carbenoxolone.
Potentially Fatal: Propensity to cause hypokalaemia can increase risk of digitalis toxicity.

Mechanism of Action

Xipamide is structurally related to indapamide and exerts its diuretic effect at the distal section of the nephron.
Onset: 1-2 hr
Duration: 12 hr
Absorption: Rapid and well absorbed from GI tract. Peak plasma concentration: 1-2 hr.
Distribution: Protein binding: 99%.
Excretion: Excreted in urine as unchanged and glucuronide metabolite. Plasma half life: 5-8 hr.

CIMS Class

Diuretics

ATC Classification

C03BA10 - xipamide; Belongs to the class of low-ceiling sulfonamide diuretics. Used to promote excretion of urine.

*xipamide information:

Note that there are some more drugs interacting with xipamide

xipamide

xipamide brands available in India

Always prescribe with Generic Name : xipamide, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : XIPAMID tab

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([all drugs])

xylometazoline hydrochloride

CIMS Class : (Nasal Decongestants & Other Nasal Preparations) , (Ophthalmic Decongestants, Anesthetics, Anti-inflammatories)

xylometazoline hydrochloride

P - Caution when used during pregnancy

L - Caution when used during lactation

related xylometazoline hydrochloride information

Indication & Dosage

Nasal

Nasal congestion

Adult: As 0.1% solution: Instill into each nostril bid-tid. Max duration: 7 days.

Child: As 0.05% solution: 3 mth-12 yr: 1-2 drops into each nostril once or bid. Max duration: 7 days.

Ophthalmic

Conjunctival decongestant

Adult: As 0.05-0.1% solution: Instil into the eye.

Contraindications

Angle closure glaucoma; dry rhinitis; post trans-sphenoidal hypophysectomy, trans-nasal, trans-oral surgery where dura mater is exposed.

Special Precautions

Young children, pregnancy and lactation. Hypertension, CV abnormalities, DM, hyperthyroidism, history of excessive reaction to sympathomimetics, difficulty in urination secondary to prostate

enlargement. Rebound congestion may occur after prolonged regular use.

Adverse Drug Reactions

Headache, insomnia, tachycardia, hypertension, nervousness, nausea, dizziness, palpitation, arrhythmia. Nasal drops: Local stinging or burning, sneezing, dryness of mouth and throat, nausea. Eye drops: Dryness of eye.

Drug Interactions

Increased heart rate or BP with sibutramine.
Potentially Fatal: Hypertensive crisis with MAOIs.

Storage

Nasal: Store below 30°C. Ophthalmic: Store below 30°C.

Mechanism of Action

Xylometazoline is a direct-acting sympathomimetic which has a vasoconstrictor effect by reducing swelling and congestion when applied to mucous membranes.
Onset: 5-10 min.
Duration: 10 hr.

CIMS Class

Nasal Decongestants & Other Nasal Preparations / Ophthalmic Decongestants, Anesthetics, Anti-inflammatories

ATC Classification

R01AA07 - xylometazoline; Belongs to the class of topical sympathomimetic agents used as nasal decongestants.
R01AB06 - xylometazoline; Belongs to the class of topical sympathomimetic combination preparations, excluding corticosteroids. Used as nasal decongestants.
S01GA03 - xylometazoline; Belongs to the class of sympathomimetics used as ophthalmologic decongestants.

*xylometazoline hydrochloride information:

Note that there are some more drugs interacting with xylometazoline hydrochloride

xylometazoline hydrochloride

xylometazoline hydrochloride brands available in India

Always prescribe with Generic Name : xylometazoline hydrochloride, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACOLATE DPS nasal drops ATROVIN nasal drops BIOMIST nasal drops BIRVINE nasal drops BROFLEX nasal drops CAXYL nasal drops CAXYL-P nasal drops CYFER nasal drops CYFER-P nasal drops DECON nasal drops DECON P-nasal drops DICONAL eye drops GOAIR KID nasal drops GOAIR nasal drops HYNASAL-XL drops LOXZOL nasal drops MUCORIS nasal drops MUCORIS P-nasal drops NAM COLD NASAL DPS nasal drops NASAL DICONAL drops NASO WIKORYL nasal spray NASOMET eye drops NASOWIKORYL nasal spray NASREA-ADULT nasal drops NASREA-MINI nasal drops NAZLE eye/ear drops NAZOLIN nasal drops NOMOCON nasal drops NOZIN NASAL DPS nasal drops NOZIN-KID nasal drops NOZY nasal drops OPUN nasal drops ORTINASE nasal drops ORTINOSE nasal drops OTRINOZ BABY nasal

drops OTRINOZ nasal drops OTRINOZ PAED nasal drops OTRIVIN MINI nasal drops OTRIVIN MINI nasal spray OTRIVIN-ADULT nasal drops OTRIVIN-ADULT nasal spray OTRIVIN-PAED nasal drops PIOLIN nasal drops PIOLIN-P nasal drops RECOFAST DPS eye drops RECOFAST SPY nasal spray SIOMET nasal drops SIOMET-P nasal drops STANCOLD nasal drops SWEMETA nasal drops VASOGRAND nasal drops VASOGRAND-P nasal drops XYBEL nasal drops XYBEL-P nasal drops XYLO nasal drops XYLOCHEK nasal drops XYLOMET nasal drops XYLOMET-P nasal drops XYLOMIST nasal drops XYLOMIST-P nasal drops XYLORIV nasal drops XYLOVIN nasal drops ZEECOLD nasal drops ZYLIX nasal drops ZYLIX-P P- nasal drops

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([all drugs])

zaleplon

CIMS Class : (Hypnotics & Sedatives)

zaleplon

P - Caution when used during pregnancy

L - Contraindicated in lactation

related zaleplon information

Indication & Dosage

Oral

Insomnia

Adult: 10 mg before bedtime. Max: 20 mg daily.

Elderly: >65 yr: 5 mg before bedtime. Max: 10 mg daily.

Renal impairment: Severe: No studies done.

Hepatic impairment: Mild to moderate: 5 mg at bedtime. Severe: Contra-indicated.

Special Populations: Patients on cimetidine should receive initial dose of 5 mg at bedtime.

Administration

May be taken with or without food. (Do not take w/ or immediately after a heavy or high fat meal.)

Overdosage

Symptoms: Drowsiness, mental confusion, lethargy, ataxia, hypotonia, hypotension, respiratory depression, coma, and very rarely death. Management: Treatment is symptomatic and

supportive. Gastric lavage may be performed to reduce absorption and IV fluids admin as needed.

Contraindications

Hypersensitivity. Severe hepatic impairment. Lactation.

Special Precautions

May precipitate new psychiatric abnormalities. Depression; hepatic impairment. History of drug or alcohol dependence or abuse, elderly and debilitated patients. Childn <18 yr. Pregnancy. May impair ability to drive or operate machinery. Do not take zaleplon if there is <4 hr of sleep. Dose reduction or withdrawal of drug should be done gradually.

Adverse Drug Reactions

Headache, light headedness, asthenia, dizziness, nausea, somnolence, rash, myalgia, back pain, chest pain, taste perversion, fever, migraine, constipation, dry mouth, dyspepsia, arthralgia, anxiety, depression, difficulty concentrating, amnesia, confusion, hallucinations. Transient impairment of memory and psychomotor

function. Decreased inhibition, behavioural changes (e.g. bizarre behaviour, depersonalisation), complex sleep related behaviour (e.g. sleep driving).

Drug Interactions

Additive CNS effects may occur with CNS depressants e.g. TCA, alcohol, antihistamines, narcotic analgesics, thioridazine and diphenhydramine. Cytochrome P450 CYP3A4 inducers e.g. rifampicin, phenytoin, carbamazepine and phenobarbital decrease zaleplon concentrations. Increased zaleplon concentration with cimetidine and CYP 3A4 inhibitors e.g. erythromycin, ketoconazole.

Storage

Oral: Store at 20-25°C (68-77°F).

Mechanism of Action

Zaleplon, a pyrazolopyrimidine, is a sedative and hypnotic agent structurally unrelated to the benzodiazepines and other sedative-hypnotic agents. It is shown to interact with GABA subtype A

complex by binding selectively to benzodiazepine type 1 receptor. It reduces sleep latency without affecting sleep duration.

Absorption: Rapidly and completely absorbed. Peak plasma concentrations: 1 hr. Absorption reduced by heavy meal or high-fat diet. Bioavailability: 30%.

Distribution: Distributed into breast milk.

Metabolism: Undergo significant first-pass hepatic metabolism. Metabolised mainly by aldehyde oxidase and some by the cytochrome P450 isoenzyme CYP3A4. Plasma-elimination half-life: 1 hour.

Excretion: Excreted mainly in urine as inactive metabolites or their glucuronides (70%); <1% excreted unchanged. 17% of a dose excreted in the faeces, mainly as metabolites.

CIMS Class

Hypnotics & Sedatives

ATC Classification

N05CF03 - zaleplon; Belongs to the class of benzodiazepine related agents used as hypnotics and sedatives.

*zaleplon information:

Note that there are some more drugs interacting with zaleplon

zaleplon further details are available in official CIMS India

zaleplon

zaleplon brands available in India

Always prescribe with Generic Name : zaleplon, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : STILNITE cap ZALEP cap ZALPILO cap ZAPLON cap ZASO cap

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([all drugs])

zidovudine

CIMS Class : (Antivirals)

zidovudine

P - Caution when used during pregnancy

L - Contraindicated in lactation

Lab ¤ - Lab interference

related zidovudine information

Indication & Dosage

Oral

HIV infection

Adult: 600 mg daily in divided doses, in combination with other antiretroviral agents.

Child: 6 wk - 12 yr: 160 mg/m2 every 8 hr. Max: 200 mg every 8 hr. May be used in combination with other anti-retrovirals.

Renal impairment: Haemodialysis or peritoneal dialysis: 100 mg every 6-8 hr.

CrCl (ml/min)

Dosage Recommendation

<10

100 mg every 6-8 hr.

Hepatic impairment: Dose reduction may be needed.

Oral

Prophylaxis of maternal-foetal HIV transmission

Adult: 100 mg 5 times daily or 200 mg tid or 300 mg bid. Start treatment after 14th wk of gestation until the start of labour.

Renal impairment: Haemodialysis or peritoneal dialysis: 100 mg every 6-8 hr.

CrCl (ml/min)

Dosage Recommendation

<10

100 mg every 6-8 hr.

Hepatic impairment: Dose reduction may be needed.

Oral

Prophylaxis of HIV infection in neonates

Child: Neonates: 2 mg/kg every 6 hr for 1st 6 wk of life, starting within 12 hr after birth.

Renal impairment: Dose adjustment may be needed.

Hepatic impairment: Dose adjustment may be needed.

Intravenous

HIV infection

Adult: 1-2 mg/kg every 4 hr, given as 2-4 mg/ml infusion over 1 hr.

Child: As continuous infusion: 20 mg/m2/hr. Alternatively, as intermittent infusion: 120 mg/m2 every 6 hr.

Renal impairment: Haemodialysis or peritoneal dialysis: 1 mg/kg every 6-8 hr.

CrCl (ml/min)

Dosage Recommendation

<10

1 mg/kg every 6-8 hr.

Hepatic impairment: Dose reduction may be needed.

Intravenous

Prophylaxis of HIV infection in neonates

Child: Neonates: 1.5 mg/kg every 6 hr. Start treatment within 12 hr after birth and continue for 1st 6 wk of life. Dose to be given via IV infusion over 30 minutes.

Renal impairment: Dose adjustment may be needed.

Hepatic impairment: Dose adjustment may be needed.

Intravenous

Prophylaxis of maternal-foetal HIV transmission during labour and delivery

Adult: Loading dose: 2 mg/kg, followed by continuous infusion of 1 mg/kg/hr until umbilical cord is clamped. If caesarean section is planned, start the IV infusion 4 hr before the operation.

Renal impairment: Dose reduction may be needed.

Hepatic impairment: Dose reduction may be needed.

Reconstitution: Required dose to be removed from vial and added to 5% dextrose Inj solution to achieve a concentration <4 mg/ml.

Incompatibility: May not be compatible with meropenem and total parenteral nutrition.

Administration

May be taken with or without food.

Contraindications

Lactation.

Special Precautions

Anaemia or myelosuppression, renal and hepatic impairment, elderly, pregnancy. Monitor patients with risk factors for liver disease. Blood tests should be carried out regularly, reduce dose if neutrophil or haemoglobin count is low. Monitor serum CK concentration every 3 mth in patients who have received >6 mth of treatment. Patients to contact doctor if they experience muscle weakness, shortness of breath, symptoms of hepatitis or pancreatitis.

Adverse Drug Reactions

Nausea, severe headache, myalgia, insomnia, vomiting, anorexia, diarrhoea, asthenia, dizziness, taste perversion, convulsions,

myopathy, nail, skin and oral mucosa pigmentation, raised LFT, pancreatitis, fat redistribution.

Potentially Fatal: Lactic acidosis, severe hepatomegaly with steatosis, hepatotoxicity. Blood dyscrasias, e.g. serious anaemia (may require transfusion), neutropenia, leucopenia.

Drug Interactions

Decreased zidovudine concentration with tipranavir. Increased risk of peripheral neuropathy with bortezomib. Increased haematological toxicity with IV pentamidine, lamivudine, dapsone, vancomycin flucytosine,amphotericin, ganciclovir, interferon alfa, cyclophosphamide and other bone marrow suppressive or cytotoxic agents Increased risk of zidovudine toxicity with atovaquone, chloramphenicol, fluconazole, valproate. Decreased absorption with clarithromycin, minimise interactions by admin at least 2 hours apart. Increased zidovudine concentration and increased potential for hypersensitivity reactions with probenecid. Increased zidovudine clearance and haematological toxicity with rifampicin. Increased bioavailability of zidovudine with nimodipine. Increased incidences of headache with benzodiazepines. Possible increase in zidovudine concentration with methadone.

Potentially Fatal: Avoid stavudine (due to inhibition of activation of stavudine), didanosine, ribavirin(antagonize effect of zidovudine), zalcitabine (inferior virological activity and a higher rate of side effects) with zidovudine. Increased risk of toxicity (e.g. hepatic decompensation, neutropenia) in patients with interferon alfawith or without ribavirin.

Lab Interference

Maternal zidovudine treatment may cause wrong results in screening tests for inborn errors of metabolism due to high urinary thymine concentrations in neonates.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intravenous: Store at 15-25°C (59-77°F). Oral: Store at 15-25°C (59-77°F).

Mechanism of Action

Zidovudine is a thymidine analogue. It is phosphorylated in the body to its active form zidovudine triphosphate which interferes in DNA synthesis of retroviruses by inhibiting DNA replication. Zidovudine inhibits the key enzyme reverse transcriptase. Human DNA polymerase is inhibited only at a conc 100 times more than that required to inhibit viral reverse transcriptase.

Absorption: Rapidly absorbed from the GI tract, delayed if taken with food (oral). Peak plasma concentrations: 1 hr. Bioavailability: 60-70%.

Distribution: Crosses the placenta and blood-brain barrier; enters breast milk and semen. Protein-binding: 34-38%

Metabolism: Intracellular; converted to the active antiviral triphosphate. Hepatic; converted to the inactive glucuronide.

Excretion: Urine (as unchanged drug and metabolites); 1 hr (elimination half-life).

CIMS Class

Antivirals

ATC Classification

J05AF01 - zidovudine; Belongs to the class of nucleoside and nucleotide reverse transcriptase inhibitors. Used in the systemic treatment of viral infections.

*zidovudine information:
Note that there are some more drugs interacting with zidovudine
zidovudine
zidovudine brands available in India
Always prescribe with Generic Name : zidovudine, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : RETROVIR cap VIRO-Z tab ZIDINE 100 cap ZIDINE 300 tab ZIDINE soln ZIDOMAX cap ZIDOMAX tab ZIDOVIR cap ZIDOVIR soln ZIDOVIR tab ZILION tab ZIVUDIN cap ZVD tab ZYDOWIN cap
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([all drugs])
zinc oxide
CIMS Class : (Emollients & Skin Protectives)

zinc oxide

related zinc oxide information

Indication & Dosage

Topical/Cutaneous

Eczema

Adult: As cream/ointment: Use as required.

Topical/Cutaneous

Haemorrhoids

Adult: As cream/ointment: Use as required.

Topical/Cutaneous

Nappy rash

Child: To apply as often as needed with each diaper change, especially at bedtime.

Incompatibility: In the presence of light, black discoloration occurs when zinc oxide and glycerol are in contact.

Drug Interactions

Zinc oxide reduce therapeutic efficacy of hydroxyquinoline.

Mechanism of Action

Zinc oxide has astringent, soothing and protective properties and is used in topical preparations for eczema, slight excoriations, wounds and haemorrhoids. It also reflects ultraviolet radiation and can be used as a physical sunscreen.

CIMS Class

Emollients & Skin Protectives

*zinc oxide information:
Note that there are some more drugs interacting with zinc oxide
zinc oxide
zinc oxide brands available in India
Always prescribe with Generic Name : zinc oxide, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ANTHICAL lotion HAPPYNAP cream RASHFREE cream SPECTRABAN 19 cream
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([all drugs])

zinc sulfate

CIMS Class : (Electrolytes) , (Other Eye Preparations)

zinc sulfate

Food ¤ - Food interaction

related zinc sulfate information

Indication & Dosage

Oral

Zinc deficiency

Adult: 50 mg of elemental zinc tid.

Intravenous

Zinc deficiency

Adult: 6.5 mg elemental zinc (100 micromoles) daily.

Ophthalmic

Minor eye irritation

Adult: In combination with a vasoconstrictor, 1-2 drops are instilled into the eye 2?4 times daily.

Incompatibility: Mixing sodium borate, glycerin and methylcellulose with zinc sulfate may cause preciptation.

Special Precautions

Oral/IV: Monitor CBC and serum cholesterol to detect early signs of copper deficiency, especially if prolonged high dose use of zinc. Topical: Consult medical advice if relief not seen within 3 days.

Adverse Drug Reactions

Abdominal pain, dyspepsia, nausea, vomiting, diarrhoea, gastric irritation, gastritis. Prolonged use may cause copper deficiency (e.g. sideroblastic anaemia, neutropenia)

Drug Interactions

Reduced absorption of both zinc and oral iron supplements, penicillamine and tetracyclines when admin concomitantly. Phosphorus-containing preparations reduce zinc absorption. Zn sulfate reduces absorption of copper and flouroquinolones e.g. ciprofloxacin, levofloxacin, moxifloxacin, norfloxacin and ofloxa cin. Reduced zinc absorption with calcium co-admin. Reduced bisphosphonates absorption with concurrent zinc admin.

Food Interaction

Absorption of Zn sulfate is reduced by milk, phytates (present in cereals, rice, corn, legumes) and some minerals (e.g. iron, calcium).

Storage

Ophthalmic: Store below 40°C.

Mechanism of Action

As an ophthalmic preparation, zinc sulfate precipitates protein and this is responsible for the astringent and weak antiseptic activity of Zn sulfate. It also produces mild vasodilation. Zinc sulfate can also be used orally or systemically as a zinc supplement. 220 mg of zinc sulfate (heptahydrate) contains 50 mg of elemental zinc.
Absorption: Following oral administration, 20-30% of dietary Zn is absorbed.
Distribution: Widely distributed but concentrated within the muscle, bone, skin and prostatic fluids.
Excretion: Primarily via faeces at approx 90%; small amounts via urine at approx 2% and via perspiration.

CIMS Class

Electrolytes / Other Eye Preparations

ATC Classification

A12CB01 - zinc sulfate; Belongs to the class of zinc-containing preparations used as dietary supplements.

*zinc sulfate information:
Note that there are some more drugs interacting with zinc sulfate
zinc sulfate
zinc sulfate brands available in India
Always prescribe with Generic Name : zinc sulfate, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : ASCAZIN cap ULSEEL cap ZEMIN SYR syr ZINCOLAK cap ZINFATE film-coated tab ZIORAL dispertab
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([all drugs])
ziprasidone
CIMS Class : (Antipsychotics)
ziprasidone

P - Caution when used during pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related ziprasidone information

Indication & Dosage

Oral

Schizophrenia

Adult: As hydrochloride: =18 yr: Initially 20 mg bid, increase if necessary at intervals of not < 2 days, up to 80 mg bid. Maintenance: 20 mg bid.

Elderly: Lower initial dose with slow titration and close monitoring.

Hepatic impairment: Dose reductions may be needed.

Oral

Mania

Adult: Initially, 40 mg bid, increased to 60-80 mg bid on the 2nd day. Adjust subsequent doses according to patient's response and tolerance level.

Elderly: Lower initial dose with slow titration and close monitoring.

Hepatic impairment: Dose reductions may be needed.

Intramuscular

Acute agitation in patients with schizophrenia

Adult: As mesilate: =18 yr: 10-20 mg as needed; doses of 10 mg may be repeated every 2 hr and doses of 20 mg may be repeated every 4 hr. Max: 40 mg daily for 3 consecutive days. Switch to oral therapy as soon as possible.
Elderly: Lower initial dose with slow titration and close monitoring.
Renal impairment: Use with caution due to cyclodextrin excipient.
Hepatic impairment: Dose reductions may be needed.

Reconstitution: Add 1.2 ml of sterile water to the vial to obtain a solution containing 20 mg/ml.

Administration

Should be taken with food.

Contraindications

Concomitant use of oral and IM ziprasidone. Recent acute MI, decompensated heart failure, cardiac arrhythmias, conditions that may increase QT interval eg, QT-interval prolongation or history of QT prolongation; prolactin dependent tumours. Lactation. Not for treatment of behavioural disorders in elderly with dementia.

Special Precautions

Patients predisposed to significant electrolyte disturbances, esp hypokalaemia, should have a baseline serum potassium and magnesium screening performed and corrected before treatment. CNS depression; cerebrovascular disease and significant CV illness; history of seizures; conditions that decrease seizue threshold; predisposition to hypotension; patients at risk of aspiration pneumonia; Parkinson's disease; renal impairment (IM); hepatic impairment; pregnancy. Discontinue if persistent QTc measurements >500 msec. May impair ability to drive or operate machinery. Monitor ECG in patients who shows symptoms of torsades de pointes (e.g. syncope, dizziness, palpitations). Monitor serum electrolytes if on concurrent diuretic therapy. Monitor glucose levels in DM or patient at risk of developing DM.

Adverse Drug Reactions

Somnolence, respiratory tract infections, akathisia, extrapyramidal syndrome, tardive dyskinesia, hyperglycaemia, dizziness, dystonia, headache, GI disturbances, asthenia, agitation, rash, urticaria, visual disturbances, prolonged QT interval, orthostatic hypotension,

increased prolactin levels, weight gain, sexual dysfunction, hyperlipidaemia, seizures.
Potentially Fatal: Blood dyscrasias, neuroleptic malignant syndrome.

Drug Interactions

Antagonistic effect with levodopa and dopamine antagonists. Additive hypotensive effect with antihypertensives. Additive sedative effects with other CNS agents, alcohol.
Potentially Fatal: Increased risk of torsades de pointes with drugs that prolong QT interval e.g. dofetilide, quinidine, sotalol, and other Class Ia and III antiarrhythmics, moxifloxacin, pimozide, sparfloxacin, thioridazine.

Food Interaction

Grapefruit juice may increase serum concentration. Increased CNS depression with kava kava, chamomile. Possible decrease of ziprasidone concentration with St John's Wort.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intramuscular: Store at 15-30°C (59-86°F). Once reconstituted, store at 15-30°C for up to 24 hr or 2-8°C (36-46°F) for up to 7 days. Protect from light. Oral: Store at 15-30°C (59-86°F).

Mechanism of Action

Ziprasidone, an atypical antipsychotic, produces antischizophrenic effect through a combination of dopamine D2 and serotonin 5H2 receptor antagonism.

Absorption: Well absorbed from the GI tract. Peak plasma concentrations: 6-8 hr (oral); 1 hr (IM). Bioavailability: 100% (IM). Food increases absorption.

Distribution: Protein-binding: 99%.

Metabolism: Extensively hepatic by aldehyde oxidase (66% of a dose) and by the cytochrome P450 isoenzyme CYP3A4.

Excretion: Excreted mainly as metabolites via faeces (66%) and urine (20%); <5% as unchanged drug. Mean terminal elimination half-life: 7 hr (oral); 2-5 hr (IM).

CIMS Class

Antipsychotics

ATC Classification

N05AE04 - ziprasidone; Belongs to the class of indole derivatives antipsychotics. Used in the management of psychosis.

*ziprasidone information:
Note that there are some more drugs interacting with ziprasidone
ziprasidone
ziprasidone brands available in India
Always prescribe with Generic Name : ziprasidone, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : AZONA cap ZIPSYDON tab

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([all drugs])

zoledronic acid

CIMS Class : (Agents Affecting Bone Metabolism)

zoledronic acid

P - Contraindicated in pregnancy

L - Contraindicated in lactation

related zoledronic acid information

Indication & Dosage

Intravenous

Hypercalcaemia of malignancy

Adult: 4 mg as a single dose by infusion over at least 15 minutes. Retreatment in patients who relapse or who are refractory to initial treatment: 4 mg as an infusion over at least 15 minutes, after at least 1 wk from initial dose.

Renal impairment: Serum creatinine >400 micromol/L: Avoid.

Intravenous

Bone metastases associated with solid tumours

Adult: 4 mg infusion over at least 15 minutes every 3-4 wk, in conjunction with 500 mg calcium and 400 IU vitamin D oral supplement.

CrCl (ml/min)

Dosage Recommendation

50-60

3.5 mg every 3-4 wk

40-49

3.3 mg every 3-4 wk

30-39

3 mg every 3-4 wk

<30

Not recommended.

Intravenous

Osteolytic lesions associated with multiple myeloma

Adult: 4 mg infusion over at least 15 minutes every 3-4 wk, in conjunction with 500 mg calcium and 400 IU vitamin D oral supplement.

CrCl (ml/min)

Dosage Recommendation

50-60

3.5 mg every 3-4 wk

40-49

3.3 mg every 3-4 wk

30-39

3 mg every 3-4 wk

<30

Not recommended.

Intravenous

Paget's disease of bone

Adult: Single 5 mg IV infusion over 15 minutes, in conjunction with 1500 mg elemental calcium daily in divided doses and 800 IU vitamin D daily, especially in the 2 wk following zoledronic acid admin.

CrCl (ml/min)

Dosage Recommendation

<40

Not recommended.

Intravenous

Osteoporosis in postmenopausal women

Adult: Single 5 mg IV infusion over at least 15 minutes, once a year.

CrCl (ml/min)

Dosage Recommendation

<40

Not recommended.

Reconstitution: Dilute the required amount in 100 ml of 0.9% sodium chloride or 5% dextrose.
Incompatibility: Incompatible with calcium containing solutions (e.g. lactated Ringer's solution) and other divalent cation containing solutions.

Contraindications

Pregnancy; lactation; children.

Special Precautions

Cardiac disease (avoid fluid overload). Renal impairment. Monitor serum electrolytes, calcium, phosphate and magnesium. Assess renal function before each dose. Withhold treatment if there is worsening of renal function (increase of 44 micromoles/l in patients with normal baseline creatinine or increase in 88 micromoles/l in those with abnormal baseline creatinine); restart treatment at precious dose when creatinine return to within 10% of baseline. Ensure adequate hydration throughout therapy and maintain urinary output of 2 L/day. Increased risk of renal impairment with small infusion volume and rapid infusion. Increased risk of bronchoconstriction in aspirin-sensitive patients.

Consider dental examination with appropriate corrective action before initiating treatment in patients at risk of osteomyelitis and osteonecrosis of the jaws (e.g. infection, anaemia, pre-existing viral disease, trauma, coagulation disorders). Hard and soft tissue oral assessment to be carried out every 3-4 mth and avoid invasive dental procedures while on treatment.

Adverse Drug Reactions

Electrolyte disturbances (e.g. hypocalcaemia); GI disturbances; dizziness; hypersensitivity reactions; blood disorders e.g. anaemia; weight loss; dyspnoea; iritis; uveitis; conjunctivitis; influenza-like symptoms; myalgia; arthralgia; fever; rigors; renal impairment; taste disturbance; dry mouth; stomatitis; chest pain; cough; CNS effects; pruritus; rash; sweating; asthenia; peripheral oedema; hypertension; bradycardia.

Drug Interactions

Increased risk of hypocalcaemia with aminoglycosides and loop diuretics. Increased risk renal dysfunction with nephrotoxic agents.

Pregnancy Category (US FDA)

Category D: There is positive evidence of human foetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

Storage

Intravenous: Store at 15-30°C(59-86°F).

Mechanism of Action

Zoledronic acid, an aminobiphosphonate, is a potent inhibitor of bone resorption. It inhibits osteoclastic activity and skeletal calcium release caused by tumours.

Distribution: Protein binding: Low (22-56%)

Metabolism: Not metabolised.

Excretion: Excreted unchanged in urine (23-55%), the rest sequestered to bone and eliminated very slowly.

CIMS Class

Agents Affecting Bone Metabolism

ATC Classification

M05BA08 - zoledronic acid; Belongs to the class of bisphosphonates. Used in the treatment of bone diseases.

*zoledronic acid information:

Note that there are some more drugs interacting with zoledronic acid

zoledronic acid

zoledronic acid brands available in India

Always prescribe with Generic Name : zoledronic acid, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ACLASTA infusion BLAZTERE INJ vial CYTOZOL vial ZIFONATE vial ZOLASTA vial ZOLDONAT vial ZOLDRIA vial ZOLDRO vial ZOLEDRON vial ZOLTERO vial ZOMETA vial ZYFOSS inj

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([all drugs])

zolpidem

CIMS Class : (Hypnotics & Sedatives)

zolpidem

P - Caution when used during pregnancy

L - Caution when used during lactation

related zolpidem information

Indication & Dosage

Oral

Short-term management of insomnia

Adult: As conventional release tab: 10 mg immediately before bedtime; max: 10 mg/day. As controlled release tab: 12.5 mg immediately before bedtime.

Elderly: As conventional tab: Initiate with a 5-mg dose before bedtime. As controlled release tab: 6.25 mg immediately before bedtime.

Hepatic impairment: As conventional tab: Initiate with 5 mg before bedtime. Severe: contra-indicated.

Administration

May be taken with or without food.

Overdosage

Symptoms: impairment of consciousness from somnolence to coma, compromised CV and respiratory function. Management: Treatment is largely symptomatic and supportive. Activated charcoal may be given if presented within one hour of ingestion of >100 mg zolpidem in adults and >5 mg in children. Gastric lavage may be considered if presented within 1 hr of ingestion of >100 mg zolpidem. Flumazenil may be used if there is severe CNS depression, but generally not needed. Haemodialysis unlikely to be useful.

Contraindications

Severe hepatic insufficiency.

Special Precautions

Obstructive sleep apnoea, myasthenia gravis, compromised respiratory function, hepatic impairment. Caution in patients exhibiting symptoms of depression. Patients should be warned from doing any work involving mental alertness or motor coordination after ingestion of the drug. Pregnancy and lactation. Re-evaulate if insomnia fail to remit after 7-10 days. Max duration of treatment: 4 wk including tapering.

Adverse Drug Reactions

Amnesia, drowsiness, dizziness, diarrhoea, nausea, vomiting, abnormal thinking and behaviour, drugged feelings, back pain, ataxia, hiccups, confusion, euphoria, insomnia, vertigo, diplopia, abnormal vision.

Potentially Fatal: Hepatitis, anaphylactic reactions, sleep-driving (driving while not fully awake after drug ingestion, with no recollection of the event).

Drug Interactions

Increased sedation and incoordination with TCA. Increased sedation with haloperidol and alcohol. Small increase in zolpidem concentration with ketoconazole. Reduced effect of hypnotic effects with rifampicin.

Potentially Fatal: Increased risk of prolonged sedation and respiratory depression with ritonavir.

Pregnancy Category (US FDA)

Category B: Either animal-reproduction studies have not demonstrated a foetal risk but there are no controlled studies in

pregnant women or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the 1st trimester (and there is no evidence of a risk in later trimesters).

Storage

Oral: Store at 20-25°C (68-77°F).

Mechanism of Action

Zolpidem acts by binding to the benzodiazepine (BZD) receptors of the GABA receptor complex. It has a selective affinity to BZD receptors prevalent in the cerebellum (omega-1 receptors). It has strong sedative actions but only minor anxiolytic properties. It has also less effects on skeletal muscle and seizure threshold. Zolpidem has a rapid onset but short duration of hypnotic action.

Absorption: Rapidly absorbed from GI tract. Peak plasma concentration: 3 hr. Absolute bioavailability: 70%. Food reduce both the rate and extent of GI absorption.

Distribution: Protein binding: 92%. Distributed into breast milk.

Metabolism: Undergoes first pass metabolism, metabolised primarily by the cytochrome P450 isoenzyme CYP3A4. Elimination half life: 2.5 hr.

Excretion: Excreted in urine and faeces as inactive metabolites.

CIMS Class

Hypnotics & Sedatives

ATC Classification

N05CF02 - zolpidem; Belongs to the class of benzodiazepine related agents used as hypnotics and sedatives.

*zolpidem information:
Note that there are some more drugs interacting with zolpidem
zolpidem further details are available in official CIMS India
zolpidem
zolpidem brands available in India
Always prescribe with Generic Name : zolpidem, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index
THIS BOOK Abbreviation Index
Brands : AMBULAX-Z tab DACTIVE tab DEM tab INZOFRESH filcotab ISODEM tab NIDRA film-coated tab NITREST tab PEDO tab SOBRIUM tab SOVE IT tab SOVE tab SOZA tab STILNOCT

tab SYZOL tab ZANLOP cap ZLEEP tab ZOAL tab ZOLCENT tab ZOLDEM tab ZOLEP tab ZOLFRESH film-coated tab ZOLPICALM tab ZOLPID tab ZOLPIREST tab ZOLPITRAC tab ZOLSOMA film-coated tab ZOLWAY film-coated tab ZOMNIA film-coated tab ZOPID film-coated tab

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([all drugs])

zonisamide

CIMS Class : (Anticonvulsants)

zonisamide

P - Caution when used during pregnancy

L - Contraindicated in lactation

related zonisamide information

Indication & Dosage

Oral

Partial seizures

Adult: Initially, 50 mg daily in 2 divided doses, may increase to 100 mg daily after 1 wk. Thereafter, may further increase dose at wkly intervals in steps of up to 100 mg. Usual dose: 300-500 mg daily, although some patients may respond to lower doses.

Renal impairment: Dose reduction and slower titration may be needed.
Hepatic impairment: Mild to moderate: Slower titration may be needed. Severe: Not recommended.

Administration

May be taken with or without food.

Overdosage

Symptoms: Bradycardia, hypotension, and respiratory depression. Management: Treatment is symptomatic and supportive. Induce emesis or perform gastric lavage to reduce drug absorption. Haemodialysis unlikely to be useful.

Contraindications

Known hypersensitivity to sulfonamide. Lactation.

Special Precautions

Pregnancy. Child. Renal or hepatic impairment. Patient at risk of nephrolithiasis; ensure adequate hydration to prevent renal stones. Discontinue use if unexplained rash develops; otherwise, frequent observation is necessary. Withdraw gradually and reduce dosage slowly. Avoid driving and operating machinery. Monitor serum creatine phosphokinase and aldolase levels if patient develops severe muscle pain or weakness; withdraw if levels are raised. Monitor pancreatic lipase and amylase levels in patients who develop pancreatitis and withdraw zonisamide if needed. Consider drug withdrawl in patients with severe weight loss. Monitor renal function periodically.

Adverse Drug Reactions

Abdominal pain, anorexia, diarrhoea, nausea, headache, dizziness, ataxia, nystagmus, paraesthesia, confusion, difficulty concentrating, impaired memory, mental slowing, speech abnormalities, difficulty in verbal expression, agitation and/or irritability, depression, insomnia, schizophrenic behaviour, somnolence, fatigue, ecchymosis, weight loss, rash, diplopia, decreased sweating, renal stones, pancreatitis, rhabdomyolysis.
Potentially Fatal: Stevens-Johnson syndrome, toxic epidermal necrolysis, blood dyscrasias.

Drug Interactions

Small decrease in zonisamide levels with phenytoin, phenobarbital, carbamazepine. Zonisamide has variable effects on carbamazepine levels. Increased zonisamide levels with lamotrigine.

Storage

Oral: Store below 30°C.

Mechanism of Action

Zonisamide is a benzisoxazole derivative anticonvulsant containing sulfonamide. It may act on voltage sensitive sodium and calcium channels, thereby affecting neuronal firing and therefore reducing the spread of seizure discharges. It may modulate GABA mediated neuronal inhibition.

Absorption: Absorbed from GI tract; peak plasma concentration: 2-6 hr. Bioavailability: High. Food delays time to peak concentration.

Distribution: Widely distributed. Crosses placenta and distributed into breast milk. Protein binding: 40-50%; extensively bound to erythrocytes.
Metabolism: Undergoes hepatic metabolism via cytochrome P450 isoenzyme CYP3A4 to metabolites.
Excretion: Excreted mainly via urine as metabolites and unchanged drug (15-30%). Plasma elimination half life: 63 hr.

CIMS Class

Anticonvulsants

ATC Classification

N03AX15 - zonisamide; Belongs to the class of other antiepileptics. Used in the management of epilepsy.

*zonisamide information:
Note that there are some more drugs interacting with zonisamide
zonisamide further details are available in official CIMS India
zonisamide
zonisamide brands available in India

Always prescribe with Generic Name : zonisamide, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : ZONEGRAN film-coated tab ZONICARE cap ZONIMID cap ZONISEP cap ZONIT cap

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([all drugs])

zopiclone

CIMS Class : (Hypnotics & Sedatives)

zopiclone

P - Contraindicated in pregnancy

L - Contraindicated in lactation

Food ¤ - Food interaction

related zopiclone information

Indication & Dosage

Oral

Short-term management of insomnia

Adult: 7.5 mg at bedtime.

Elderly: Initially, 3.75 mg at bedtime.

Renal impairment: Initiate at 3.75 mg at bedtime.

Hepatic impairment: Mild to moderate: Initially 3.75 mg at bedtime. Severe: Contraindicated.

Administration

May be taken with or without food.

Overdosage

Symptoms: CNS depression ranging from drowsiness to coma depending on ingested amount. In mild cases, there may be drowsiness, confusion, and lethargy while in more serious cases, there may be ataxia, hypotonia, hypotension, respiratory depression and coma. Management: Treatment is symptomatic and supportive with close monitoring of the respiratory and CV functions. Gastric lavage is only of value if performed within 1 hr after ingestion. Haemodialysis is unlikely to be useful. Flumazenil may be a useful antidote in severe CNS depression.

Contraindications

Myasthenia gravis; respiratory failure; severe sleep apnoea syndrome; severe hepatic impairment; pregnancy, lactation.

Special Precautions

Hepatic and renal insufficiency; elderly; psychiatric disorders; history of drug abuse. May impair ability to drive or operate machinery. Limit treatment duration to <4 wk to minimise risk of dependence and tolerance. Avoid abrupt discontinuation of therapy.

Adverse Drug Reactions

Metallic or bitter aftertaste; irritability, confusion, depressed mood, aggressiveness, incoordination, anterograde amnesia, mild increase in LFTs, drowsiness, lightheadedness, nausea, vomiting, urticaria, rashes.

Drug Interactions

Reduced hypnotic effect with phenytoin and carbamazepine. Increased drowsiness and incoordination with TCAs. Increased CNS depressant effect with alcohol and other CNS depressants. Decreased zopiclone concentration with rifampicin. Possible increase in zopiclone concentration with CYP3A4 inhibitors

e.g.erythromycin, clarithromycin, ketoconazole, itraconazole, ritona vir.

Food Interaction

Possible decrease in zopiclone levels with St John's Wort.

Storage

Oral: Store in a dry place below 30°C. Protect from light.

Mechanism of Action

Zopiclone is a cyclopyrrolone derivative with hypnotic and sedative actions, anticonvulsant and muscle relaxant properties similar to benzodiazepines. It binds to a site in the GABA-A-benzodiazepine-chloride channel macromolecular-receptor complex which is different from that of the benzodiazepine binding site.
Absorption: Rapidly absorbed from the GI tract (oral).
Distribution: Widely distributed. Enters breast milk. Protein-binding: 45-80%.

Metabolism: Extensively hepatic; converted to less active N-oxide and inactive N-desmethylzopiclone. Undergoes decarboxylation to inactive metabolites.
Excretion: Urine, faeces (as unchanged drug and metabolites), lungs and saliva; 3.5-6.5 hr (elimination half-life).

CIMS Class

Hypnotics & Sedatives

ATC Classification

N05CF01 - zopiclone; Belongs to the class of benzodiazepine related agents used as hypnotics and sedatives.

*zopiclone information:
Note that there are some more drugs interacting with zopiclone
zopiclone further details are available in official CIMS India
zopiclone
zopiclone brands available in India
Always prescribe with Generic Name : zopiclone, formulation, and dose (along with brand name if required)
CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : LYZOP tab ZICLONE tab ZOLINOX tab ZOLIUM tab ZOPICON film-coated tab ZOPITRAN tab

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([all drugs])

zuclopenthixol

CIMS Class : (Antipsychotics)

zuclopenthixol

related zuclopenthixol information

Indication & Dosage

Oral

Psychoses

Adult: Initially, 20-30 mg daily in divided doses. Usual maintenance dose: 20-50 mg daily. Up to 150 mg daily for severe or resistant cases.

Renal impairment: Dose reduction may be needed.

Hepatic impairment: Dose reduction may be needed.

Intramuscular

Psychoses

Adult: As acetate: 50-150 mg via deep IM inj. May repeat, if needed, after 2-3 days. An additional dose 1-2 days after the 1st dose may

be required in some patients. Not >4 inj should be given in a max course of 2 wk and total dose should not exceed 400 mg. Maintenance: May start oral zuclopenthixol HCl 2-3 days after the last acetate inj or begin IM inj of decanoate with the last inj of the acetate.

Elderly: As acetate ester: Dose reduction may be needed. Max: 100 mg/dose.

Renal impairment: Renal failure: Half of the normal dose.

Hepatic impairment: Half of the normal recommended dose.

Intramuscular

Chronic psychosis

Adult: As decanoate ester: Initially, a test dose of 100 mg by deep IM into the upper outer buttock or lateral thigh to access tolerance, followed after at least 1 wk by 200-500 mg or more, repeated at 1-4 wkly intervals according to response. Max dose: 600 mg wkly. Inj >2 ml to be distributed between 2 inj sites.

Elderly: Reduce dose to ¼ or ½ of usual initial dose.

Renal impairment: Dose reduction may be needed.

Hepatic impairment: Dose reduction may be needed.

Administration

May be taken with or without food.

Overdosage

Symptoms: Somnolence, extrapyramidal symptoms, convulsions, hypotension, shock, hyper or hypothermia, ECG changes e.g. QT prolongation, torsade de pointes, cardiac arrest, ventricular arrhythmias and coma. Management: Treatment is symptomatic and supportive with close monitoring of the respiratory and CV systems. Do not use adrenaline (epinephrine) in these patients.

Contraindications

Hypersensitivity. Comatose states e.g. alcohol, barbiturate and opiate intoxications; porphyria. children.

Special Precautions

Hepatic and renal impairment, heart disease, recent acute MI, arrhythmias, significant bradycardia (<50 beats/min), severe respiratory disease, epilepsy (and conditions at risk of epilepsy, e.g. alcohol withdrawal or brain damage), Parkinson's disease, acute angle glaucoma, prostatic hypertrophy, hypothyroidism, hyperthyroidism, myasthenia gravis, phaeochromocytoma. Patients

at risk of stroke and QT interval prolongation. Avoid abrupt withdrawal. Ability to drive a car or operate machinery may be impaired.

Adverse Drug Reactions

Drowsiness, blurred vision, tachycardia, nausea, dizziness, headache, excitement, postural hypotension, hyperprolactinaemia, sexual dysfunction, ECG changes (prolongation of QT interval and T wave changes), hyperthermia. Extrapyramidal symptoms may occur, especially during the early phase of treatment; urinary frequency or incontinence; tardive dyskinesia.
Potentially Fatal: Neuroleptic malignant syndrome, blood dyscrasias.

Drug Interactions

Zuclopenthixol may enhance the sedative effects of alcohol and the effects of barbiturates and other CNS depressants. Zuclopenthixol reduces the antihypertensive effect of guanethidine. Concomitant use of metoclopramide and piperazine with zuclopenthixol increases the risk of extrapyramidal symptoms. Increased risk of severe neurotoxicity with lithium and sibutramine. Increased

anticholinergic side effects with drugs with anticholinergic properties.

Potentially Fatal: Antagonises effect of apomorphine, levodopa and other dopamine agonists. Increased risk of blood dyscrasias with clozapine. Increased risk of arrhythmias with dugs that prolong QT interval e.g. class Ia and III antiarrhythmics, erythromycin or cause electrolyte disturbances e.g. thiazide diuretics.

Pregnancy Category (US FDA)

Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

Storage

Intramuscular: Store below 25°C. Protect from light. Oral: Store below 25°C. Protect from light.

Mechanism of Action

Zuclopenthixol has high affinity for D1 and D2 receptors and a-adrenoreceptors. It also has slight antihistamine properties and blocks serotonergic properties.

Duration: 2-3 days (zuclopenthixol acetate IM).

Absorption: Well absorbed from the GI tract; peak plasma concentrations: 3-6 hr.

Distribution: Protein-binding: 98%. Widely distributed and crosses blood-brain barrier. Crosses the placenta and enters breast milk (small amounts).

Metabolism: Hepatic via sulfoxidation, side-chain N-dealkylation, and glucuronic acid conjugation. Acetate and decanoate esters undergoes hydrolysis after IM inj to release zuclopenthixol.

Excretion: Excreted in faeces as unchanged drug and N-dealkylated metabolite.

CIMS Class

Antipsychotics

ATC Classification

N05AF05 - zuclopenthixol; Belongs to the class of thioxanthene derivatives antipsychotics. Used in the management of psychosis.

*zuclopenthixol information:

Note that there are some more drugs interacting with zuclopenthixol

zuclopenthixol

zuclopenthixol brands available in India

Always prescribe with Generic Name : zuclopenthixol, formulation, and dose (along with brand name if required)

CIMS Abbreviation Index

THIS BOOK Abbreviation Index

Brands : CLOPIXOL ACUPHASE amp CLOPIXOL DEPOT amp

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([all drugs])

All generic drugs - Dr Asif Khan MD CIMS India Drugs Reference

([all drugs])

Alphabetical Listing of all generic drugs

(A)

abacavir

acarbose

aceclofenac

aceclofenac + paracetamol

acenocoumarol

acetazolamide

acetylcysteine

aciclovir

acitretin

aclarubicin

adapalene

adefovir dipivoxil

adenosine

albendazole

alendronic acid

alfacalcidol

alfuzosin

allopurinol

allylestrenol

alpha-lipoic acid

alprazolam

alprostadil

alteplase

aluminium hydroxide

amantadine

ambroxol

amifostine

amikacin

amiloride + hydrochlorothiazide

aminobenzoic acid

aminocaproic acid

aminophylline

amiodarone

amisulpride

amitriptyline

amlodipine

amlodipine + atenolol

amlodipine + atorvastatin

amlodipine + benazepril

amlodipine + enalapril

amlodipine + lisinopril

amlodipine + losartan

amoxapine

amoxicillin

amoxicillin + bromhexine

amoxicillin + carbocisteine

amoxicillin + clavulanic acid

amoxicillin + cloxacillin

amphotericin b

ampicillin

ampicillin + cloxacillin

ampicillin + sulbactam

amrinone

anastrozole

aprotinin

aripiprazole

arteether

artemether

artesunate

ascorbic acid

asparaginase

aspirin

aspirin + clopidogrel

aspirin + dipyridamole

aspirin + ticlopidine

astemizole

atenolol

atenolol + chlortalidone

atenolol + nifedipine

atomoxetine

atorvastatin

atorvastatin + ezetimibe

atorvastatin + fenofibrate

atracurium besilate

atropine

azathioprine

azelaic acid

azelastine

azithromycin

aztreonam

(A)

(B)

baclofen

balsalazide

bambuterol hydrochloride

basiliximab

beclometasone

benazepril

benfotiamine

benzocaine

benzoyl peroxide

benzydamine

betahistine

betamethasone

betamethasone + neomycin

betamethasone dipropionate + clotrimazole

betamethasone dipropionate + salicylic acid

betaxolol

bethanechol chloride

bezafibrate

bicalutamide

bisacodyl

bisoprolol

bivalirudin

bleomycin

bortezomib

brimonidine

bromhexine

bromocriptine

budesonide

bupivacaine

buprenorphine

bupropion hydrochloride

buspirone

busulfan

butenafine

(B)

(C)

cabergoline

calamine

calcitonin, salmon

calcitriol

calcium carbonate

calcium carbonate + vitamin d3

calcium citrate + vitamin d3

calcium dobesilate

calcium folinate

camylofin

candesartan

capecitabine

capreomycin

captopril

captopril + hydrochlorothiazide

carbamazepine

carbidopa + levodopa

carbimazole

carboplatin

carboprost

carisoprodol

carvedilol

cefaclor

cefadroxil

cefalexin

cefazolin

cefdinir

cefepime

cefetamet

cefixime

cefoperazone

cefoperazone + sulbactam

cefotaxime

cefotaxime + sulbactam

cefpirome

cefpodoxime

cefprozil

ceftazidime

ceftizoxime

ceftriaxone

ceftriaxone + tazobactam

cefuroxime

celecoxib

cetirizine + pseudoephedrine

cetirizine hydrochloride

cetrimide

chlorambucil

chloramphenicol

chlordiazepoxide

chlordiazepoxide + clidinium bromide

chlorhexidine

chloroquine

chlorphenamine

chlorpromazine

chlortalidone

chlorzoxazone

cholecalciferol

choline salicylate

chorionic gonadotrophin

chymotrypsin

ciclopirox

ciclosporin

cilostazol

cimetidine

cinnarizine

cinnarizine + domperidone

ciprofloxacin

ciprofloxacin + tinidazole

cisapride

cisplatin

citalopram

citicoline

clarithromycin

clemastine

clindamycin

clioquinol

clobazam

clobetasol

clobetasone

clofazimine

clomifene

clomipramine

clonazepam

clonidine

clopamide

clopidogrel

clotrimazole

cloxacillin

clozapine

coal tar

codeine

co-dergocrine mesylate

colchicine

colistin sulfate

crotamiton

cyclandelate

cyclopentolate

cyclophosphamide

cycloserine

cyproheptadine

cytarabine

(C)

(D)

dacarbazine

daclizumab

dactinomycin

dalteparin sodium

danazol

dapsone

daunorubicin

deferiprone

deferoxamine

deflazacort

demeclocycline

dequalinium

desloratadine

desmopressin

dexamethasone

dexchlorpheniramine

dexibuprofen

dextromethorphan

dextropropoxyphene

dextrose

diacerein

diazepam

diclofenac

diclofenac + paracetamol

dicycloverine hydrochloride

didanosine

diethylcarbamazine

digoxin

diltiazem hydrochloride

dimenhydrinate

dimercaprol

dimeticone

dinoprostone

diphenhydramine

dipyridamole

dipyrone

disopyramide

disulfiram

divalproex sodium

dobutamine

docetaxel

docusates

domperidone

domperidone + paracetamol

donepezil

dopamine

dorzolamide

dosulepin

doxapram

doxazosin

doxepin

doxofylline

doxorubicin

doxycycline

doxylamine + pyridoxine

droperidol

drotaverine

duloxetine

dutasteride

dydrogesterone

(D)

(E)

ebastine

efavirenz

enalapril

enalapril + hydrochlorothiazide

enoxaparin

eperisone

ephedrine

epinephrine

epirubicin

eptifibatide

erdosteine

ergometrine

ergotamine

erythromycin

erythropoietin

escitalopram

esmolol
esomeprazole
estradiol
estrogens
etamsylate
ethacridine lactate
ethambutol
ethinylestradiol
ethionamide
etidronate
etodolac
etoposide
etoricoxib
exemestane
ezetimibe
(E)

(F)
famciclovir
famotidine
felodipine
fenofibrate
fenoverine

fentanyl

ferrous fumarate

ferrous fumarate + folic acid

fexofenadine

filgrastim

finasteride

finasteride + tamsulosin

flavoxate

fluconazole

fludarabine phosphate

fludrocortisone

flunarizine

fluocinolone

fluorometholone

fluorouracil

fluoxetine

flupentixol

flupentixol + melitracen

fluphenazine

flurazepam

flurbiprofen

flutamide

fluticasone

fluvoxamine

folic acid

formoterol

fosfestrol

fosinopril

fosphenytoin

framycetin

furazolidone

furosemide

furosemide + amiloride

furosemide + spironolactone

fusidic acid

(F)

(G)

gabapentin

ganciclovir

gatifloxacin

gefitinib

gemcitabine

gemfibrozil

gemifloxacin

gentamicin

ginkgo biloba

glibenclamide

glibenclamide + metformin

gliclazide

glimepiride

glimepiride + metformin

glipizide

glipizide + metformin

glucagon

glucosamine

glyceryl trinitrate

glycopyrronium bromide

goserelin

granisetron

griseofulvin

guaifenesin

guar gum

(G)

(H)

halcinonide

haloperidol

halothane

heparin

human albumin

human menopausal gonadotrophins

human normal immunoglobulin

hyaluronidase

hydrochlorothiazide

hydrocortisone

hydroquinone

hydrotalcite

hydroxyapatite compound

hydroxycarbamide

hydroxychloroquine

hydroxyprogesterone caproate

hydroxyzine

hyoscine

(H)

(I)

ibuprofen

ibuprofen + paracetamol

idoxuridine

ifosfamide

imatinib

imidapril

imipenem + cilastatin

imipramine

indapamide

indinavir

indometacin

infliximab

insulin

insulin aspart

insulin detemir

interferon alfa-2a

interferon alfa-2b

iohexol

iopromide

ipratropium bromide

irbesartan

irinotecan

iron polymaltose

isoniazid

isoprenaline

isosorbide dinitrate

isosorbide mononitrate

isosorbide mononitrate + aspirin

isotretinoin

isoxsuprine

itopride

itraconazole

ivermectin

ivermectin + albendazole

(I)

(J)

No generic drugs with "J" were found.

(J)

(K)

kanamycin

ketamine

ketoconazole

ketoprofen

ketorolac

ketotifen

(K)

(L)

labetalol

lacidipine

lactulose

lamivudine

lamivudine + zidovudine

lamotrigine

lansoprazole

lanthanum carbonate

latanoprost

latanoprost + timolol

leflunomide

lercanidipine

letrozole

leuprorelin

levamisole

levetiracetam

levobunolol

levocetirizine

levodopa

levofloxacin

levonorgestrel

levonorgestrel + ethinylestradiol

levosulpiride

levothyroxine sodium

lidocaine

lidocaine + epinephrine

lincomycin

lindane

linezolid

lisinopril

lisinopril + hydrochlorothiazide

lithium

lomefloxacin

lomustine

loperamide

lopinavir + ritonavir

loratadine

lorazepam

lornoxicam

losartan

losartan + hydrochlorothiazide

losartan + ramipril

loteprednol

lovastatin

loxapine

(L)

(M)

magnesium hydroxide

mannitol

mebendazole

mebeverine

meclozine

mecobalamin

medroxyprogesterone

mefenamic acid

mefloquine

megestrol

melatonin

meloxicam

melphalan

menotrophin

mephentermine

mercaptopurine

meropenem

mesalazine

mesna

mesterolone

metadoxine

metformin

methocarbamol

methotrexate

methoxsalen

methyldopa

methylergometrine

methylphenidate

methylprednisolone

metoclopramide

metolazone

metoprolol

metoprolol + hydrochlorothiazide

metronidazole

metronidazole + norfloxacin

mianserin

miconazole

midazolam

mifepristone

miglitol

milrinone

minocycline

minoxidil

mirtazapine

misoprostol

mitomycin
mitoxantrone
mizolastine
moclobemide
mometasone
montelukast
morphine
mosapride
moxifloxacin
mupirocin
mycophenolic acid
(M)

(N)
nabumetone
nadroparin calcium
nalidixic acid
naloxone
naltrexone
nandrolone
naphazoline
naproxen
natamycin

nateglinide

nebivolol

nebivolol + hydrochlorothiazide

nelfinavir

neomycin

neostigmine

netilmicin

nevirapine

nicergoline

nicorandil

nicotine

nicotinic acid

nifedipine

nimesulide

nimesulide + racemethionine

nimodipine

nitazoxanide

nitrazepam

nitrofural

nitrofurantoin

nonoxinol 9

norepinephrine

norethisterone

norfloxacin

norfloxacin + tinidazole

nortriptyline

(N)

(O)

octreotide

ofloxacin

olanzapine

olmesartan medoxomil

olopatadine

omeprazole

omeprazole + domperidone

ondansetron

orlistat

ormeloxifene

ornidazole

orphenadrine

oxaliplatin

oxazepam

oxcarbazepine

oxprenolol

oxybutynin

oxyfedrine

oxymetazoline

oxymetholone

oxytetracycline

oxytocin

(O)

(P)

paclitaxel

palonosetron

pamidronate

pancreatin

pancuronium

pantoprazole

pantoprazole + domperidone

paracetamol

paracetamol + codeine

paracetamol + dextropropoxyphene

paracetamol + metoclopramide

paracetamol + pentazocine

paraffin

parecoxib

parnaparin

paroxetine

pefloxacin

penfluridol

penicillamine

pentazocine

pentoxifylline

pergolide

perindopril

perindopril + indapamide

permethrin

pethidine

phenazopyridine

phenformin

phenindione

pheniramine

phenobarbital

phenobarbital + phenytoin

phenoxybenzamine

phenoxymethylpenicillin

phentolamine

phenylephrine

phenylpropanolamine

phenytoin

phytomenadione

pilocarpine

pimozide

pindolol

pioglitazone

pioglitazone + metformin

pipecuronium

piperacillin

piperacillin + tazobactam

piperazine

piracetam

piribedil

piroxicam

piroxicam beta-cyclodextrin

polymyxin b

polyvinyl alcohol

povidone iodine

pralidoxime

pravastatin

praziquantel

prazosin

prednicarbate

prednisolone

pregabalin

primaquine

primidone

probenecid

procainamide

prochlorperazine

procyclidine

progesterone

proguanil

promethazine

propafenone

propantheline

propofol

propranolol

propranolol + hydrochlorothiazide

propylthiouracil

protionamide

pseudoephedrine

pyrantel

pyrazinamide

pyridostigmine bromide

pyridoxine

pyritinol

(P)

(Q)

quetiapine

quinidine

quinine

(Q)

(R)

rabeprazole

rabeprazole + itopride

racecadotril

raloxifene

ramipril

ramipril + hydrochlorothiazide

ranitidine

reboxetine

repaglinide

reserpine

retinol

reviparin sodium

ribavirin

rifampicin

risedronic acid

risperidone

ritodrine

ritonavir

rivastigmine

rizatriptan

ropinirole

rosiglitazone

rosiglitazone + metformin

rosuvastatin

roxatidine

roxithromycin

rupatadine

(R)

(S)

salbutamol

salbutamol + theophylline

salicylic acid

salmeterol

salmeterol + fluticasone

s-amlodipine

s-amlodipine + nebivolol

s-atenolol

satranidazole

secnidazole

selegiline

serrapeptase

sertaconazole

sertraline

sevelamer hydrochloride

sibutramine

sildenafil

silver sulfadiazine

silymarin

simeticone

simvastatin

simvastatin + ezetimibe

sirolimus

sisomicin

sodium bicarbonate

sodium chloride

sodium cromoglicate

sodium hyaluronate

sodium nitroprusside

sodium phosphate

somatostatin

somatropin

sotalol

sparfloxacin

spectinomycin

spiramycin

spironolactone

stanozolol

stavudine

streptokinase

streptomycin

strontium ranelate

sucralfate

sulfacetamide

sulfadiazine

sulfadiazine + trimethoprim

sulfadoxine + pyrimethamine

sulfamethizole

sulfamethoxazole + trimethoprim

sulfamoxole + trimethoprim

sulfasalazine

sultamicillin

sumatriptan

suxamethonium chloride

(S)

(T)

tacrolimus

tadalafil

tamoxifen

tamsulosin

tamsulosin + dutasteride

tazarotene

tegaserod

teicoplanin

telmisartan

temozolomide

tenofovir disoproxil fumarate

tenofovir disoproxil fumarate + emtricitabine

tenoxicam

terazosin

terbinafine

terbutaline

terconazole

terfenadine

terlipressin

testosterone and derivatives

tetanus immunoglobulin

tetrabenazine

tetracycline

thalidomide

theophylline

thiamine

thiocolchicoside

thiopental sodium

thioridazine

tianeptine

tibolone

ticarcillin

ticlopidine

timolol

tinidazole

tioguanine

tiotropium bromide

tirofiban

tizanidine

tobramycin

tobramycin + dexamethasone

tolbutamide

tolnaftate

tolterodine

topiramate

topotecan

torasemide

tramadol

tramadol + paracetamol

trandolapril

tranexamic acid

trazodone hydrochloride

tretinoin

triamcinolone

triamterene

triclosan

trifluoperazine

triflupromazine

trihexyphenidyl hydrochloride

trimetazidine hydrochloride

trimipramine maleate

triprolidine + pseudoephedrine

triprolidine hydrochloride

triptorelin

tropicamide

tryptophan

(T)

(U)

urofollitropin

urokinase

ursodeoxycholic acid

(U)

(V)

vaccine, dtp

vaccine, hepatitis a

vaccine, hepatitis b

vaccine, mmr

vaccine, poliomyelitis

vaccine, rabies

vaccine, tetanus toxoid, tetanus toxoid adsorbed

vaccine, typhoid

valaciclovir

valdecoxib

valethamate

valproic acid

valsartan

vancomycin

varenicline

varicella-zoster immunoglobulins

vasopressin

vecuronium bromide

venlafaxine hydrochloride

verapamil

vinblastine

vincristine sulfate

vinorelbine tartrate

vinpocetine

vitamin e

voglibose

voriconazole

(V)

(W)

warfarin

(W)

(X)

xantinol nicotinate

xipamide

xylometazoline hydrochloride

(X)

(Y)

No generics matching "Y" were found.

(Y)

(Z)

zaleplon

zidovudine

zinc oxide

zinc sulfate

ziprasidone

zoledronic acid

zolpidem

zonisamide

zopiclone

zuclopenthixol

(Z)

([all drugs])